Coronary artery bypass graft failure: a ongoing challenge for invasive cardiologist

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Prevalence of patients treated with CABG in general population is increasing. Therefore, a CABG failure is common in everyday clinical practice, but treatment is very difficult. Three processes are generally responsible for graft failure. Thrombosis, intimal hyperplasia and accelerated atherosclerosis contribute to graft failure in the acute, subacute and late postoperative periods, respectively. It is considered that the causes are in the "new" risk factors like hsCRP, homocysteine, inflammation and oxidative stress.

We present a case of a male patient age fifty-one, diabetic with hypertension and hyperlipidemia. He was admitted for unstable angina in September 2011. Coronary angio was performed and three vessel disease was confirmed — referred for surgery. In November 2011 he was operated — CAGBx3 /LIMA-LAD, OM2, RCA/. In December 2011 he was again admitted for unstable angina. On repeated coronary angio all three bypasses were occluded.

In this patient, while cardiac surgeon denied reoperation, a successful PCI of LAD, ACx and RCA were performed. In 6-months follow-up patients is stable, without angina.

KEYWORDS: coronary artery bypass graft, revascularization, percutaneous coronary interventions.

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