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### Effect of the type of stent on results of CABG in multi-vessel disease patients

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The number of percutaneous coronary interventions (PCI) prior to coronary artery bypass grafting (CABG) increased drastically during the last decade. Patients are referred for CABG with more severe coronary pathology, which may influence postoperative outcome. Many studies compared CABG with PCI; few studies studied the effect of previous PCI on the after coming CABG, while no recorded studies compare the effect of the type of stent on the after coming CABG. Outcomes of 200 CABG patients after PCI, collected by prospective multicenter randomized control study, were compared (mean follow-up: 12 months). Group I (n=100, mean age 57.20 years, 9 women) underwent CABG after BMS insertion and group II (n=100, mean age 53.25, 18 women) had prior DES PCI before CABG. In group I the mean number of administered stents was 1.95 while in group II, the mean number of administered stents was 1.98. Patients with DES PCI presented for CABG higher incidence of previous myocardial infarction (P=0.004), unplanned CABG (P=0.0000001). The total number of grafts was significantly higher in the BMS PCI group  $3.12 \pm 0.73$  vs.  $2.46 \pm 0.85$  (P value=0.00001), Postoperative inotropic support usage, overall morbidity and the mean hospital stay were higher in the DES PCI group (P value=0.02, 0.01 and 0.000595 respectively). Post operative echo after 12 months showed higher EF ( $60.20\% \pm 6.28$  vs.  $58\% \pm 8$  P value 0.0001) and better improvement of RSWMA and dimension (P value=0.0001) in group I. Morbidity, were significantly higher in patients with prior DES PCI (specially peri-operative MI) but no difference in mortality. Postoperative echo emphasize better benefit from CABG in patients coming with recurrence CAD post BMS PCI.

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