

# Perkutane intervencije na venskim graftovima – usporedba iskustva jednog centra sa smjernicama

## Percutaneous interventions for saphenous vein grafts – can the single center experience challenge the guidelines

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**KLJUČNE RIJEČI:** perkutane intervencije, distalni protektivni uređaji, venski graft.

**KEYWORDS:** percutaneous intervention, distal protection device, vein graft.

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**UVOD:** Perkutane koronarne intervencije na venskim graftovima povezane su s povišenim rizikom distalnih koronarnih embolija. Nove Smjernice Europskog kardiološkog društva za revaskularizaciju preporučuju rutinsku primjenu distalne protekcije.

**CILJ:** Na temelju naše prakse cilj nam je pokazati da izvođenje intervencija na venskim graftovima bez distalne protekcije može biti jednako sigurno.

**METODE:** Retrospektivna analiza 75 bolesnika sa značajnim lezijama na venskim graftovima i dokazom ishemijske lezije i volumena tromba. U slučaju procjene visokog rizika intervencija bi se odgodila za 24-48 sati, a bolesnici su dobivali niskomolekularni heparin i GPIIb/IIIa inhibitor.

**REZULTATI:** Na učinjenim intervencijama na venskim graftovima nije registrirano značajnih embolijskih događaja.

**ZAKLJUČAK:** Preporuka rutinskog korištenja distalne protekcije nije uvijek opravdana. Ograničenja ove studije su mali broj bolesnika i retrospektivni dizajn.

**INTRODUCTION:** Percutaneous coronary interventions for vein grafts are associated with an increased risk of distal coronary embolization. Current Guidelines of the European Society of Cardiology recommend routine usage of distal protection devices to prevent distal embolization.

**AIM:** Based on our practice we want to demonstrate that performing interventions for vein grafts without protection device could be safe.

**METHODS:** Retrospective analysis of 75 consecutive patients with significant vein grafts lesions and evidence of ischemia that were treated with percutaneous intervention. Before the intervention, risk stratification considering lesion and thrombus burden was performed. In the high risk cases intervention was postponed for 24-48 hours and patients were pretreated with low-molecular heparin and GP IIb/IIIa inhibitors.

**RESULTS:** We have not registered any significant embolic complication during the performed interventions on vein saphenous coronary grafts.

**CONCLUSION:** Distal protection devices should not be recommended for routine use in vein graft interventions. Limitations of the study are small sample and retrospective research.

### LITERATURE

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