

P5. Concomitant Aortic Valve Replacement With Coronary Artery Bypass Grafting For Patients With Chronic Renal Failure On Hemodialysis

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OBJECTIVES: Rapid progression of aortic valve disease after coronary artery bypass grafting (CABG) in patients with chronic renal failure on hemodialysis (HD) has been recognized. We evaluated whether concomitant aortic valve replacement (AVR) with CABG for the patients on HD has higher operative risks.

METHODS: We compared mortality and morbidity after concomitant surgery with those after isolated CABG on 58 patients on HD. We divided patients into two groups, Group C (isolated CABG) and Group V (AVR and CABG).

RESULTS: Forty eight patients were included in Group C (age: 64.0, 29 males) and 10 patients in Group V (age: 69.1, 6 males). Euro Scores were 7.52 in Group C and 8.59 in Group V and ejection fractions were 48.2% and 43.4%, respectively. There was no significant difference in hospital mortality between two groups (C: 0%, V: 10% (1/10)) and in the prevalence of coronary risk factors, except for hyperlipidemia (C: 37.5 % (18/48), V: 0%, $p=0.020$). The cause of one death in Group V was arrhythmia on 4POD. There was no significant difference in incidence of morbidities, such as cerebral infarction, atrial fibrillation, ventricular tachycardia and low output syndrome. Perioperative myocardial infarction, re-do operation for bleeding, mediastinitis and gastrointestinal bleeding were not observed in any patients in both Groups.

CONCLUSIONS: CABG with or without AVR were safely performed. Concomitant AVR with CABG can provide great benefit on HD who have potential risk of progression of aortic valve disease that would make HD difficult.