

Figure 1. Coronary angiography views of non-critical lesions in the left coronary arterial system (A); and a critical stenosis of right coronary artery (asterisk), (B)

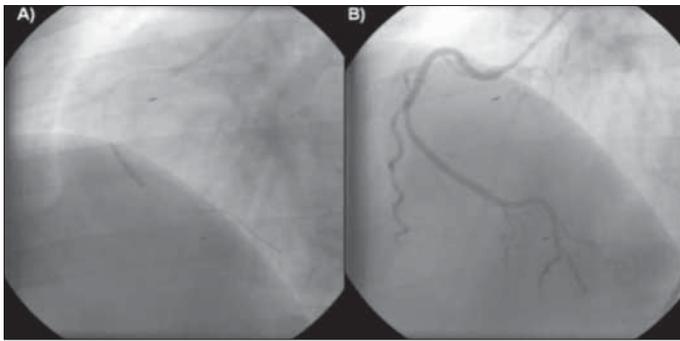


Figure 2. Critical stenosis at the mid portion of the right coronary artery was dilated by a 2.75-mm X 13-mm bare metal stent (A) with no residual stenosis (B)

therapy of the patient was optimized with clopidogrel, acetylsalicylic acid, metoprolol and ramipril. His further clinical course was uneventful; he was discharged two weeks later.

Necla Özer, Sercan Okutucu, Kadri Murat Gürses
Department of Cardiology, Faculty of Medicine, Hacettepe University, Ankara, Turkey

Address for Correspondence/Yazışma Adresi: Dr. Sercan Okutucu
Department of Cardiology, Faculty of Medicine, Hacettepe University, Ankara, Turkey
Phone: +90 312 305 17 81 Fax: +90 312 311 40 58
E-mail: sercanokutucu@yahoo.com

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A 23-year patency of a saphenous vein graft in a patient with diabetes mellitus

Diyabetik bir hastada 23 yıl açık kalan bir safen ven grefti



A 79-year-old man was admitted to our hospital with the complaint of progressive angina pectoris. Coronary artery bypass grafting (CABG) had been performed with the saphenous vein graft (SVG) to the left

anterior descending artery (LAD) 23 years ago. He had type 2 diabetes mellitus for 18 years. Serum lipid parameters and electrocardiogram were normal. He was receiving clopidogrel because of aspirin-induced gastritis. Coronary angiography revealed the significant lesions in the circumflex coronary artery (CX), complete occlusions in the proximal regions of the LAD and the right coronary artery (RCA). The SVG showed an excellent patency (Video 1. See corresponding video/movie images at www.anakarder.com) Percutaneous coronary intervention was planned to the CX and the RCA, but the patient refused.

The predictors of graft patency are the diameter of the recipient vessel >2 mm (as our case, Fig. 1A-B), lower serum cholesterol, the use of aspirin after CABG. Clopidogrel is recommended in cases intolerant to aspirin after CABG.

A 30-year patency of a SVG in a 74-year-old adult and 22-year patencies of SVGs in two pediatric patients have been reported previously.

This presentation reveals the diabetic case having a 23-years patency of a SVG. This is the longest patency time in a diabetic patient with CABG in the literature. Considering that graft stenosis is more frequent in diabetic patients, this result is very remarkable.

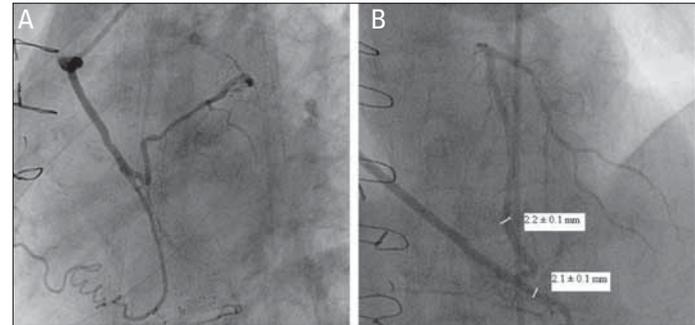


Figure 1A-B. Angiograms showing the patency of saphenous vein graft

Taner Ulus, Hande Özduman, Yüksel Çavuşoğlu
Department of Cardiology, Faculty of Medicine, Eskişehir Osmangazi University, Eskişehir, Turkey

Address for Correspondence/Yazışma Adresi: Dr. Taner Ulus
Department of Cardiology, Faculty of Medicine, Eskişehir Osmangazi University, Eskişehir, Turkey
Phone: +90 222 239 37 00 Fax: +90 222 239 90 11
E-mail: tanerulus@hotmail.com

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Coronary aneurysm and factor V Leiden mutation: A coincidence or an association?

Koroner anevrizması ve faktör V Leiden mutasyonu: Rastlantı mı yoksa ilişkili mi?

A 23-year-old male referred to our tertiary cardiology center because of chest pain, 3 ventricular fibrillation episodes in last 12 hours and troponin T elevation (1.2 µg/l). His medical history revealed recurrent deep venous thrombosis attacks on his left leg and one pulmonary embolism attack. He was a homozygous mutant on factor V Leiden