

Different treatment options in chronic coronary artery disease

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Sometimes cardiologists and cardiac surgeons can agree! There is often disagreement between the professions of cardiology and cardiac surgery about the proper therapy for coronary artery disease (CAD)—and this can harm the patient.

In the current edition of *Deutsches Ärzteblatt International*, an interdisciplinary team of authors consisting of cardiologists and cardiac surgeons provides answers to the question of when a bypass operation (ACB) and when percutaneous coronary intervention (PCI) is effective (*Dtsch Arztebl Int* 2009; 106(15): 253-61). Martin Russ, Jochen Cremer and coauthors show that ACB and PCI are of equivalent value and can be placed in a complementary treatment plan.

The authors not only consider the results of randomized controlled studies, but extend their overview to the analyses of registries, which provide complementary data.

Thus PCI or ACB is advisable in those patients who still suffer from angina pectoris under drug treatment or for whom relevant ischemia has been demonstrated by non-invasive methods. According to the authors, the main indication for aortocoronary bypass surgery is when the proportion of ischemic myocardia is at least 10%. A [bypass](#) operation can greatly improve the symptoms in the intermediate and long term. Severe comorbidity, such as renal failure or chronic obstructive pulmonary disease, support the use of PCI rather than ACB.

In critical constellations, the decision about the procedure to be used should be shared by cardiologists and cardiac surgeons, who must consider the patient's expectations, as well as the advantages and disadvantages in the short and long term.

More information: www.aerzteblatt.de/v4/archiv/pdf.asp?id=64226

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