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Reduced Complication Rate in Bilateral Mammary Artery-to-Coronary Artery Bypass Grafting

Mauro Cassese, Giovanni Speziali, Gian Luca Martinelli and Marco Diena
Ann Thorac Surg 1998;65:1841-1842

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Ultrasound Detection of Diaphragmatic Paralysis After Cardiac Operations

To the Editor:

Balaji and colleagues [1] demonstrated the effectiveness of bedside ultrasound in the diagnosis of diaphragmatic paralysis after operations for congenital heart disease. They used mainly a subcostal view from the subxiphoid region, in combination with a parasagittal view from the lower costal margin in the midclavicular line and a coronal view from the midaxillary line. We advocate a modification of the technique to make it independent of the presence of pericardial drainage tubes, which tend to interfere with the subcostal view from the subxiphoid region. An ultrasonic probe (Hewlett-Packard Sonos 2500); (3.5 or 2.7 MHz, depending on the size of the child) is first positioned on the posterior axillary line on one side. Its longitudinal axis is parallel to the coronal plane to include both sides of the diaphragm in one view. The same procedure then is used on the other side to confirm the exact diagnosis (Fig 1). Using this view, we assessed 15 infants who had suspected phrenic nerve palsy after cardiac operations. With ultrasound, 9 children showed a fixed abnormality (5 on the right and 4 on the left) and 6 children showed a paradoxical movement of the affected diaphragm (all 6 on the right side). In all patients, the diagnosis was confirmed

by fluoroscopy. There were no false positive or negative diagnoses.

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To the Editor:

The excellent article by Pick and colleagues [1] regarding the 10-year outcome of single versus bilateral internal mammary artery (IMA) grafts to the left coronary system clearly demonstrates the long-term advantages of the latter as a strategy for myocardial revascularization.

Pick and colleagues mention reports of increased perioperative mortality and morbidity as a major factor in delaying widespread use of this technique [2-4], especially in obese or diabetic patients, although they did not experience any significant difference in the perioperative complication rate in their own series of patients.

In our practice we routinely use bilateral IMA grafting as the first choice to perform multivessel revascularization of the left

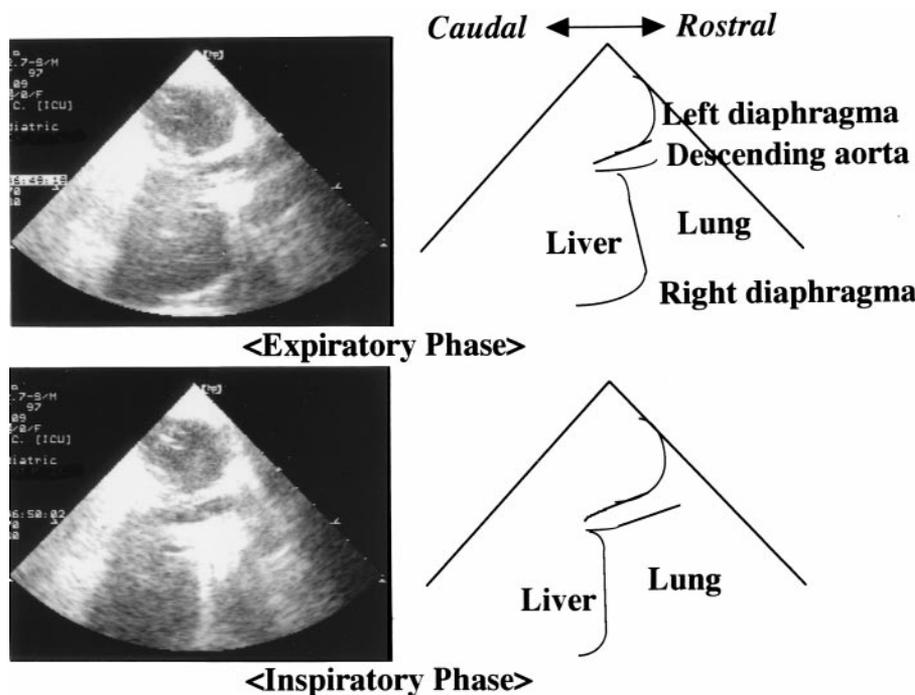


Fig 1. Use of ultrasound to detect diaphragmatic paralysis.

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