



ISCHAEMIC HEART DISEASES
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**OBJECTIVES:
TO HAVE AN IDEA ABOUT ISCHAEMIC
HEART DISEASES.**

IN 1974, ANDREAS GRUENTZIG COMPLETED THE DEVELOPMENT OF A DOUBLE-LUMEN BALLOON CATHETER THAT WAS MINIATURIZED FOR USE IN CORONARY ARTERIES. SOON AFTERWARD, TECHNIQUES FOR PERCUTANEOUS TRANSLUMINAL CORONARY ANGIOPLASTY (PTCA) EXPANDED AS TECHNICAL BREAKTHROUGHS WERE APPLIED TO SUBSELECTIVE CATHETERS, DEVICES, GUIDEWIRES, BALLOON MATERIALS, CORONARY STENTS, AND CIRCULATORY SUPPORT.

CURRENTLY, TRIAL EVIDENCE ATTESTS THAT PERCUTANEOUS THERAPY IS USEFUL AS A TREATMENT IN PATIENTS WITH POORLY CONTROLLED ANGINA WHOSE ANATOMY DOES NOT IMPLY A SURVIVAL BENEFIT FROM REVASCULARIZATION, AND FOR EMERGENCY REVASCULARIZATION DURING ST-SEGMENT ELEVATION MYOCARDIAL INFARCTION (MI). SURGICAL AND PERCUTANEOUS REVASCULARIZATION, HOWEVER, CANNOT BE CONSIDERED EQUIVALENT

CAUSES OF DEATH AFTER CARDIAC CATHETERIZATION:

LOW-OUTPUT FAILURE 66.1%
VENTRICULAR ARRHYTHMIAS 10.7%
STROKE 4.1%
PREEXISTING RENAL FAILURE 4.1%
BLEEDING 2.5%
VENTRICULAR RUPTURE 2.5%
RESPIRATORY FAILURE 2.5%
PULMONARY EMBOLISM 1.7%
INFECTION 1.7%

**STANDARD
ANY
ROTATIONAL
DIRECTIONAL
LASER
ASPIRATION
ASPIRATION**

**BALLOON
CUTTING**

**ANGIOPLASTY.
BALLOON
ATHERECTOMY
ATHERECTOMY
ATHERECTOMY
(MECHANICAL)
(MANUAL)**

THE MODERN ERA OF MYOCARDIAL REVASCULARIZATION WITH CARDIOPULMONARY BYPASS BEGAN IN 1954 WHEN DR. JOHN GIBBON REPORTED THE DEVELOPMENT OF THE CARDIOPULMONARY BYPASS MACHINE.

AN ADDITIONAL SEMINAL ADVANCE OCCURRED WITH THE DEVELOPMENT OF CORONARY ANGIOGRAPHY BY MASON SONES AT THE CLEVELAND CLINIC IN 1957, WHICH OPENED THE DOOR TO THE ELECTIVE TREATMENT OF CORONARY ATHEROSCLEROSIS BY MEANS OF DIRECT REVASCULARIZATION.

INITIAL REPORTS BY RENE FAVALORO AND DONALD B. EFFLER ON THEIR TECHNIQUES TO TREAT CLINICAL EVENTS ASSOCIATED WITH STENOTIC LESIONS OF THE CORONARY ARTERIES CULMINATED IN THE FIRST LARGE SERIES OF AORTO-TO-CORONARY ARTERY VENOUS GRAFTS REPORTED IN 1969. SIMULTANEOUSLY DUDLEY JOHNSON OF MILWAUKEE PUBLISHED A SERIES OF 301 PATIENTS IN 1969.

BYPASS CONDUITS

1. INTERNAL THORACIC ARTERY.

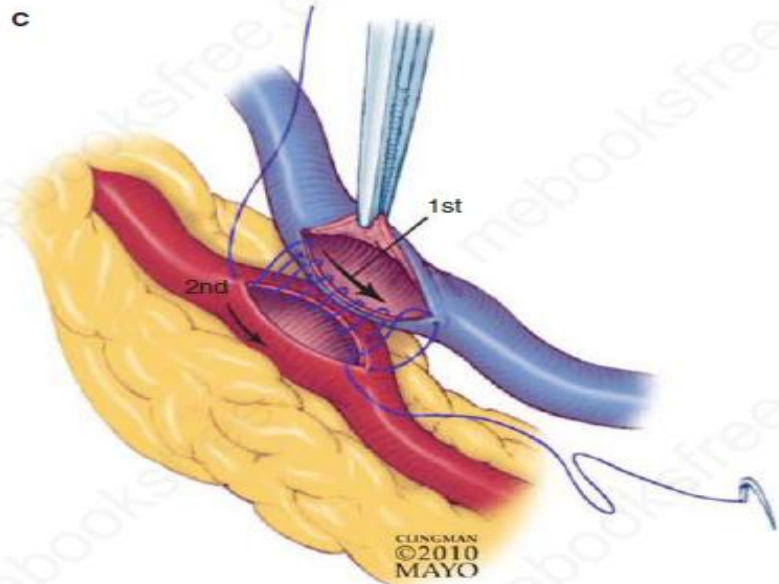
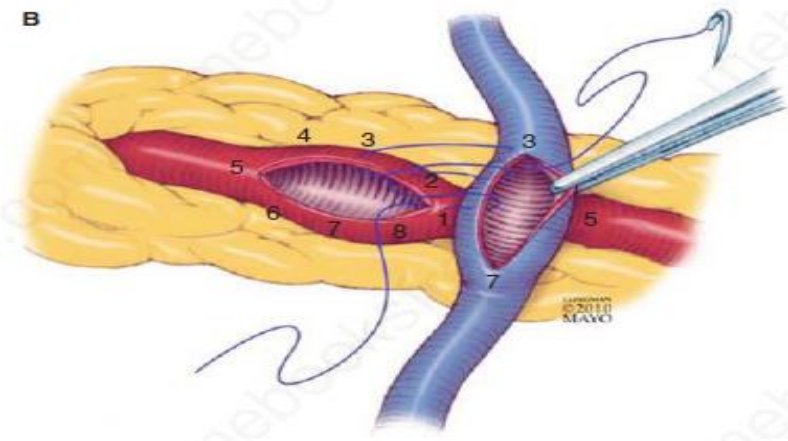
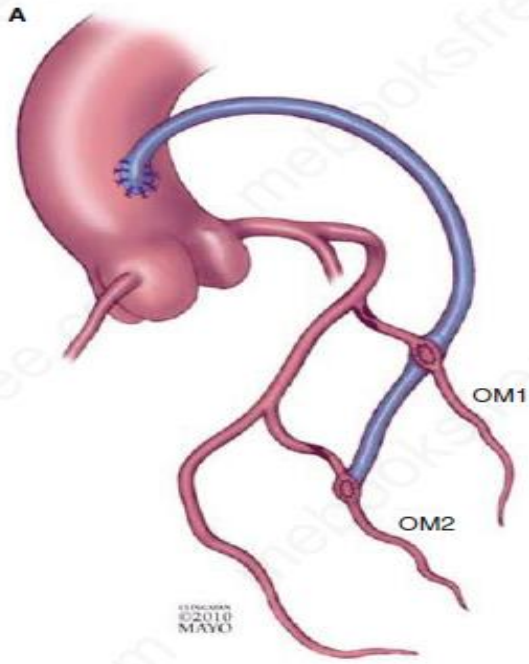
2. RADIAL ARTERY.

3. THE GASTROEPIPLOIC ARTERY (GEA) FOR THE MOST PART IS UTILIZED AS AN ALTERNATIVE CONDUIT OR AS PART OF AN ALL-ARTERIAL REVASCULARIZATION STRATEGY

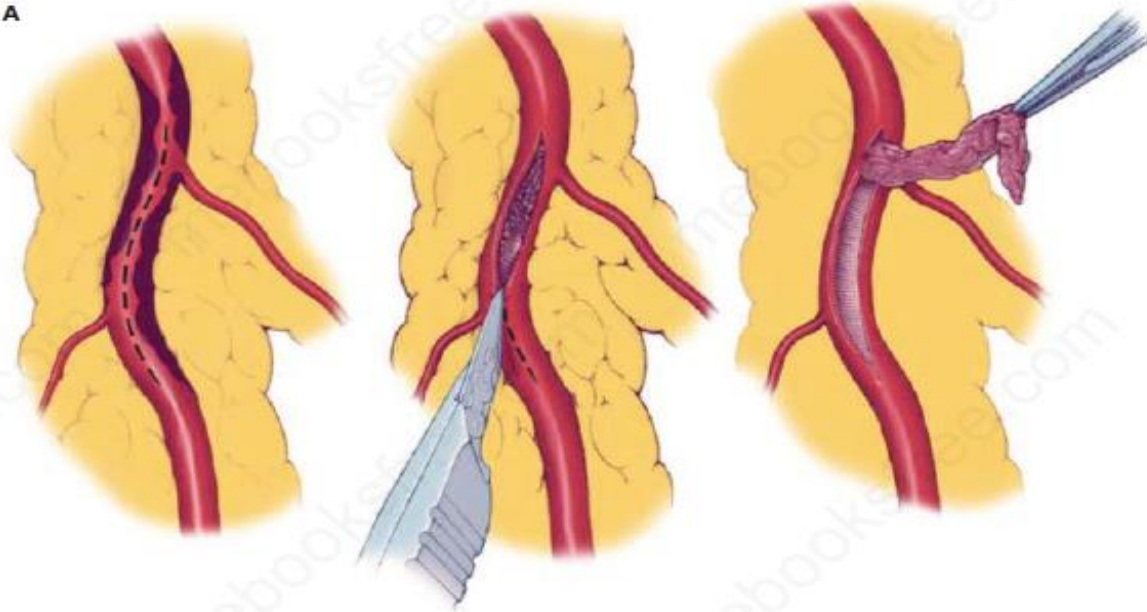
4. GREATER SAPHENOUS VEIN.

5. LESSER SAPHENOUS.

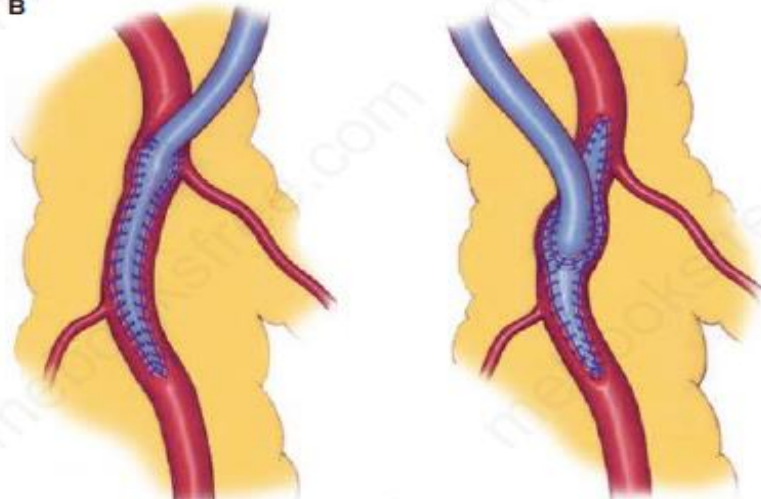
6. CEPHALIC VEINS.



A



B



REFERENCES:

**1. CARDIAC SURGERY IN THE ADULT.
LAWRANCE H COHN AND L HENRY
EDMUNDS.**

**2. KEY QUESTIONS IN CARDIAC SURGERY.
NARAIN MOORJANI**



Thank
You

The image features the words "Thank You" in a dark blue, elegant cursive font. The text is centered and surrounded by a decorative arrangement of golden-brown teardrop shapes and small black stars. The background is white, framed by blue and orange geometric shapes in the corners.