

Commentary

Myocardial Revascularization

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The 2018 ESC conference was one of the most enlightening conferences held in the last decade. Multiple new guidelines were launched, which significantly clarified several gray areas that had remained unanswered by the previous guidelines, as exemplified by the following:

- Previously, Coronary Artery Bypass Grafting surgery (CABG) was the preferred revascularisation option for diabetic patients with severe coronary disease and high SYNTAX score. However, it has now been demonstrated that CABG isn't necessarily the best or only way that ensures good long-term outcome, regardless of the SYNTAX score.
- Using multiple arterial grafts in CABG instead of a single artery has been found to be beneficial for the long term. When multiple grafts are used in

CABG, the use of radial and internal mammary arteries is superior to the use of a single arterial graft together with vein grafts.

- The role of multidisciplinary cardiac team approach in patients' management has been immensely emphasised, reinforcing the fact that treatment plans must be tailored to the needs of each individual patient for best outcomes to be achieved.
- The use of instantaneous wave free ratio (iFR) and fractional flow reserve (FFR) techniques is recommended to clarify uncertainties about the haemodynamic significance of coronary lesions. However, visual coronary inspection by diagnostic angiography remains the gold standard method for assessing the severity of coronary stenoses in the vast majority of cases.

- The use of re-absorbable drug eluting stents has been strongly discouraged. The guidelines now recommend the use of drug eluting stents for all PCI procedures.
- Meta-analyses of major studies have proven the benefit of complete multi-vessel revascularisation over culprit-only revascularisation in patients with ST elevation myocardial infarction, with the emphasis that the completion of revascularisation must be performed during the index admission

episode and not during the actual primary PCI procedure. The exception to the rule is STEMI cases in cardiogenic shock, wherein multi-vessel PCI is recommended during the index primary PCI procedure.

The hard work of all parties involved in the production of these fruitful guidelines is highly appreciated. We anticipate this to alter the practice of many individual cardiologists and cardiac institutions to the better across the globe.