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Octogenarians: Too Old for Surgical Myocardial Revascularization? Response



Octogenarios: ¿demasiado ancianos para revascularización miocárdica quirúrgica? Respuesta

To the Editor,

First, we wish to thank Fernández-Rodríguez et al for their interest in our article.¹ We think it reflects a reality in the health field—that we are treating patients conservatively solely because of their age, frailty, and/or comorbidity, and this seems to have an impact on prognosis.² We agree that the identification of the culprit lesions in patients with multivessel disease is complex, and our intention was to convey a reasonable doubt concerning the benefits of more extensive revascularization, which is usually feasible (highly significant percentages of our patients had lesions amenable to percutaneous revascularization, proportions that would probably be higher if surgical revascularization were to be considered.)

We also agree that complete revascularization is more frequently obtained with surgery, but the management of the population represented by our study group is controversial. Given the lack of randomized studies and taking into account the reports mentioned by Fernández-Rodríguez et al in their letter,^{3,4} we can only point out that the expected benefits occur over the intermediate- to long-term (something to be taken into account in octogenarians), that at those ages, the number of years is not always the major factor (quality of life, length of hospital stay, dependence on others, etc.), and that, despite the attempts to limit biases by including controls, one tends to think that the risk profile in octogenarians who undergo surgery is somewhat more positive.

The initial aggression of percutaneous revascularization is less invasive and, thus, is often preferred, but we agree that, if the patient is operable, the aim is complete revascularization.

Therefore, surgery must continue to be considered an option. Nevertheless, our study shows that there is still some reluctance to perform complete revascularization, and that this could be a modifiable cause of poor prognosis in octogenarians hospitalized for acute coronary syndrome.

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