Unilateral Vineberg Arterial Graft With a Patency of 30 Years

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A 65-year-old patient with severe 3-vessel coronary artery disease was admitted to our institution in October 1999 with increasing angina and dyspnea despite intensive medical therapy. After 2 myocardial infarctions at the age of 34 years, he had undergone a Vineberg operation on October 14, 1969, with implantation of the left internal thoracic artery (ITA) into the anterior wall of the left ventricle without a vascular anastomosis. During this operation, the artery, after distal ligation, was perforated artificially and then implanted into a tunnel 3 cm long and parallel to the left anterior descending coronary artery (LAD). The operative course was uneventful, and for almost 30 years the patient was free of complaint.

Three months before his current admission, he experienced recurrent angina. Coronary angiography revealed severe 3-vessel disease with proximal occlusion of the LAD. The distal LAD was perfused by the implanted left ITA via numerous collaterals (Figure 1). We performed a repeat coronary bypass operation. Special care was taken during sternotomy and dissection of adhesions not to damage the Vineberg graft. The proximal ITA before it entered the myocardium was completely dissected free (Figure 2). Using cardiopulmonary bypass and cardioplegic cardiac arrest, we anastomosed 2 saphenous vein grafts to the distal LAD and the proximal posterior descending branch of the right coronary artery. There were no suitable target vessels among the coronary arteries. After exclusion of patients who were operated on in the early years of the Vineberg operation, when coronary angiography was not yet available, the 7-year patency rate in Ochsner’s series was as high as 95%. With the development of coronary artery bypass grafting in the late 1960s, this method became obsolete, and the ITA is now used exclusively as a graft for direct anastomosis. From today’s point of view, it is to Vineberg’s credit that he recognized the value of the ITA for myocardial revascularization.

The observation of collaterals joining large coronary arteries from within a blunt myocardial tunnel appears to prove the existence of “sinusoids” within the human, ie, mammalian, heart and their usefulness for myocardial perfusion, which is the theoretical basis of all methods of “indirect” revascularization, including transmyocardial laser revascularization.

References
Figure 1. Visualization of distal LAD via collaterals after contrast medium injection into left ITA.

Figure 2. Intraoperative view of dissected ITA pedicle.
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