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SURGERY OF SYMPTOMATIC MYOCARDIAL BRIDGING

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Abstract:

Myocardial bridging with systolic compression of the left anterior descending coronary artery (LAD) may be associated with myocardial ischemia. In symptomatic myocardial bridging unresponsive to medical treatment, surgical unroofing of the left LAD can be performed. Little information is available about the long-term prognosis of patients with this coronary anomaly after the surgical unroofing, so we decided to evaluate the result of this operation. A total of 26 patients underwent surgical unroofing of myocardial bridging. Patients had a myocardial bridge of at least 3 cm in length in the middle of LAD and with more than 70% compression during systole. Unroofing was performed with cardiopulmonary bypass in 16 and with off pump technique in 10 patients. In 6 patients repeat angiographies for control of myotomy were done. In one of them a nonsignificant 20% narrowing was seen. Postoperative scintigraphic and angiographic studies demonstrated restoration of coronary flow and myocardial perfusion without residual myocardial bridges under beta-stimulation in 24 patients. Two patients had residual narrowing. With off pump technique, 1 patient had perforation of the right ventricle and 1 patient underwent reoperation because of incomplete unroofing during the first operation. None of the patients with cardiopulmonary bypass technique had residual chest pain or other complications. Surgical unroofing of myocardial bridging with the aid of cardiopulmonary bypass is a safe and easy procedure with low operative risk and with excellent functional results.

Keywords:

[Myocardial bridging](#) , [stent](#) , [left anterior descending](#)

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