up coronary angiography after 6 months revealed 10 patients suffered ISR out of 28 patients.

So as a result for all patients included in our study, 13 patients from group (I) suffered ISR in the period of 6 months follow up period, they represented 40% of the group, while 14 patients in group (II) with a percentage of 42.4% of the group suffered ISR at 6 months. There was no statistically significant difference between the two groups as regard the incidence of ISR at follow up. ($P > 0.05$).

Conclusions: We concluded that no significant statistical difference was found between the two stents (cobalt-chromium alloy bare metal stent versus conventional bare metal stainless steel stent) in diabetic patients regarding (initial procedural success, in-hospital complications, the incidence of ISR at follow up, event-free survival at follow up).

Coronary bypass surgery in patients aged 70 years and over: Mortality, morbidity, & length of stay. Dar al-fouad experience

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The objective of this investigation was to compare the outcome of isolated coronary artery bypass grafting surgery in patients 70 years with those <70. The cardiac surgery ICU database of the Institute was used to obtain the characteristics of patients undergoing coronary artery bypass grafting between January 2001and March 2013. The patients were divided into those 70 years of age and those <70 years old. Euroscore was determined for each patient for the analysis of mortality, and length of stay. During the study period, 7225 cases of coronary artery bypass grafting were carried out (isolated or with valve surgery), 501 (14.4%) cases were performed in the older group. The 30-day mortality for patients aged 70 and over was 17 (3.3%) out of 501 while that of patients <70 years of age was 188 (2.6%) out of 7225.

Apart from a higher incidence of wound infection in elderly patients, the frequency of other major complications was comparable in both groups. The average length of postoperative stay for the elderly patients was 15.4 ± 0.9 days compared to 13.7 ± 0.2 days for the younger group

This study supports the continued performance of coronary artery bypass grafting in patients 70 years. Advanced age alone should not deter a cardiac surgeon from offering such a potentially beneficial intervention.

Diagnostic accuracy of prospective ECG gated coronary computed tomography on a 256 slices scanner: Daily practice experience

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Aims: To determine the accuracy of prospective ECG-gated computed tomography coronary angiography (CTCA) using 256-slice scanner for detecting significant coronary artery disease (CAD) and to quantitatively estimate lumen narrowing with CTCA in comparison to invasive coronary angiography (ICA).

Methods: This study included 109 consecutive patients who had ICA on the basis of a previous CTCA (within 60 days) for clinical suspicious of CAD. All CTCA scans were performed with a 256-slice scanner using prospective ECG-gated image acquisition. The presence of stenosis $\geqslant 50\%$, measured by QCA for ICA and Visual assessment for CTCA, was considered significant stenosis.

Results: Obstructive CAD was present in 73.4% of patients. On patient-based analysis, the sensitivity of CTCA was 98%, specificity 83%, PPV 94% and NPV 92%. For segment-based analysis, a total of 1584 segments were analyzed with a sensitivity of 89%, specificity 98%, PPV 85% and NPV 99%. High correlation was observed between degrees of luminal stenosis assessed by CTCA in comparison to QCA in all segments ($r^2 = 0.961$). There was high agreement between observers regarding the presence of significant luminal stenosis ($k = 0.78$) and good correlation for percentage of luminal stenosis ($r = 0.68$, $p < 0.001$) between both readers.

Conclusions: In a highly prevalence diseased population, prospective ECG-gated CTCA using 256-slice scanner is highly accurate for detection and quantification of the degree of coronary luminal stenosis in comparison to ICA.

Diagnostic performance of Multislice Computed Tomography in evaluation of coronary artery bypass grafts in diabetic and non-diabetic patients

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Objectives: We sought to evaluate the diagnostic accuracy of noninvasive dual-source multi-slice computed tomography (MSCT) angiography in the assessment of graft patency and degree of stenosis in patients after coronary artery bypass grafting (CABG).

Background: Assessment of bypass grafts body and their anastomotic sites by invasive coronary angiography have a risk of potentially life-threatening complications and often require extra procedure time, contrast load, and radiation exposure.

Methods: 64-dual-source MSCT was performed to 51 (49 men, mean age 58.6 ± 8 years, range from 38 to 76) post-CABG symptomatic patients. Control of heart rate was done with oral beta blockers, sublingual nitrates was given 2-3 min before the scan. Mean interval between CABG surgery and MSCT was 73.41 ± 65.84 (range 3 to 252) months. Mean heart rate during scanning was 62.5 ± 13.2 (range 52–72) beats/min. Ninety-four percent of patients had both arterial and venous grafts. A total of 142 graft body and 142 anastomotic sites were analyzed. Two grafts body and 4 anastomotic sites were excluded because they were non-evaluable by MSCT. A semi-quantitative assessment of the graft stenosis severity was done according to the recommendation of the Society of Cardiovascular Computed Tomography (SCCT) A significant stenosis was defined as equal to or $> 70\%$, moderate stenosis 40–69% and mild $< 40\%$ lumen diameter reduction. A reference standard invasive coronary angiography was done according to conventional technique through standard trans-femoral