Prevalence of internal pudendal artery disease in diabetic patients with erectile dysfunction and angiographically documented multi-vessel coronary artery disease

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Objectives: We set out to explore the prevalence of significant atherosclerotic disease of the internal pudendal arteries (IPA) in diabetic men with erectile dysfunction (ED) and angiographically documented multi-vessel coronary artery disease (CAD).

Background: ED shares common risk factors of CAD, and is increasingly recognized as a well established risk factor for future cardiovascular events.

Methods: We enrolled 30 consecutive diabetic patients with ED undergoing elective coronary catheterization. Erectile function was evaluated using the abbreviated 5-item questionnaire known as the Sexual Health Inventory for Men. Distal arteriography was first performed, followed by selective internal iliac arteriography. Significant IPA disease was defined as 50% or more luminal obstruction seen in the projection that best delineates the takeoff of the artery.

Results: The mean age of the whole series was 59.6 ± 8.4 years. The mean duration of diabetes mellitus was 8.1 ± 7.1 years, and the mean duration of ED was 4.3 ± 3.2 years. Significant IPA disease (stenosis/occlusion) was found in 11 (36.7%) patients; unilateral in 6 (20%) patients, and bilateral in 5 (16.7%) ones. Significant internal iliac artery disease (stenosis/occlusion) was found in 6 (20%) patients; unilateral in 4 (13.3%) patients, and bilateral in 2 (6.7%) ones. Significant IPA disease correlated positively with age and negatively with estimated creatinine clearance (p < 0.05 for both).

Conclusion: In diabetic male patients with ED who have angiographically documented multi-vessel CAD, significant IPA obstruction (stenosis/occlusion) is rather frequent, and it correlates positively with age, and negatively with the estimated creatinine clearance.

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Post-operative ICU course of infant below 2.2 kg undergoing cardiac surgery

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Introduction: Infants with low body weight (LBW) are major challenges for post cardiac surgery care. We conducted this study to compare post-operative course and outcome of infant weighing 2.2 kg or less with matching group of infants with normal body weight who underwent similar cardiac surgery.

Methods: We reviewed retrospectively all infants below 2.2 kg who underwent cardiac operation at our institution from January 2001 to March 2011. Cases with LBW (group A) were compared with matching group (group B) of normal body weight infants who had similar cardiac surgery and matching surgical risk category. We compared demographic, ICU parameters, complications and short-term outcome of both groups.

Results: Thirty seven patients were included in group A and 39 in group B. Except for Weight (2.13 ± 0.08 kg in group A vs. 3.17 ± 0.2 kg in group B); there was no statistical difference in demographic data between both groups. Cardiac procedures included coarctation repair, Arterial switch, VSD repair, tetralogy of Fallot repair, systemic to pulmonary shunt and Norwood procedures. Patients in group A had statistically significant difference from group B in term of bypass time (p = 0.01), duration of inotropes (p = 0.01), duration of mechanical ventilation (p = 0.004), number of re-intubations (p = 0.015), PCICU length of stay (p = 0.007) and mortality (13.5% in group A vs. 0% in group B, p value 0.02).

Conclusion: Patients with LBW below 2.2 kg can go for cardiac surgery with overall satisfactory result but with increase risk of ICU morbidity and mortality.

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