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# Update of surgical myocardial revascularization in comparison to PCI: Evidence based findings of SYNTAX trial and guidelines

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Myocardial revascularization has been an established mainstay in the treatment of coronary artery diseases (CAD) for almost 50 years, coronary artery bypass grafting (CABG) used in clinical practice since 1960s, is arguably the most intensively studied surgical procedure ever undertaken, while percutaneous coronary intervention (PCI) used for over three decades, has been subjected to more randomized clinical trials (RCTs) than any other intervention procedure. It was promoted as an alternative to CABG. While both interventions have seen significant technological advances in particular the use of drug-eluting stents (DES) in PCI and of arterial grafts in CABG. Their roles in the treatment of patient presenting with stable CAD are being challenged by advances in medical treatment. Referred as optimal medical therapy (OMT) which include intensive lifestyle and pharmacological management. Furthermore, the difference between the two methods strategies should be known. When discussing the options for revascularization with the patient, he or she should understand when and what procedure is being performed in an attempt to improve symptoms, survival or both. Although some results from the SYNTAX study are best characterized as subgroup analyses and hypothesis generating, SYNTAX nonetheless represents the latest and most important comparison of CABG and PCI. The SYNTAX score considered a reasonable surrogate for the extent of CAD and its complexity and serves as important information that should be considered when making revascularization decision.