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Current therapies for refractory angina and potential effects of internal mammary artery occlusion

No one knows the true incidence of refractory angina, but it is generally agreed that there are thousands new cases annually. The incidence will presumably increase with the increase of average age. Patients suffering from refractory angina are known as no-option, because they are not amenable to coronary artery bypass grafting or percutaneous coronary interventions. The main reason to be unamenable to conventional revascularization techniques is a diffuse coronary disease, and secondarily comorbidities. Several alternative methods have been advocated, such as stem cell therapy, external counter-pulsation, laser transmyocardial revascularization sympathectomy, partial occlusion of the coronary sinus, shock wave myocardial revascularization. The internal mammary artery (IMAs) has the potential for developing collateral branches under some circumstances. This was the basis for an old operation performed in the 1940s, i.e. the tunnellization of the IMAs in to the left ventricle free wall.

Recent Publications

1. Iwanski J, Knapp S M, Avery R, Oliva I, Wong R K, Runyan R B, et al. (2017) Clinical outcomes meta-analysis: measuring subendocardial perfusion and efficacy of transmyocardial laser revascularization with nuclear imaging. Journal of Cardiothoracic Surgery 12(1):37.
2. Holland L C, Navaratnarajah M and Taggart D P (2016) Does surgical sympathectomy improve clinical outcomes in patients with refractory angina pectoris? Interactive Cardiovascular and Thoracic Surgery 22(4):488-92.
3. Giannini F, Baldetti L, Ielasi A, Ruparelia N, Ponticelli F, Latib A, et al. (2017) First Experience with the coronary sinus reducer system for the management of refractory angina in patients without obstructive coronary artery disease. JACC: Cardiovascular Interventions 10(18):1901-1903.
4. Myojo M, Ando J, Uehara M, Daimon M, Watanabe M and Komuro I (2017) Feasibility of extracorporeal shock wave myocardial revascularization therapy for post-acute myocardial infarction patients and refractory angina pectoris patients. International Heart Journal 58(2):185-190.
5. Picichè M (2012) The history of myocardial revascularization before the advent of cardiopulmonary bypass. Dawn and Evolution of Cardiac Procedures 65–77, ISBN: 978-88-470-2400-7.

Biography

Marco Picichè (MD, Ph.D.) graduated with a degree in medicine from the University of Florence in 1995 and completed his cardiac surgery residency at the Tor Vergata University of Rome in 2000, both summa cum laude. He held regular teaching appointments at the university of Montpellier school of medicine, obtained certification by the French Board in cardiac surgery (Paris, 2007), earned his research master in surgical science (Paris, 2007), and received a university diploma in vascular surgery (Paris, 2007). In May 2009 he had the honor of opening the 44th Congress of the European Society for Surgical Research with a lecture on "The history of surgical research." In September 2011 he received a doctor of philosophy (Ph.D.) in therapeutic innovations from Paris-Sud University. He is the Editor in Chief of the book : « Dawn and evolution of cardiac procedures : research avenues in cardiac surgery and interventional cardiology » (Springer-Verlag publishing house, September 2012). He patented a new surgical instrument. Currently he is a cardiac surgeon in Italy.