have studied patients with a wide range of left ventricular dysfunction (e.g., LVEF ≤30%-40%). The Surgical Treatment for Ischemic Heart Failure (STICH) trial was a randomized study designed to determine the benefit of coronary artery bypass grafting in patients with left ventricular dysfunction due to ischemic cardiomyopathy. These patients were also not comparable to the present study because they were in New York Heart Association class II or III with an LVEF ≤35%. Also, most investigators believe that the high crossover rate from medical therapy to surgery during the first year after randomization significantly confounded the interpretation of the STICH trial. The post hoc analysis examining treated patients revealed a significant benefit of surgical intervention with respect to overall mortality and freedom from repeat hospitalization. Further, the STICH trial was flawed with respect to its surgical ventricular restoration arm and did not adequately address several issues pertaining to documentation of the left ventricular end-systolic volume and the technique of surgical ventricular restoration.

This retrospective study demonstrated clinical benefits in terms of mortality and morbidity of conventional surgery in an extreme subset of patients with heart failure albeit with its associated high risk. The outcomes were comparable to the outcomes in patients undergoing transplant and in transplant-ineligible patients receiving a left ventricular assist device as destination therapy. Prospective, multicenter randomized studies are vital to re-establish the effects of conventional surgery on midterm outcomes in similar populations.

References

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