


Irrespective of this confound, however, the fact remains that for these selected groups these data, as analyzed, do not appear to show any meaningful differences in outcome ascribable to use of CPB. What else is different about these groups? Certainly the average age of the 2 study groups is considerably younger than that for those undergoing surgical coronary revascularization in North America. On the basis of the latest figures available from The Society of Thoracic Surgeons Adult Cardiac National Database, the average age of patients undergoing coronary artery bypass grafting (CABG) in North America in 1996 was 64.7 ± 10.6 years. This is in contrast to the mean age of 58.9 ± 10 years in the current study. Is this germane? The risks of neurologic and cognitive injury after CPB are largely determined by age. In a prospective study of 2108 patients undergoing CABG, 32% of patients were aged 70 years or older, and older age was shown to be a significant independent risk factor for both stroke (type I) and deterioration of intellectual function (type II) outcomes. Others have also shown a specific association between age and postoperative cognitive dysfunction in patients undergoing conventional CABG. Given that the proportion of CABG patients older than 70 years exceeds 30% in most clinical practices in North America, before determining operative strategy on the basis of the results of the current study, we must be fully aware that although these results may apply, they may well apply only to those patients younger than 60 years.

1 John M. Murkin, MD, FRCPC
London, Ontario, Canada

REFERENCES

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