**SURGICAL TREATMENT OF MYOCARDIAL BRIDGING IN 46 PATIENTS**

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Objective: To report our operative methods and outcomes for treatment of 46 patients with myocardial bridging (MB).

Methods: Dec.1997-Mar.2012, 46 consecutive patients (aged 32-83; mean 54.5) with MB underwent surgery. There were 36 males and 10 females. 18 patients were MB only and 28 patients were MB associated with other heart diseases. There were 18 patients with refractory unstable angina and failed medical therapy. Among them, 2 patients had old myocardial infarction history. The diagnosis of MB only was confirmed by coronary angiography, which showed LAD was narrowed above 75% caused by MB compression. Myotomy was performed to release the compression in all patients, including 1 patient with the left internal mammary artery (LIMA) graft totally occluded after previous CABG operation. There were 28 patients with MB and other kinds of heart diseases, including valvular disease associated with coronary disease in 16, coronary artery disease in 10, and cardiomyopathy in 2 patients. The preoperative angiography showed a MB in the LAD with above 50% systolic narrowing of the LAD in all patients. Myotomy was performed in 18, CABG in 9; other concomitant procedures were performed in all patients.

Results: All patients recovered uneventfully with no mortality. Follow-up time was 1-120 months (mean 41 months). 45 patients are doing well, 1 patient died of thrombosis of artificial valve.

Conclusion: The patients with MB who failed medical treatment should be considered surgical treatment. Myotomy is the first choice of procedure because of its safety and satisfactory results.