The RITA graft is a mirage

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The RITA graft is a mirage.

Firstly, we should not put TAG and MAG in the same sentence and compare them to SAG (single arterial graft) but rather look at each graft individually.

The conclusion of our manuscript\(^1\) is LIMA and radial artery performed as expected, whereas vein grafts performed better than expected. However, high rates of RIMA failure are worrisome and highlight the need for a thorough evaluation of the patency and safety of the RIMA in CABG surgery.

The RIMA graft has a higher rate of failure due to the harvesting by the skeletonization technique and this has been demonstrated in COMPASS\(^2\)\(^3\) and ART\(^4\). Case closed. The in-situ configuration (going behind the heart to the circumflex artery), in comparison to a Y graft coming from the LIMA, is associated with a lower patency in our manuscript but also with worse clinical outcomes in the reference provided by Prof. Formica and his colleagues. They are correct saying this is a surgeon-related factor rather than a biological one. It is a technical problem, and we must fix it.

The recent network analysis by Gaudino et al is a compelling evidence that RITA is not better than a vein and inferior to a radial artery\(^5\). We must also keep in mind that vein grafts are better in recent trials than older trials, likely due to the use of cholesterol-reducing medication.

While radial arteries have been tested in good trials, the best RITA configuration has not been demonstrated. There is an urgent need for a thorough evaluation of the patency and safety of the RIMA in CABG surgery and surgeons should know their results and present them. It is an issue of intellectual integrity and patient safety.
References


