OP-30.
Are Incidental Non-Cardiac Radiological Findings Detected in Preoperative Thoracic CT a Barrier for Cardiac Surgeons?

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Objectives: Thoracic computed tomography (CT) is a modality utilized by some surgeons to detect aortic calcifications prior to primary cardiac surgery. This study aimed to identify incidental radiological abnormalities detected on thoracic CT scans performed to evaluate calcified aortas and assess their impact on the clinical course of patients.
Methods: Demographic characteristics and surgical data of patients undergoing cardiac surgery were recorded. Patients with a prior diagnosis of malignancy were excluded. Thoracic CT scans were retrospectively analyzed for non-cardiac pathologies. The time from CT findings to surgery, hospital and intensive care unit stay, and postoperative complications were compared.
Results: A total of 616 patients, including 184 women (29.9%) and 432 men (70.1%), were included in this study. Isolated CABG was performed in 61% of the patients, isolated valve surgery in 20%, and combined CABG and valve surgery in 19%. Among the 93 patients (15.1%) with normal chest X-rays, incidental pathological findings were identified on CT scans. Noncardiac pathology was detected in 310 (50.3%) thoracic CT scans, with the most common findings being emphysema/chronic bronchitis (18.8%) and pulmonary edema (10.7%). Thoracic CT findings were classified into five categories based on severity: normal (49.7%), clinically insignificant findings (32.5%), findings requiring follow-up (9.7%), infection (5.5%), and severe findings such as malignancy (2.6%). Postoperative complications, including stroke (P=0.013), acute kidney injury (P=0.012), postoperative pneumonia (P=0.001), and in-hospital mortality (P=0.001), were significantly higher in the infection group. In the two groups with severe findings (infection and malignancy), the time from the CT findings to surgery was significantly longer than that in the other groups (P=0.002).
Conclusions: Even in asymptomatic patients undergoing cardiac surgery, radiological findings suggestive of infection are a risk factor for in-hospital mortality and complications. Our study demonstrated the importance of confirming these risks with thoracic CT as they may not be distinguishable from chest X-rays alone.
Keywords: cardiac surgery, incidental findings, thorax CT

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Meeting Abstracts

Meeting Abstract

1. Meeting Abstracts of the 5th Uludag Cardiology Summit, March 6-9, 2025, Bursa, Türkiye

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