

In summary, prompt recognition of the possible complications following wasp stings is essential in preventing fatal outcomes. Rhabdomyolysis and hemolysis can occur resulting in renal failure. Adequate hydration is necessary with close monitoring of the renal function. Prolonged dialysis support may be needed but good renal outcome can be expected in those who survive the acute event.

#### ACKNOWLEDGEMENT

We wish to thank Dr Kho Lay Kun (senior consultant neurologist) for her expert opinion on the diagnosis of PRES in this patient. We wish to thank the Radiology Department for allowing us to use the images of our patient's computed tomography of the brain for this manuscript. We also like to thank the Director of General, Ministry of Health, Malaysia in approving the publication of this study.

#### REFERENCES

1. CA Mealie, AS Multz, MV Wisgerhof. Wasp Stings. In: *Medicine* [online], Available at: [www.emedicine.medscape.com](http://www.emedicine.medscape.com). Accessed 10th September 2010
2. WDVN Gunasekara, NVI Ratnatunga, AS Abeygunawardena. Acute Renal Failure Following Multiple Wasp Bites. *Sri Lanka Journal of Child Health* 2007; 36: 67-8. Available at: [www.sljol.info/index.php/SLJCH](http://www.sljol.info/index.php/SLJCH). Accessed 15th September 2010
3. T Thiruvethiran *et al.* Acute Renal Failure Following Multiple Wasp Stings. *Nephrol Dial Transplant* (1999) 14: 214-217.
4. R Gawlik, B. Rymarczyk, B. Rogala. A rare case of intravascular coagulation after honey bee sting. *Journal of Investigational Allergology and Clinical Immunology* 2004; 14(3): 250-252. Available at: [www.jiaci.org](http://www.jiaci.org). Accessed 1st October 2010

---

## ABSTRACT

# Why Coronary Artery Bypass Surgery is still The Optimal Treatment Strategy for Left Main Stem Disease: An Evidence-Based Review with A Malaysian Surgical Perspective

**Anand Sachithanandan, FRCSI (CTh), Balaji Badmanaban, FRCSI (CTh)**

Department of Cardiothoracic Surgery, Hospital Serdang, Selangor

Left main stem (LMS) coronary artery disease (CAD) remains an important risk factor for increased mortality and morbidity at all stages of diagnosis and treatment of coronary artery disease.

Significant flow limiting stenosis usually results in low-tolerance angina and has prognostic implications. Historically, coronary artery bypass grafting (CABG) has been the treatment of choice for LMS revascularisation, but advances in percutaneous coronary intervention (PCI) have challenged this surgery-only paradigm. This article is a surgical appraisal of the current evidence regarding the optimal revascularisation strategy for LMS disease in terms of safety, efficacy and durability.

Heart Asia 2011; 3: 126-129. Doi : 10.1136/heartasia-2011-010059

---

*This article was accepted: 20 February 2012*

*Corresponding Author: Anand Sachithanandan, Hospital Serdang, Cardiothoracic Surgery, Jalan Puchong, Kajang, Selangor 43000 Malaysia*  
*Email: [anandsachithanandan@yahoo.com](mailto:anandsachithanandan@yahoo.com)*