



ABC Cardiol
Arquivos Brasileiros de Cardiologia

Abstracts

Volume	Number	Supplement
119	4	1
October 2022		

Sociedade Brasileira de Cardiologia
ISSN-0066-782X

ABSTRACTS PRESENTED AT



77° CONGRESSO BRASILEIRO
DE **CARDIOLOGIA**

together with

WORLD CONGRESS OF CARDIOLOGY

Rio de Janeiro - Brazil

OCTOBER 13 TO 15, 2022

111193

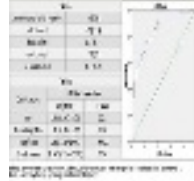
MODALITY: E-POSTER YOUNG RESEARCHER - NON-CASE REPORT
CATEGORY: PERICARDIUM/ ENDOCARDIUM/ VALVOPATHIES

TITLE: TRENDS IN EARLY MORTALITY RATE IN INFECTIVE ENDOCARDITIS

ISABELA GALIZZI FAÉ¹, PEDRO HENRIQUE OLIVEIRA MURTA PINTO MD¹, FERNANDO CRESPO TORRES², SÓFIA CAPORALLI BARBOSA², GUSTAVO BRANDÃO DE OLIVEIRA MD¹, RHUAN BRAGA OLIVEIRA², LUCAS BRETAS DE PÁDUA², TERESA CRISTINA ABREU FERRARI, MD, PHD¹, MARIA DO CARMO PEREIRA NUNES, MD, PHD¹

(1) HOSPITAL DAS CLÍNICAS DA UNIVERSIDADE FEDERAL DE MINAS GERAIS; (2) UNIVERSIDADE FEDERAL DE MINAS GERAIS

Introduction: Infective endocarditis (IE) is a rare disease associated with substantial mortality. In recent decades, the epidemiology of IE has been changing with an increased age of patients and a crescent number of health-care-acquired IE. However, few studies have examined the contemporary outcomes of IE in this growing population at risk of complications. Objective: The present study aimed to describe the incidence of in-hospital mortality over the past 2 decades and to identify the risk factors for early mortality in a cohort of patients with IE admitted to a Brazilian quaternary hospital. Methods: A total of 334 consecutive patients diagnosed with IE based on modified Duke criteria were prospectively included from 2001 to 2021. Data regarding predisposing baseline condition, laboratory findings, etiologic agents, treatment and in-hospital outcomes were analyzed. The primary endpoint was in-hospital death due to any complication related to IE. Results: The median age was 54 years, 60% men. Cardiac device and rheumatic heart disease were the most frequent predisposing conditions. During the treatment, 78% patients presented adverse events, including worsening of heart failure (HF) (34%), embolic events (13%) and the need for cardiac surgery (43%). The overall in-hospital mortality rate was 34.9% with no changing over this time. In multivariable analysis, the characteristics independently associated with death were embolic events, HF development, increasing age and high CRP levels (C statistic of the model 0.84). Conclusion: Despite recent advances, IE continues to be associated with high in-hospital mortality, without changes in the last 2 decades. Early identification of patients who are at high risk of death may offer an opportunity to improve outcomes in IE.



111215

MODALITY: E-POSTER YOUNG RESEARCHER - NON-CASE REPORT
CATEGORY: ACUTE AND CHRONIC CORONARY DISEASE/ THROMBOLYSIS

TITLE: EPIDEMIOLOGICAL PROFILE OF PATIENTS ADMITTED WITH ACUTE MYOCARDIAL INFARCTION SECONDARY TO SPONTANEOUS CORONARY ARTERY DISSECTION

ISABELLE MENDES RODRIGUES SALOMÃO¹, MARYE DOS SANTOS XAVIER DIAS¹, LUANNA DAMASCENO AMARAL DE SOUSA¹, ALESSANDRA ARNEZ PACHECO¹, LARISSA GUERRA CUNHA DE SOUSA¹, DANIEL XAVIER DE BRITO SETTA¹, JULIA PAULO MOURILHE ROCHA¹, FERNANDO OSWALDO DIAS RANGEL¹, ANA AMARAL FERREIRA DUTRA¹, LOUISE FREIRE LUIZ¹, CLAUDIA LANZILLOTTI WEKSLER¹, RICARDO MOURILHE-ROCHA¹

(1) HOSPITAL PRÓ-CARDÍACO

Introduction: Spontaneous coronary artery dissection (SCAD) is considered an uncommon cause of acute coronary syndrome (ACS), in which typical chest pain is the main manifestation, being more common in women ≤ 50 years old. It can be triggered by physical or emotional stress, female sex hormones, inflammatory disorders, fibromuscular dysplasia, and connective tissue disease. Objective: To assess the epidemiological profile of patients with acute myocardial infarction (AMI) secondary to SCAD. Methods: This is a retrospective case series study developed at a Quaternary Hospital in the city of Rio de Janeiro. The database and electronic medical records of 1.200 patients with ACS, admitted between July 2013 and February 2022, were analyzed, in which were selected 0,7% diagnosed with SCAD. Results: Of the 9 patients evaluated, all were female, with a median age of 58 years, 67% had arterial hypertension, 78% obesity, 78% anxiety, 44% smokers, 22% diabetes mellitus, 22% previous AMI and 22% with a positive family history for coronary artery disease. Most (78%) had typical chest pain on admission, with 89% Killip I, 78% non-ST segment elevation AMI, 67% with preserved global left ventricle (LV) systolic function, 11% with severe LV dysfunction and 56% with segmental alteration. Median ejection fraction of LV was 59%. All patients underwent coronary angiography (CAT) within 24 hours of admission, with 67% single-vessel involvement and 44% TIMI III. Conservative treatment, with ASA, clopidogrel, high-potency statin, ACEI and bisoprolol was chosen in 78% of the patients. 22% were treated with angioplasty with drug-eluting stent implantation due to unfavorable coronary anatomy. One patient with extensive and severe lesion of the anterior descending artery and another patient with severe lesion of the marginal artery. 33% of patients had pain recurrence and 22% of whom had recent readmissions due to angina. The length of hospital stay was 5 days. There were no in-hospital deaths. Conclusion: SCAD is more prevalent in females and may be associated with stress factors, smoking and obesity. The approach to patients follows the usual ACS protocol, but it must be considered that the dissection can be aggravated by CAT. Conservative treatment is recommended in most low to moderate risk cases. It is important to perform the differential diagnosis of chest pain in order to avoid underdiagnosis of SCAD.

111760

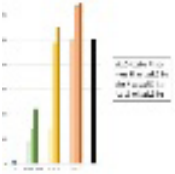
MODALITY: E-POSTER YOUNG RESEARCHER - NON-CASE REPORT
CATEGORY: CARDIOVASCULAR INTENSIVE CARE/ CARDIOVASCULAR EMERGENCIES

TITLE: ADMISSION BEDSIDE LUNG ULTRASOUND RECLASSIFIES SCAI SHOCK CLASSIFICATION MORTALITY RISK IN PATIENTS WITH ST-SEGMENT ELEVATION MYOCARDIAL INFARCTION

GUSTAVO NEVES DE ARAUJO², GUSTAVO NEVES DE ARAUJO¹, FERNANDO LUIS SCOLARI³, GUILHERME PINHEIRO MACHADO³, ANDERSON DONELLI SILVEIRA³, FELIPE PEREIRA LIMA MARQUES³, RAFAEL BELTRAME³, ANDRE THEOBALD³, ALAN PAGONCELLI³, RODRIGO VUGMAN WAINSTEIN³, MARCO VUGMAN WAINSTEIN³

(1) IMPERIAL HOSPITAL DE CARIDADE; (2) INSTITUTO DE CARDIOLOGIA DE SANTA CATARINA; (3) HOSPITAL DE CLINICAS DE PORTO ALEGRE

BACKGROUND: The new SCAI Shock Classification encompasses patients with progressive severity from stage A (at risk) to stage E (Extremis), and early identification of stepping stages is essential to scaling therapy. Lung ultrasound (LUS) evaluates pulmonary congestion, which may be present even in the absence of other signs of overt shock. Our aim was to evaluate prognosis in patients with and without lung congestion evaluated by LUS among SCAI Shock stages. METHODS: Cohort of STEMI patients treated with primary PCI in a tertiary center. LUS protocol consisted of 8 scanning zones performed at admission. SCAI shock classification was evaluated within 24h of admission. Primary outcome was in-hospital mortality. RESULTS: We included 582 patients with mean age of 61±12 years and 373 (64.1%) male. SCAI shock stage A was present in 361 (62%) patients, while 115 (19.8%) were class B, 44 (7.6%) class C, 58 (10%) class D, and 4 (0.7%) class E. In-hospital mortality in patients with SCAI Shock classification A-E was 1.4%, 14.4%, 48.9%, 63.8% and 50%, respectively. Among SCAI B patients, mortality in mild (0-3 positive sites) and severe congestion pattern (4-8 positive sites) were 8.8% and 22.2%, respectively. Mortality in SCAI C patients without of LUS congestion (14.3%) was similar to patients in SCAI B stage (p = 0.583). Mortality in SCAI D patients without of LUS congestion (50%) was similar to patients in SCAI C stage (p = 0.631). CONCLUSION: Among STEMI patients at risk for cardiogenic shock, LUS reclassifies SCAI Shock Classification regarding mortality prediction. Absence of lung congestion was associated with one-step decrease of mortality rates in SCAI C and D patients. While this must be tested in larger cohorts, LUS should potentially be included in SCAI Classification.



111288

MODALITY: E-POSTER YOUNG RESEARCHER - NON-CASE REPORT
CATEGORY: CARDIAC ARRHYTHMIAS/ ELECTROPHYSIOLOGY/ ELECTROCARDIOGRAPHY

TITLE: MYOCARDIAL ISCHEMIA PREDICTORS IN PATIENTS WITH LEFT BUNDLE BRANCH BLOCK

ANDRÉ PINHEIRO ZYLBERMAN¹, LARA TELES ALENCAR DUARTE¹, ALEXA GABRIELE TEIXEIRA FEITOSA¹, CLÁUDIA BISPO MARTINS-SANTOS¹, YASMIN JULIANY DE SOUZA FIGUEIREDO¹, CLEVALDO RIBEIRO FERREIRA JÚNIOR¹, EDVALDO VICTOR GOIS OLIVEIRA¹, ARTHUR LEITE LESSA¹, OCTAVIANO MORAIS VELOSO¹, ANTÔNIO CARLOS SOBRAL SOUSA¹, ENALDO VIEIRA DE MELO¹, JOSELINA LUZIA MENEZES OLIVEIRA¹

(1) UNIVERSIDADE FEDERAL DE SERGIPE

Introduction: The left bundle branch block (LBBB) is a degenerative condition of the cardiac conduction system that is easily diagnosed by an electrocardiogram. Its prevalence ranges from 0.2 to 1.1%, increasing with age. As it is a chronic illness, patients may also develop several associated pathologies that require careful investigation, including coronary disease. As a result, the determination of heart ischemia predictors takes its place as an important evaluation, especially considering the exercise test's diagnostic difficulties in LBBB subjects. Objective: To determine the predictors of heart ischemia in LBBB patients undergoing physical stress. Methods: This is an observational, cross-sectional and analytical study. It was used a dataset of LBBB patients from a private institution, all of which underwent an exercise stress echocardiography. The selection process excluded individuals with previous coronary events. A total of 15 variables were studied in relation to the test's result, including sex, age, body mass index, family background, diabetes mellitus, dyslipidemia, hypertension, obesity, smoking, aortic diameter (AO), left atrium diameter (LA), left atrium volume, left ventricular mass index, ejection fraction and diastolic function. Statistical analysis was performed by the chi-square test (X²) and by the student's t-test, both considering p<0,05 as significant. The software SPSS Statistics version 22.0 was used. Results: From the 252 patients included in the study, 115 (45.63%) were men and 137 (54.37%) were women. Ages ranged from 30 to 92 years old, with a mean of 64.07 (±10.93). From the results of the echocardiography, two groups can be clearly identified: positive (n = 64; 25.40%) and negative for ischemia (n = 188; 74.60%). Among the qualitative variables, analysis showed that the male sex was the only associated with heart ischemia (p = 0.01) in LBBB patients. However, among the quantitative variables, AO (p = 0.00), LA (p = 0.02) e left ventricular index (p = 0.02) had significant higher means in the positive for ischemia group. Conclusion: Only four of the 15 possible predictors were significant in the present study. Sex was deemed the only important personal factor for the echocardiography's positive result. However, considering heart measurements as possible predictors, LBBB patients with either a larger atrium or aort, or with a greater ventricular mass were more susceptible to ischemia while facing stress.