culture-positive endocarditis. In-hospital clinical course, the need for surgery and mortality are similar to those in patients with blood culture-positive endocarditis.

0189

Identification of risk factors for embolic events in left-sided infective endocarditis

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Embolic complications (EC) occur in about 30% to 40% of left-sided infective endocarditis (LSEI) and are associated with a poor prognosis. We analysed risk factors for embolic events in the systematic analysis of a large cohort of consecutive patients treated for infective endocarditis (IE).

Methods: 533 consecutive patients admitted for definite or probable LSEI were included in this study.

Results: Mean age was 64 and 26% had a prosthetic valve. The location of IE was aortic in 68%. Causative microorganisms were Streptococci in 40% and Staphylococci in 27%. Rate of valve surgery and mortality during the initial hospital stay were 26% and 11%, respectively. The mean follow up was 5.6 years. Embolic events occur in 164 patients (30%). In multivariate analysis, presence of vegetation was an independent risk factor for embolic event (hazard ratio HR=1.96, p<0.001), whilst older age and Streptococcal infection were independently associated with a lower risk of embolic events (HR=0.99, p=0.02 and HR=0.64, p=0.02 respectively).

Conclusions: Patients with LSEI and streptococcal infection have a lower risk of embolic events than others. The presence of vegetation was independently associated with an increased risk of embolic events.

0240

Percutaneous left atrial appendage closure for stroke patients with nonvalvular atrial fibrillation and contraindication for oral anticoagulation

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Background: The PROTECT AF trial previously demonstrated that left atrial appendage closure (LAAC) was non inferior to warfarin in patients with non-valvular atrial fibrillation (NVAF). However, this trial included patients eligible for anticoagulation therapy who received warfarin for 6 weeks after device implantation. The purpose of the present study was to assess the safety and efficacy of LAAC for stroke patients with NVAF and contraindication for anticoagulation.

Methods: Consecutive patients with a previous ischemic or hemorrhagic stroke, NVAF and contraindication for anticoagulation underwent LAAC with the Amplatz Cardiac Plug device between July 2010 and July 2013 in a French university hospital. Follow-up included clinical evaue in 40% and 24 months, and a cardiac computed tomography (CT) at 3 months. Single-antiplatelet therapy was prescribed after the procedure for a minimum of 3 months and stopped if the control cardiac CT demonstrated complete LAA exclusion. RESULTS: 26 patients (age 73±8 years) were included. The mean CHA2DS2-VASc and HAS-BLED scores were 4±1.5 and 4±0.8, respectively. The main contraindications for anticoagulation were: intracerebral hemorrhage while receiving anticoagulation (62%), ischemic stroke with large hemorrhagic transformation (15%) and probable cerebral amyloid angiopathy (8%). The procedure was successful in 100%. Procedure-related complications were serious periocardial effusion (3.8%) and femoral bleeding (7.7%). During a mean follow-up of 8.6 (3-16) months, ischemic stroke occurred in 2 patients (7.7%), after antiplatelet therapy was stopped for one of them. One patient died of an intracranial hemorrhage.

Conclusion: LAAC followed by a single antiplatelet therapy could be a reasonable alternative for stroke patients with NVAF and contraindication for anticoagulation. Lifelong rather than short-term single antiplatelet therapy should be prescribed after the procedure for patients at high cardio-vascular risk.

0274

Cardiac involvement in Behcet’s disease

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Background: Behcet’s disease is a multisystem disorder and classified as « vasculitic syndrome with a wide variety of clinical manifestations. » Cardiac involvement is very rare but can occur with different presentations.

Objective: To analyze the clinical characteristics of Behcet’s disease with cardiac involvement.

Methods: Patients diagnosed as Behcet’s disease with cardiac involvement in our Hospital from 1998 to 2013 were included in this analysis. The clinical characteristics of these patients were studied retrospectively.

Results: Eighteen cardiac manifestations observed in 13 patients with Behcet’s disease are reported. 11 (84.6%) patients were male, with a mean (±SD) age at BD diagnosis of 34.2±9.9 years. Cardiac involvement was the first feature of BD in 9 (69.23%) patients. Cardiac involvement included ST-elevation myocardial infarction (4 cases, 22.22%), stable angina (1 case, 5.5%), right heart failure (2 cases 11.1%), pericardial effusion (4 cases, 22.22%), intracardiac thrombus (2 cases, 11.1%), pulmonary artery hypertension (4 cases, 22.22%) (Consecutive to pulmonary embolism in three cases) and valvular disease (mitral insufficiency) (1 case, 5.5%). After a median follow-up of 59.73 (0-180) months, 2 patients had died (directly related to cardiac involvement).

Conclusions: The manifestation of cardiac involvement in Behcet’s disease is various. The involvement of pulmonary artery is an independent correlate factor of mortality. Cardiologists should always bear in mind potential threats of (a) symptomatic cardiovascular involvement in BD.

0275

Can we use enoxaparin in pregnant women with mechanical heart valves?

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Background: The purpose of the current study was to evaluate the clinical results of Enoxaparin treatment with respect to pregnancy outcome and maternal complications.

From 2003 to 2012, 50 pregnancies were reviewed in 42 women. The valve replaced was mitral (n=28), aortic (n=4), and both (n=10). Enoxaparin (100 U/kg, twice daily) was used in 25 pregnancies between 6 and 12 weeks of gestation and close-to-term only, and coumarin derivatives were used at other times. 25 pregnant women treated with coumarin derivatives throughout 2nd and 3rd trimester, only, and coumarin derivatives were used at other times. 25 pregnant women treated with coumarin derivatives throughout the first trimester only, and coumarin derivatives were used at other times.

No definitive recommendation is available concerning optimal anti-thrombotic therapy in pregnant women with a mechanical heart valve. The purpose of the current study was to evaluate the clinical results of Enoxaparin treatment with respect to pregnancy outcome and maternal complications.

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