Method: Nine coronary artery patients (age: 57.5 ± 9.6 years) who underwent an Absorb BCS (Bioresorbable Vascular Scaffold System, BVS) between November 2012 and June 2013 were enrolled into the study. Chronic total occlusion are defined by TIMI 0 antegrade flow through the affected segment of >3 months duration. Patients were recommended to receive a double antiplatelet therapy for at least 12 months, after the implantation process. After each process all patients were clinically followed for a period of 1, 3, 6, and 12 months periodic clinical follow-ups were done.

Findings: As previously planned, scaffold implantation process was successfully carried out in entire patients. A number of 1.77 ± 0.83 (min: 1 – max: 3) items of BCS, with an average length of 45.33 ± 18.02 mm (min:28 mm – max:74 mm) were implanted to each patient. The mean follow-up period was 3.7 ± 2.5 months (min:1 – max:8 months). No any cardiac events were encountered in the remaining 32 patients.

Conclusion: Biodegradable coronary scaffolds appear as a safe and effective option in CTO treatment. When lesion preparation, predilatation is very important in implantation of scaffold to CTO segment. To accurately display the anticipated advantages, larger-scaled and long-term follow-up studies are required.

PP-380

The Improvement in Renal Functions with Transcatheter Aortic Valve Implantation

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Background and Objective: In recent years, developed transcatheter aortic valve implantation (TAVI) has become an alternative for surgery. However, with advanced age, the several comorbid factors together with contrast agent using that can cause deterioration in renal functions increases the risk of acute kidney injury (AKI). Prognosis is poor in patients with AKI. Therefore, many patients cannot benefit from this treatment. In this study, we aim to examine the effects of TAVI on renal functions.

Methods-Results: 70 patients were performed TAVI between July 2011 and December 2012. Estimated glomerular filtration rate (eGFR) was calculated by measuring using the Cockcroft and Gault Formula. Patients were monitored for 48 hours for urine output. The mean age was 77.6 years. Only 5 (%7.1) of the patients developed stage 1 AKI according to VARC-2 AKIN system after the procedure. There was a statistically significant increase between the patients’ mean 1th month eGFRs before (68.2 vs 61.0, p<0.005) and after (68.2 vs 63.6, p<0.03) the procedure in the first month. After the procedure (48.5 ml/dk, p<0.004) and first month (52.1 ml/dk, p<0.0001) eGFR of the 36 (%51.4) patients, who were diagnosed with chronic kidney disease before the procedure, showed a statistically significant increase. Hospital mortality rate was higher with the group which developed AKI (p<0.003). First month eGFR showed a more statistically significant increase than pre-procedure eGFR (62.8 and 69.8, p<0.04), in AKI developing patients and this difference - though statistically not significant - continued in the sixth month.

Conclusion: With this study, we showed that the treatment of AS through TAVI allows improvement for renal functions, and that AKI rates will be lower with careful patient selection, proper pre-procedural hydration, and careful
The detection of stenosis

Serdal Bas¸tu

Background and Aim:
Atrial

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ischemic attack (TIA) is observed. TIA patients undergoing open carotid stents was

recommendation. 2 patients (1.7%), 6 and 11 months after treatment of transient

with sequelae, developed. Patients were followed up for neurology and medical

Results:
One patient (0.8%) 24 hours after treatment, cerebrovascular ischemic events

patients.

the carotid artery was occluded. Distal embolic protection devices were used in these

patients. 9 patients (7%) 100% against

carotid artery stenosis. Of these patients, 19 of them lock braking system proximal,

protection device (Anjioguard

months), were followed. All the patients before the procedure, carotid doppler ultra-

warfarin medication was started, other patients cranial angiography, intracerebral

lesions in the arteries viewed and neurology clinic with the proposal of a serious

stenosis lesion, CEA procedures were performed. Symptomatic restenosis was not

carotid artery, while the other was at the level of 80%. For patient who has 80%

restenosis were detected with doppler ultrasound scans and con

medical follow-up was continued. 3 (2.5%) patients were asymptomatic, 12th month

warfarin therapy was started, other patients cranial angiography, intracerebral

lesions in the arteries viewed and neurology clinic with the proposal of a serious

stenosis lesion, CEA procedures were performed. Symptomatic restenosis was not

observed.

Conclusion: CAS-treated patients in our clinic, the success and complication rates are

similar to other studies.The largest share of low complication and high success rates,

getting experience in our clinic, patient selection and follow-up with neurology and

radiology clinics provide an important contribution are made in the opinion.

PP-382

P Wave Dispersion, as a Predictor for Atrial Fibrillation Development, Before and After Transcatheter Aortic Valve Implantation

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Background and Aim: Atrial fibrillation (AF) is the most common arrhythmia observed in severe aortic stenosis (AS) and important prognostic indicator for clinical
deterioration. The difference between maximum and minimum p wave duration
defined as p-wave dispersion (PWD), reflecting heterogeneous atrial conduction has
been proposed as being useful for the estimation of AF. The aim of this study was to
evaluate PWD in patients after decreasing left atrium pressure load following trans-
catheter aortic valve implantation (TAVI).

Methods: 60 consecutive patients from 68 to 96 (77,6) years old with severe AS were
enrolled in the study. Maximum, minimum p wave duration and PWD were calculated
from 12-lead surface electrocardiograms (ECG) at a rate of 50mm/s before and after
the TAVI. The measurements of the P-wave duration were performed manually by
two of the investigators. To improve accuracy, measurements were performed with
calipers and magnifying lens for defining the ECG deflection. P-wave duration was
measurements from the onset to the offset of the P wave. All patients were assessed by
echocardiography to measure left atrium diameter, left ventricle ejection fraction,
max-mean aortic gradient, aortic valve velocity, aort valve area.

Results: All patients had severe AS (max/mean gradients: 85,2/52,8 mmHg, Aortic
valve area: 0,6 cm2, mean left atrium diameter:5,2±1,2 cm) and high surgical risk
(logistic euroscore: %21,7, STS: 7,7). PWD was correlated with LA diameter and
mean aortic gradient. There was statistically significant difference before and after
TAVI in PWD (p<0.001). Patients’ PWD after TAVI (40,7±23,6; p=0,012) and at
1st week after TAVI (33,2±22,8; p<0,001) was significantly lower than before the
TAVI (46,0±27,8). Also statistically significant difference of PWD was observed
between after TAVI and 1st week after TAVI (p<0,004). AF was seen in six patients
after TAVI. In addition, after TAVI, patients with AF had significantly higher PWD
than those without AF (p<0,001).

Conclusion: PWD was found to be significantly higher in AS due to pressure over-
load. After TAVI, decreasing atrial pressure can be changes atrial repolarization and
reduce the risk of AF. PWD could be useful predictor for the development of AF after
TAVI.