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Association between deep venous thrombosis and pulmonary emboli and lipid profile

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Background and objectives Lipids and lipoproteins modulate the expression and/or function of thrombotic, fibrinolytic and rheological factors. Many studies have suggested a link between risk factors for venous thromboembolism (VTE), and dyslipidemia but results are heterogeneous. We sought to identify which dyslipidemia profile is more associated with VTE disease.

Patients and Methods We have developed a case control study including 32 patients with experience of VTE and 33 controls matched in age and sex. We proceeded to compare the lipidique profile of the two groups after dosing the total cholesterol, triglycerides, cHDL, and cLDL, Lipoprotein Lpa, ApoA1, ApoB and ApoE. Patients with experience of cancer and who has taken statin or corticosteroids in 45.2% of cases with immunosuppressive drugs in 15.6%. Medical treatment was based on anticoagulants and colchicine in all cases; 37% with pulmonary embolism in 12.5% of patients and pulmonary arterial aneurysm in 1.6% and intracardiac thrombosis in 1.6%. The medical treatment was based on anticoagulants and colchicine in all cases; corticosteroids in 45.2% of cases with immunosuppressive drugs in 15.6%.

Results The two groups have the same demographic characteristics and there was more diabetics and fatty patients in the VTE group than control; 37% vs 18% and IMC >30Kg/m2 in 43.8 vs 18.2. The median value of total cholesterol, triglycerides, cHDL, and cLDL, Lipoprotein Lpa, ApoA1, ApoB and ApoE. Patients with experience of cancer and who has taken statin or corticosteroids in 45.2% of cases with immunosuppressive drugs in 15.6%. Medical treatment was based on anticoagulants and colchicine in all cases; 37% with pulmonary embolism in 12.5% of patients and pulmonary arterial aneurysm in 1.6% and intracardiac thrombosis in 1.6%. The medical treatment was based on anticoagulants and colchicine in all cases; corticosteroids in 45.2% of cases with immunosuppressive drugs in 15.6%

Conclusions Our study confirmed that VTE is more frequent in the patient with low cHDL and ApoA1 and higher cLDL, Lipoprotein Lpa. This result must be confirmed with a large population study.

The author hereby declares no conflict of interest

0103

Cardiovascular involvement in Behçet disease: a retrospective study

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Background Behçet disease (BD) is a multisystemic inflammatory disorder classified among the vasculitides which can affect all types and sizes of blood vessels.

Objective Our aim is to study the characteristics of cardio vascular involvement in BD.

Methods medical records of 180 patients diagnosed BD according to the International Study Group of Behcet Disease, in the Internal Medicine Department of F.Bourguiba hospital in Monastir, were retrospectively analyzed. The diagnosis of vascular involvement was made by Doppler ultrasonography and/ or computed tomography.

Results there were 65% males and 35% females. The mean age at diagnosis was 30 years. Familiar history of BD was found in 22.5% of cases. Vascular involvement was found in 32% of patients revealing the diagnosis in 3% of cases. Superficial venous thrombosis was found in 25% of cases. Deep venous thrombosis was diagnosed in 62.5% of patients as following: upper limb in 3.1%, lower limb in 34.4%, bilateral lower limb in 6.3% and inferior vena cava in 18.7%. Arterial manifestations were found in 21.9% of cases with pulmonary embolism in 12.5% of patients and pulmonary arterial aneurysm in 9.4%. Cardiac involvement was as following: myocardial infarction and coronary aneurysm in 1.6% and intracardiac thrombosis in 1.6%. The medical treatment was based on anticoagulants and colchicine in all cases; corticosteroids in 45.2% of cases with immunosuppressive drugs in 15.6%.

Arterial pulmonary embolisation was performed in two cases. Surgical treatment was necessary in 6 cases: IVC filter (3 cases), lobectomy (2 cases).

Conclusion vascular involvement is a common complication of Behcet’s disease which could lead to worse prognosis if not diagnosed early.

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0248

Echocardiographic profile of the Congolese hypertensive patients

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Objectives to assess echocardiographic aspect of Congolese hypertensive patients, and to identify predictive factors of left ventricular hypertrophy (LVH).

Material and Methods A transversal study was lead in Brazzaville from January 2011 to December 2013 (36 months). 1125 hypertensive patients under treatment underwent transthoracic echocardiography. The test was carried out either as part of an initial assessment of the hypertension disease or during the development of evocative symptom or complication. Patients’ sociodemographic data and echocardiographic parameters were collected and analyzed.

Results There were 621 males (55.2%) and 504 females (44.8%), mean age 54.7±12 years. The main indication of the test were the hypertension initial evaluation in 792 cases (70.4%), dyspnea in 122 cases (10.8%), investigation of ischemic stroke in 101 cases (9%), cardiac failure and chest pain in respectively 58 and 52 cases. The mean duration of hypertension status was 5.3±4.7 years. Echocardiographic test was abnormal in 590 cases (52.4%) and showed hypertrophic cardiomyopathy in 510 cases (45.2%), dilated and hypertrophic cardiomyopathy in 46 cases (4.1%), dilated cardiomyopathy with systolic dysfunction in 31 cases (2.8%), coronary artery disease in 4 cases (0.4%). LVH was concentric in 470 cases (84.6%), eccentric in 70 cases (12.6%), and in 16 cases (3%), it was a concentric left ventricular remodeling. The left ventricular’s systolic ejection fraction average was 70.5±9.3%, relaxation disorders in 480 cases (42.6%). Age, male gender, income, known duration of hypertension and treatment were predictive factors of LVH.

Conclusions echocardiographic profile of the Congolese hypertensive is quite various, left ventricular hypertrophy is the most predominant abnormality. Efficient management on the hypertension will lead to reduce its morbidity and mortality.

Keywords hypertension, echocardiography, left ventricular hypertrophy, Congo.

The author hereby declares no conflict of interest

0145

Evaluation of the relationship between renal resistive index and cardiovascular organ damage in hypertensive patients

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Background Detection of target damage plays a key role in the evaluation of overall risk, and therefore in the management of patient with primary hypertension.Evaluation of vascular