patients. We sought to evaluate aspirin and clopidogrel response in elderly patients soon after PCI and on chronic maintenance treatment.

Methods and Results: We prospectively included 93 elderly patients (≥75 years) who underwent PCI from January 2008 to April 2009. All patients were treated with aspirin and clopidogrel. We used a standardized point of care assay VerifyNow® aspirin and VerifyNow® clopidogrel P2Y12 to measure aspirin and clopidogrel responsiveness with cut-offs previously validated in clinical trials. Measurements were performed in-hospital after PCI (T1) and 3-6 weeks later (T2) when the patients had been on maintenance therapy (75 mg aspirin plus 75 mg clopidogrel once a day) for at least 1 week. Aspirin non/poor responders were found in 10% of patients at T1 and in 14% at T2. Clopidogrel non/poor response was noted in 32% of patients at T1 and in 68% at T2. Changes in platelet reactivity to clopidogrel was significant from T1 to T2. Patients soon after PCI and on chronic maintenance treatment.

Conclusions: The rate of biological non/poor response to dual antiplatelet therapy in elderly patients soon after PCI was close to that reported in younger patients. In contrast, there was high residual platelet reactivity under chronic treatment with 75 mg of clopidogrel (almost two-thirds).

030
Transient cortical blindness after coronary angiography : 2 cases report.
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Transient cortical blindness is rarely encountered after coronary angiography or angioplasty. This paper reports 2 cases of transient cortical blindness that occurred immediately after coronary angiography in 2 cases who admitted for ischemic heart disease. Ophthalmological examination was normal and neurological examination demonstrated cortical blindness and the absence of any focal neurological deficit. A computed tomography scan of the brain did not reveal any abnormality. Sight returned spontaneously within 2 days and their vision gradually improved. A search of the current literature for reported cases of transient cortical blindness suggested that this is a rarely encountered complication of coronary angiography and appears to carry no increased risk.

031
Impact of Niacin therapy on endothelial vasomotoricity in patients with low HDL shortly after an acute coronary syndrome
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Purpose: Usefulness of Niacin in subjects with stable coronary heart disease (CHD), low HDL and endothelial dysfunction (ED) remains controversial. Furthermore, benefits of its prescription after an acute coronary syndrome (ACS) in pts with low HDL and ED is unknown.

Methods: The EVAN-ACS study was a double-blind randomised placebo-controlled trial aiming at the evaluation of effects of Niacin on endothelial function in subjects with low HDL (<0.4 g/l) and ED who recently suffered from an ACS. Pts were screened over a 18 months period. Flow Mediated Dilatation (FMD) of the brachial artery was measured in the 7 days following the ACS, and subjects with FMD<7% were randomized either to the Treatment Group (TG) (Niacin in 1000 mg/d) or to the Placebo Group (PG). After 12 weeks, new measurement of FMD was performed.

Results: 75 pts with ED were randomised. Median age was 51 (45-61) and 92.6% of the pts were men. No significant baseline difference existed between the two groups for age, gender, smoking, blood pressure, plasma lipoprotein levels, CRP or FMD. After 12 weeks, FMD had significantly increased both in the TG (median absolute change: +3.6%, p<0.001) and in the PG (+2.1%, p<0.001), but the difference between the two groups was not significant (p=0.87). In the same way, CRP, LDL-C and triglycerides significantly decreased and HDL significantly increased in both groups, but these changes were not statistically different from the TG to the PG (median absolute change of CRP : -4.2 and -2.7 mg/l respectively in the TG and in the PG, p=0.63 / LDL-C: -0.3 and -0.4 mmol/l or mg/dl, p=0.84 / triglycerides: -0.51 and -0.52 g/l, p=0.63 / HDL-C: +0.07 and +0.02 g/l, p=0.09).

Conclusions: In this trial, conducted in subjects with ED shortly after an ACS, FMD increased both in the Niacin treated group and the placebo group, but the extent of this rise was not significantly different. Larger studies and/or higher niacin doses are required to better address this important topic.

032
Percutaneous treatment of unprotected left main coronary stenoses with paclitaxel-eluting stents. 3-year clinical follow-up of a French prospective multicenter study : Friend Registry
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Purpose : Percutaneous treatment of unprotected left main coronary artery (ULMCA) disease is progressively gaining acceptance in light of the first results from drug-eluting stent registries or randomized trial. We thus assessed early and mid-term results of patients treated for ULMCA disease in the FRIEND registry.

Methods: After ethical committee approval and informed consent, all consecutive patients with unprotected left main stenoses treated with Taxus stents were included in a multicenter prospective study from 23 centers. Major adverse cardiac and cerebro-vascular events (MACCE) were adjudicated at 1,6,12,18 and 36 months by an independent committee. Immediate and 9-month angiographic results were assessed by a central core lab (Corvisy, St-Denis, France).

Results: From December 2005 to July 2006, 151 patients (pts) were included, mean age 68 ± 11 years, 83 % male, 41 % unstable angina, 3 % diabetics, 24 % 3-vessel disease.The mean Euroscore was 4.1 ± 2.8. The LM ref-