patients (76%) had TA type one. Two patients proved to have Di-George syndrome. Two patients had interrupted aortic arch. The median age and weight at surgery were 2.9 months (0.70–33.37 months) and 3.50 kg (2.70–9.80 kg), respectively. Eleven patients (58%) were operated at less than 3 months of age. 12 patients (57%) had tricuspid truncal valve, 3 (20%) had quadricuspid truncal valve and 6 (29%) had bicuspid truncal valve. Nine (47%) patients had truncal valve stenosis and 9 (47%) had truncal valve insufficiency prior to surgery. 15 patient (71.4%) had no regurge post surgical repair. Early and late mortality were 4.7% each. Three patients (14%) required reintervention in the form of conduit balloon dilatation in one and conduit replacement with pulmonary artery plasty in two after two year of the first surgery. All of them are alive and well.

Conclusion: TA repair can be done in early infancy with low mortality. Careful follow up is mandatory as some patients may develop stenosis of the RV-PA conduit requiring reintervention.

Methods: We carried out a retrospective analysis of 971 patients undergoing isolated Coronary Artery Bypass Grafting (CABG) at our institution between January 2005 and December 2008. Seven hundred and eighty-seven (81%) were males and 184 (19%) were females. We analyzed gender-based impact on clinical presentation, risk factors, surgical procedure and clinical outcome.

Results: The mean age was 60.0 years in males and 60.5 years in females. Associated co-morbidities were higher in females (Table 1) except for smoking. There was a tendency in females to present late and more acutely. The mean logistic euroscore was 3.94 in males and 5.51 in females ($p < 0.0003$).

Conclusion: Female gender is an independent predictor of adverse outcome after isolated CABG in our population due to significantly higher co-morbidities. This reflected into the smaller number of females undergoing coronary artery bypass surgery. Major effort needed to address the female associated higher cardiovascular risk factors and morbidities in Saudi Population.

Tracks: Cardiovascular Surgery.

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SHA 71. Additional role of 3D TEE in assessment of mitral valve (MV) prior to intervention
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Objectives: In this study we present our experience in additional role of 3D TEE to evaluate MV prior to intervention.

Methods: From January 2009, 38 patients underwent 3D TEE to assess mitral valve. About 18 had rheumatic, 12 degenerative (myxomates) mitral valve disease, seven had ischemic MR and one patient for suspected endocarditis. 3D TEE was performed in addition to conventional 2D TEE imaging. In degenerative valve 3D had a great advantage to visualize en-face view of valve and appreciate all scallops and segments. 3D TEE could appreciate fusion of commissures and suitability for percutaneous balloon valvuloplasty in rheumatic. In ischemic MR, 3D was able to evaluate tethering of mitral leaflets and origin of MR jet.

Results: 3D TEE in all mitral valve cases gave additional information for decision making prior to intervention.

Conclusion: 3D TEE should be an essential tool to help planning the surgical technique to reconstruct and repair the faulty mitral valve.

Tracks: Adult Cardiology.

doi:10.1016/j.jsha.2010.02.347

SHA 72. Gender disparity in surgical management of coronary artery disease
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Objectives: To investigate gender disparity as a risk factor in the surgical management and clinical outcome of coronary artery disease in Saudi population.

Results: The mean age was 60.0 years in males and 60.5 years in females. Associated co-morbidities were higher in females (Table 1) except for smoking. There was a tendency in females to present late and more acutely. The mean logistic euroscore was 3.94 in males and 5.51 in females ($p < 0.0003$).

Conclusion: Female gender is an independent predictor of adverse outcome after isolated CABG in our population due to significantly higher co-morbidities. This reflected into the smaller number of females undergoing coronary artery bypass surgery. Major effort needed to address the female associated higher cardiovascular risk factors and morbidities in Saudi Population.

Tracks: Cardiovascular Surgery.

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