assess the incidence of each risk factor in our community as a predictor of acute myocardial infarction. Methods: Fifty patients (Pts) admitted to the main university hospital with acute myocardial Infarction were studied. All risk factors were recorded as well as echocardiographic measurements. Metabolic syndrome components were defined as detailed in the ATP III report: (1) waist circumference >102 cm in men and >88 cm in women, (2) fasting triglycerides ≥150 mg/dl, (3) HDL cholesterol <40 mg/dl in men and <50 mg/dl in women, (4) blood pressure ≥130/85 mmHg, and (5) fasting – glucose ≥110 mg/dl. Participants with at least three of these components were determined to have the MS.

Results: MS was present in 27 pts (54%). The incidence of different risk factors in the 50 pts: Family history of any point as before age 60 as coronary disease, sudden death, diabetes, Ht was present in 36 pts (72%), smoking (current or stopped less than 6 months 38 pts (76%)).

Comparison of those with MS vs. those without: Male to female ratio: Not significant (NS), Diabetes present/absent: 21/6 vs. 9/14, p = 0.005; HT : 18/9 vs. 6/17, p = 0.004; Smoking 18/9 vs. 20/3, p = 0.09; family history of any major risk factor including sudden death or premature coronary disease: 21/6 vs. 16/7, p = NS; BMI > 30 : 14/13 vs. 5/18, p = 0.02; waist >102, 88 in m and f respectively: 18/9 vs. 7/14, p = 0.01.

Comparison with Egyptian prevalence: data in our study vs. prevalence in Egypt above age 15 yr respectively: Diabetes: 30 (60%) vs. 10%, p = 0.000; HT 24 (48%) vs. 26%, p = 0.007; smoking 76% vs. 40 in males, p = 0.000; Ms 27 (54%) vs. 24%, p = 0.0003.

Conclusions: Smoking was the highest risk factor among pts with acute MI (76%) followed by positive family history (72%) then diabetes (60%), metabolic s. (54%), HT (48%). We highlight the danger of smoking beside other factors as predictors of MI in Egyptian population.

Successful transcatheter closure of perimembranous ventricular septal defect with inlet extension using ADOI

Mashail Alobaidan, Jassim Al Hudaithi

Pediatric Cardiology Division, Prince Sultan Cardiac Center, Riyadh, Saudi Arabia.

Introduction: Transcatheter closure of perimembranous ventricular septal defect (PM VSD) is abandoned in many center and in some became restricted to certain age and criteria because of the risk of complete heart block (CHB). The risk of damaging the tricuspid valve (TV) in the presence of inlet extension is another risk. I am presenting successful closure of such defect using Amplatzer occlude device for PDA with reasonable follow up period in Prince Sultan Cardiac Center PSCC.

Method: Through 2011 4 patients underwent transcatheter closure of PM VSD with inlet extension , all patients were consented and procedure were done under general anesthesia , Transesophageal echocardiography was done in all, one has 3D assessment Hemodynamics were assessed pre procedural, A-V loop was applied in 2 patients, ADOI were used in all, heparin and antibiotics were giving during and 24 hr post procedure, 3 patients were extubated same day and one the following day, all patients were kept on aspirin for 6 months.

Result: Median age 17 kg , 3 female and 1 male , median age 7 year, Median ventilatory duration is one day, Median hospital stay is 2 days, Median follow up is 10 months. No immediate or early complication or deaths, normal ECG immediately and during follow up period , normal Echocardiography with no residual leak during follow up period.

Conclusion: In selected patients with PM VSD and inlet extension ADOI device can be used safely and effectively to close the defect with no immediate or early complications.