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Topic 06 – Hypertension / Vascular disease

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The stress test as a diagnostic toolfor coronary artery disease in hypertensive patients

Samia Benghazi, Dalila Baghdadi, Rachida Habbal
CHU Ibn Rochd, Cardiologie, Casablanca, Maroc

Introduction: In hypertensive patients, there are multiple causes of error in the diagnosis of coronary artery disease: The objective of this study was to evaluate the sensitivity of the positive electrical criteria in the stress test in diagnosing coronary artery disease within the hypertensive patients.

Materials/Methods: 120 hypertensive patients with positive stress test underwent coronary angiography.

Results: 33 % of patients had significant coronary lesions and 67% had normal coronary angiography. Two groups of patients were identified: group A (77 patients) with ST segment depression in DII, DIII, aVF and V6 with maximal effort and group B (43 patients) with a ST segment depression in DII, DIII, aVF and/or V4, V5, V6 with maximal effort. In group A, 65 patients (84.4%) had normal coronary angiography. In group B, 31 patients (72%) had significant coronary lesions. In a subgroup of 46 patients in group A with persistent ST segment depression in V4 to V6 and recovering for 4 to 6 minutes, 93% of coronary angiograms were normal. In another subgroup of 19 patients in group B with persistent ST segment depression in V4 to V6 and recovering for 4 to 8 minutes, 16 patients (86%) had significant lesions on coronary angiograms.

Conclusion: Hypertensive patients with stress test showing ST segment depression in DII, DIII, aVF and/or V4, V5, V6 on maximum effort and persisting for 4-8 minutes recovering have a high probability of significant coronary artery disease.

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Cardiovascular events and bleeding risk associated with intravitreal anti-VEGF monoclonal antibodies: systematic review and meta-analysis

Marie Thulliez (1), Denis Angoulvant (2), Marie Laure Le Lez (1), Annie-Pierre Jonville-Bera (3), Pierre-Jean Pissella (1), François Gueyffier (4), Theodora Benajangoulvant (5)
(1) CHRU Tours, Université F. Rabelais, Ophtalmologie, Tours, France – (2) CHRU Tours, Université F. Rabelais, USCI Cardiologie, Tours, France – (3) CHRU Tours, Université Claude Bernard Lyon 1 & UMR 5558, CNRS, Pharmacologie clinique, Lyon, France – (4) CNRS UMR 7292 GICC, Pharmacologie, Tours, France

Few data exists regarding the systemic safety of intravitreal anti-VEGF monoclonal antibodies (MAb) use in people with neovascular age-related macular degeneration (AMD), diabetic macular oedema (DMO) or retinal vein occlusions (RVO). We performed a systematic review and meta-analysis to evaluate the risk of major cardiovascular (MCE) and nonocular hemorrhagic (NHE) events associated with intravitreal anti-VEGF MAb. We included randomized controlled trials (RCT) comparing ranibizumab or bevacizumab to control. Bevacizumab did not increase the risk of MCE (0.94 [0.59, 1.52]) or NHE (2.56 [0.78, 8.38]) when compared to ranibizumab, but significantly increased Venous Thromboembolic Events (VTE 3.45 [1.25, 9.54]). Subgroup analysis showed a significant increase of NHE in AMD patients in ranibizumab vs control (1.57 [1.01, 2.44]). Anti-VEGF-MAb did not significantly increase overall mortality (1.53 [0.92, 2.56]), cardiovascular mortality (1.29 [0.70, 2.37]), stroke (1.61 [0.85, 3.05]), MI (0.92 [0.54, 1.50]), VTE (1.39 [0.67, 2.89]), or hypertension (0.97 [0.71, 1.32]).

Conclusions: The available clinical evidence showed that anti-VEGF-MAbs were not associated with significant increases in risks of MCE or NHE, but studies and meta-analysis were not powered enough to correctly assess these risks. Increased risks of VTE with bevacizumab and nonocular hemorrhagic events in older AMD patients with ranibizumab should also be cautiously interpreted, as more safety data are needed.