Conclusion: The present study demonstrated that manual thrombus aspiration is effective in a majority but not in all the patients. Others studies are then needed to develop more efficient aspiration techniques and other aspiration devices to improve the results of such procedures.

055
Predictive factors of renal failure in people hospitalized for acute coronary syndrome (ACS) (+)
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Objective: The purpose of this study is to try to identify predictive factors of renal failure in hospitalized patients for acute coronary syndrome (ACS) in a mono-centric study.

Material and method: This is a retrospective, descriptive study, conducted in the cardiology service of the Beni Messous near hospitalized patients from 1 December 2007 to 30 December 2008 for acute coronary syndrome. A number of 163 patients was included, aged between 41-92 years with an average age of 62 years.

Results: Analysis of results: Univariate analysis: the patients with impaired kidney are mostly men, older, with more smoking and a more pronounced dyslipidemia, for the other variables studied (hypertension, diabetes, BMI, fraction ejection) the difference is not significant.

Multivariate analysis: the only parameters that appear significant among hospitalized patients are: age, gender and dyslipidemia.

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056
Clinical implications of high residual platelet reactivity under clopidogrel among Tunisian patients with acute coronary syndrome
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Background: Unresponsiveness to clopidogrel or aspirin has been reported in patients with acute coronary syndrome (ACS). Recent findings have suggested that high post-clopidogrel treatment platelet reactivity (HPR) may increase the risk of recurrent thrombotic events, especially after coronary angioplasty (PCI).

Objectives: We sought to investigate the effect of clopidogrel resistance assessed by the Impact-R device (Cone and platelet analyzer measuring whole blood platelet adhesion under flow conditions) on the incidence of major cardiovascular events (MACE) among Tunisian ACS patients in dual antiplatelet therapy.

Methods: Prospective study included 131 ACS patients almost of them who underwent PCI with stent implantation (76.3%). The mean age was 59.4 years ± 11.2 years, 77.9% were males, 37.4% patients had history of hypertension, and 54.3% patients were diabetic. Patients were receiving a loading dose of 300 or 600 mg followed by a maintenance dose of 75 mg, they were also receiving a maintenance dose of aspirin ranging from 125 mg to 250 mg. ADP-induced platelet aggregation were assessed at 48 hours using the Impact R (Diamed®). The degree of platelet adherence was evaluated as a percent of surface coverage (SC) and residual HPR was defined as a SC ≤ 2.8 %.

The clinical primary endpoint was the occurrence of MACE including cardiac death, MI and unstable angina.

Results: Clopidogrel resistance was detected in 21 pts (16%). After a mean follow-up 13.8 ± 6.1 months, 29 MACE were reported (22.1%) including 14 cardiac death (10.7%). According to ADP-induced platelet aggregation profile a significant a higher incidence of MACE in patients with HPR was noted (47.6% vs 17.3%, OR=4.3; p=0.002). A multivariate COX analysis showed that left ventricular dysfunction (HR=6.1; 95% CI[2.6-14.4], clopidogrel resistance (HR=3.04; 95% CI[1.3-6.4]) and 2 or 3-vessel disease (HR=2.6; 95% CI[1.3-6.4]) were independent predictors factors of MACE.

Conclusions: Our prospective study, reinforce the importance of being able to detect clopidogrel resistance by platelet function test among patients with ACS.

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Gender differences following percutaneous coronary intervention
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Introduction: It has been postulated that women have higher adverse events with percutaneous coronary intervention (PCI) when compared with men, but as PCI has improved, it also appears this has been reduced or eliminated. In this study, we examine a cohort of women and men undergoing PCI for all indications and we compare the results between the two groups particularly the mortality.

Methods: The study examined patients (100 men and 100 women) who underwent PCI from 2002 to 2007 in cardiology department of Hédi Chaker Hospital.

Résultats: Women were more aged than men. Morbidity was higher in female group (frequency of diabetes: p<0.05). PCI was more achieved in case of stable angina (p<0.05), d’atteintes des segments moyens et distaux et plus des lésions serrées (p=NS), longues et calcifiées (p<0.05). Women angiographic characteristics were: high rate of multivessel disease (p<0.05), distal lesions (p<0.05), longer lesion and calcification (p<0.05). 259 stents were deployed. Woman artery diameter was thinner than man (p<0.05). Stent length was more important in female population (p<0.05). Global angiographic success was 94% in global population without differences between the two groups. Inhospital major cardiovascular events (MACE) were more frequent in women (p=0.05). At a mean follow-up of 3 months, short and mid term MACE were similar between the two groups. Nevertheless global MACE rate significantly higher in female group (39% vs. 28%, p<0.05), including especially global mortality (13% vs. 3%, p<0.05). Retenosis rate was comparable between the two groups.

Conclusion: In earlier trials PCI has been associated with more procedure related complications in women than men, but this difference between genders has been less pronounced in more recent studies.