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**Conclusion:** Diagnosis of large pulmonary fistula is feasible in the fetus and early infancy with excellent outcome by catheter intervention in absence of congenital heart disease or lung hypoplasia.

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#### SHA 049. Large pulmonary arteriovenous malformation antenatal diagnosis and successful closure by interventional catheterization

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**Methods:** Large pulmonary fistula was diagnosed in two patients one from LPA and the other from RPA connecting to pulmonary veins in two male patients one diagnosed antenatally, the other presented at 5 months of age with profound cyanosis and left heart dilatation without congenital heart disease and without lung hypoplasia, both patients underwent successful occlusion of the fistula by amplatzer occluding devices with normalization of saturation without complications at five years of follow up.

**Conclusion:** Diagnosis of large pulmonary fistula is feasible in the fetus and early infancy with excellent outcome by catheter intervention. in absence of congenital heart disease or lung hypoplasia.

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#### SHA 050. Effect of age in patient with acute coronary syndrome in SPACE registry

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**Methods:** Subgroup analysis in SPACE Registry, patient were divided in two groups. Group I below or equal to 40 years, and group II above 40 years.

**Results:** In hospital death was 2.7% in group I Vs 3.1% group II with no statistically significant difference ( $P$ -value 0.6). Stroke was 0.7% in group I Vs 1% group II with no statistically significant difference ( $P$ -value 0.5). Major bleed was 0.9% in group I Vs 1.4% group II with no statistically significant difference ( $P$ -value 0.4). Cardiogenic shock was 3.9% in group I Vs 4.4% group II with no statistically significant difference ( $P$ -value 0.7).

CHF was 4.3% in group I Vs 10.8% group II with statistically significant difference ( $P$ -value < 0.0001). Re-infarction was 0.9% in group I Vs 1.6% group II with no statistically significant difference ( $P$ -value 0.2).

Recurrent ischemia infarction was 10.9% in group I Vs 12.8% group II with no statistically significant difference ( $P$ -value 0.2). PCI was 39.2% in group I Vs 34.9% group II with statistically significant difference ( $P$ -value 0.03).

CABG was 3.9% in group I Vs 8.9% group II with statistically significant difference ( $P$ -value < 0.0001). Male gender was 93.6%

in group I Vs 75.4% group II with statistically significant difference ( $P$ -value < 0.0001).

Nationality Saudi was 65.7% in group I Vs 84% group II with statistically significant difference ( $P$ -value < 0.0001). DM was 25.8% in group I Vs 61.2% group II with statistically significant difference ( $P$ -value < 0.0001).

**Conclusion:** Patient with ACS who are forty years and below were mainly males, non Saudi and undergo more PCI. Compared to patient above forty years who were more Saudi, diabetics and were more exposed to CHF, re-infarction, and CABG.

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#### SHA 051. Clinical features, management, and in-hospital outcomes of patients with central obesity hospitalized with acute coronary syndromes: Results from the Saudi project for assessment of coronary events (SPACE) registry

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**Background:** Central obesity (CO); indicated by increased waist circumference (WC); is considered to be a surrogate marker of abdominal fat mass (subcutaneous and intraabdominal). There are no data about the prevalence, management, and in-hospital outcomes of patients with acute coronary syndromes (ACS) and CO in Saudi Arabia.

**Methods:** Substudy of the Saudi Project for Assessment of Coronary Events (SPACE) registry included consecutive patients admitted in 17 hospitals with ACS and known measurement of WC between December 2006 and December 2007. CO was defined as WC > 94 cm in males or > 80 cm in females. Patients were categorized as having CO or not. ACS patients included those with ST-elevation myocardial infarction, non-ST elevation myocardial infarction, and unstable angina.

**Results:** Of the total 1433 patients enrolled, 1005 (70%) patients had CO. The mean age of both groups was similar (56.6 vs 55.8 years,  $P = 0.311$ ). Patients with CO were more likely to be males (74.3%), have diabetes mellitus (57.6 vs 42%;  $P \leq 0.001$ ), hypertension (55.4% vs 35.75%;  $P \leq 0.001$ ), dyslipidemia (38% vs 26.4%;  $P \leq 0.001$ ), but less likely to be current smokers (36% vs 48%;  $P \leq 0.001$ ) compared with no-CO patients. CO patients were more likely to be treated with beta-blockers (87.24% vs 82.90%;  $P = 0.031$ ), ACE inhibitors (74.58% vs 69.79%,  $P = 0.062$ ), ARB (5.58% vs 3.28%;  $P = 0.065$ ), and statins (97.61 vs 95.55%;  $P = 0.037$ ). In-hospital recurrent myocardial infarction, stroke, and major bleeding rates were similar between the two groups, but patients with CO were less likely to have cardiogenic shock (3.1% vs 5.4%;  $P = 0.048$ ), and had a non-significant trend toward lower mortality (1.89% vs 3.50%,  $P = 0.066$ ).

**Conclusions:** Prevalence of central obesity is high among Saudi patients presenting with ACS compared with the developed countries. They have high prevalence of cardiovascular risk factors, and yet low in-hospital mortality.

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