Conclusion: The use of DES in our center is characterized by a small rate and a good compliance of the recommendations of the French Society of Cardiology. This strategy is associated with a low rate of restenosis at 2 years of follow-up.

Keywords: Angioplasty, Drug-eluting stent, clinical restenosis

047

Gender difference in mortality after ST-segment elevation myocardial infarction in the Registre d’Infarctus Maine-Anjou (RIMA)

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Background: A greater mortality in women versus men in ST-segment elevation myocardial infarction (STEMI) is now well documented but remains unexplained.

Methods: We compared outcomes for STEMI in the “Registre d’Infarctus Maine-Anjou” (RIMA) from 2003 to 2009 between men and women.

Results: We analyzed data from 390 women (29%) and 962 men (71%) admitted for STEMI. Women were older, 72.93±14.21 versus 61.70±14.14 years old (p<0.001) and have more hypertension history (68.7% vs. 43.3%; p<0.001). Women received less percutaneous coronary intervention and thrombolysis than men, respectively 51.5% vs. 64.6% (p=0.001) and 9.5% vs. 22.1% (p=0.001). Admission delay was longer in women. In univariate analysis, in-hospital mortality was higher in women (13.59% vs. 6.13%; p=0.001), post-discharge mortality until one year was also higher in women (8.9% vs. 3.88%; p=0.001). No differences were observed for in-hospital mortality and post-discharge mortality in age-adjusted Odds Ratio (OR) (OR=0.77 [0.5-1.77]; p=0.127 and OR=0.78 [0.45-1.35]; p=0.38 respectively).

Conclusion: Our study suggests that older age in women explains most of the mortality difference.

048

Is primary PCI feasible in nonagenarians?

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Introduction: The reperfusion strategy requiring primary percutaneous coronary intervention (PPCI) for ST-segment elevation acute myocardial infarction (STEMI) in nonagenarian patients remains controversial. The purpose of this study was to evaluate the results and the outcome of PPCI in patients aged 90 years old or more with STEMI.

Methods: We conducted a monocentric retrospective study over the past 8 years and focused on nonagenarians treated with PPCI for STEMI.

Results: We enrolled 34 patients with STEMI who were treated with PPCI. Mean age was 92.7±2.5 years, 74% were women. Cardiogenic shock was present at admission in 9 (26%) of these patients, acute pulmonary oedema was diagnosed in 10 (29%) of them and 2 (6%) had severe conduction disorder. Mean delay between symptom onset and balloon was 92±12.7 hours and 29 patients (83%) underwent PCI through transradial approach. Among these patients, 16 (46%) had monotoncular coronary heart disease and 31 (89%) had single-vessel PCI (33 LM, 53 LAD, 15 CX and 29 RCA). Revascularization procedure of the culprit vessel was successful in 88% of the cases. The coronary arteries of diabetic: what strategy to support?

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Introduction: Diabetes is an independent risk factor for morbidity and mortality from cardiovascular disease, in addition to other traditional risk factors. The aim of our work is to illustrate the clinical, angiographic and therapeutic management of coronary artery disease in type 2 diabetics.

Methods: A retrospective study on 500 patients with type 2 diabetes who have been realized a coronarography and followed by the Department of Endocrinology and Cardiology CHU Ibn Rochd of Casablanca, between January 2009 and September 2011.

Results: All our patients have type 2 diabetes lasting for 10 years. The mean age was 52 years with female predominance (55%), the average HbA1c is 8.5%. Like other cardiovascular risk factors, hypertension is noted in 66.9%