tion (PCI); it has reduced the rate of in-stent restenosis and repeated revascularization as compared with bare metal stents. However, stent thrombosis is an uncommon but serious complication of coronary artery stents that almost always presents as death or a large non-fatal myocardial infarction (MI), usually with ST elevation.

Objective: To study the incidence of stent thrombosis which can occur acutely (within 24 h), sub acutely (within 30 days), or as late as 1 year (late) or more (very late) in our patients, who underwent PCI using both DES and BMS.

Methods: Observational, single center study in cath lab a total of 1386 patients underwent Percutaneous coronary intervention PCI between January 2008 and September 2010, all patients in that period were included in this study, Acute coronary syndrome and stable CAD patients.

Results: Total of 1386 patients had PCI and stents deployment, 19 (1.3%) patients had stent thrombosis, 4 (21%) patient received BMS and 15 (7.9%) patients received DES Acute ST in 4 patients, Subacute ST in 5 patients, late ST in 8 patients and very late in 2 patients. 9 patients (47%) have DM and 8 patients (42%) have Hypertension.

Conclusion: The incidence of ST in our Saudi patients who received DES is similar to international reported numbers. There is increasing concern that the risk for late stent thrombosis is slightly higher with DES than BMS.


SHA 066. Catheter-based diagnosis of incidental renal artery stenosis in hypertensive-Saudi patients
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Objectives: To estimate the prevalence of any degree of Renal Arteries Stenosis (RAS) in Hypertensive Saudi Patients undergoing indicated coronary angiography (CA), and to assess the association of RAS with coronary Artery Disease (CAD), and vice versa.

Methods: A prospective randomized pilot study looked at Screening Drive-by Selective Renal Artery Angiography (SDSRAA) performed with additional 12 ml dye in average at the time of Cardiac Catheterization (CC) to assess the occult renal artery stenosis of 126 diagnosed, and treated Hypertensive-Saudi Patients who were admitted at Cardiac Science Department in Al-Hada Military Hospital/Taif in the period between (April, 2009 and January, 2010) for chest pain and indicated for coronary angiography according to ACC/AHA and/or ESC/EAPCI Guidelines.

Results: Over the ten month period 126 patients, mean age 60.4 ± 12.27 years, were recruited. All of them underwent combined CA, and SDSRAA. Eighty-nine were males (70.1%). Occult RAS with various degrees were reported in 15 patients (11.9%). Significant RAS (≥ 50% luminal stenosis) found in (5.6%), and bilateral RAS in (3.17%). Significant CAD reported in 74 patients (58.7%), RAS reported in patients with disease, and normal or nearly normal coronaries at rates 17.56% and 3.8% respectively, while CAD reported in (86.6%) of Patients with RAS (OR = 7.93, 95% CI = 1.58, 53.53). No significant difference in Serum Creatinin pre and 24-48 h post procedure. No procedure-related technical or clinical complications had been reported.

Conclusion: Renal artery stenosis frequently associated with hypertension and coronary artery disease. In selected hypertensive patients undergoing cardiac catheterization screening renal artery angiography by selective drive-by renal angiography may be practical and safe in detecting incidental renal artery stenosis which might need corrective treatment. Further clinical outcome studies are strongly required to support this strategy.


SHA 067. Bioabsorbable-polymer-DES Saudi registry, with 3 year followup
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Objectives: To evaluate the short and long term outcome of the Biodegradable coated Infinium© (Pacitaxel coronary stainless steel DES) compared to Supralimus© (Sirolimus coronary stainless steel DES), and Supralimus Core© (Sirolimus coronary cobalt chromium DES) in patients from daily practice.

Methods: Registry included 903, consecutive, non-randomized patients, with total of 1574 stents (465 Infiniium®, 442 Supralimus©, and 667 Supralimus Core© implanted, in three centers.

Study design: Open label, non-randomized, prospective, multi-center registry, between July 2004, till October 2010.

Demographic, angiographic, and followup data:
The registry included 903 patients treated over a period of 2–5 years, in three centers. 81.6% were males, 53.5% diabetics, 64% hyperlipidemias, 58% hypertensives, and 52% smokers, with mean age of 55 ± 10 (32–88 years).

Clinical presentation was with UAP, NSTEMI, and STEMI in 39%, 14%, and 15% consecutively. The use of CIBIIa inhibitors was in 72% of patients.

The lesions were in small vessels in 36%, long (47%), and calcified in 21%, with mean vessel diameter of 3 ± 0.5mm, and mean length 22 ± 7 mm.

Success of deployment was 99%, with Acute MACCE 0.9%, and long term MACCE 6.8%. Detailed group data will be presented.

Conclusion: The acute and upto 3 years followup data clearly shows the safety of the stents, both on short and long term periods. Despite the non-selectivity of the patients, complexity of the lesions treated, and high prevalence of Diabetes, small vessels and long lesions treated, hyperlipidemia, and patients with acute coronary syndrome. The followup data prove efficacy and non-inferiority compared to data from the literature on similar DES.

doi:10.1016/j.jsha.2011.02.068

SHA 068. Multi-vessel PCI versus medical therapy in patients considered poor surgical candidates a single tertiary care center experience
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Objectives: Limited data is available on High risk Multi-Vessel PCI (HRMV-PCI) when compared with Medical Therapy(MT)
only. We hypothesize that patients (pts) undergoing HRMV-PCI will have acceptable one year major adverse cerebral and cardiac event (MACCE) rates when compared with pts on MT only.

Methods: Retrospective chart review was performed from 2005 till 2007. We included patients deemed high risk for CABG, underwent HRMV-PCI and compared data with patients who received MT only. Syntax and Logistic Euro-score were calculated in all pts. The groups were followed for one year and data on MACCE were also collected.

Results: The cohort consisted of 86 pts. HRMV-PCI, and MT was performed in 67, and 19 pts respectively. Mean age was 65 years with males comprising 72% of the total cohort. Majority of pts (96%) had a recent acute coronary syndrome.

Logistic Euro-score showed significant difference when HRMV-PCI was compared with MT (21.6 vs. 15.6; \(P = 0.04\)). There was no difference in syntax scores when HRM-VPCI was compared with MT (31.1 vs. 37.1; \(P = 0.07\)). One year MACCE rate in the HRM-VPCI and MT group was 22.4%, and 26.3% respectively (\(P = NS\)). MACCE rate was primarily driven by target lesion revascularization in the HRMV-PCI arm.

Conclusions: PCI is a viable alternative for revascularization in patients with Multi-Vessel Disease not suitable for surgical revascularization. In our study, PCI was performed in a high risk subset of pts based on the calculated syntax and Euro-score. Both PCI and Medical Therapy showed similar outcome over one year follow-up.

doi:10.1016/j.jsha.2011.02.069

SHA 069. One year clinical outcomes of patients undergoing multi-vessel PCI who are considered poor candidates for CABG: A single tertiary care center experience

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Objectives: Numerous clinical trials have established the feasibility of multi-vessel PCI in selected patients (pts). There is limited data, especially from the Middle East, on pts in which surgery was deemed too high risk and multi-vessel PCI was performed. We hypothesize that multi-vessel PCI can be performed in such pts with acceptable one year major adverse cerebral and cardiac event (MACCE) rates.

Methods: Chart review was performed from October 2005 till December 2007. Pts that were considered poor surgical candidates and underwent multi-vessel PCI were included in this retrospective cohort analysis. Data was collected on demographic variables, clinical features, Logistic EuroSCORE and Syntax score. These pts were followed for one year and data on MACCE was also recorded. Statistical analysis was performed on SPSS 16.0 software.

Results: Sixty seven pts were treated with multi-vessel PCI. Mean age was 64 years with males comprising 70% of the cohort. All pts had recent acute coronary syndrome. Previous history of DM, HTN, tobacco abuse and dyslipidemia was present in 76%, 76%, 28% and 61% of pts respectively. Seven patients were clinically in acute cardiogenic shock. Triple vessel disease was found in 90% of the pts. CABG was refused due to poor coronary targets secondary to diffuse CAD and significant co-morbidities in 36 (54%) and 21 (31%) pts respectively. Mean logistics EuroSCORE and Syntax score was 21.6 and 31.1 respectively. PCI was successfully performed in all pts. At one year follow-up there was one reported death (1.5%) and four non-fatal MI (5.9%). Overall one year MACCE rate was 22.4% primarily driven by target lesion revascularization in 10 pts (14.9%).

Conclusions: This pilot study from the Middle East of Saudi patients who are not good candidates for surgical revascularization, demonstrates that multi-vessel PCI of patients with significant co-morbidities and high syntax scores can be a reasonable alternative to CABG with acceptable one year MACCE rates.


SHA 070. Coronary artery pattern in patients with transposition of great arteries and commissural malalignment

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Introduction: In patients with transposition of great arteries (TGA) the anatomy of coronary arteries play a crucial role in the surgical management as well as the outcome. The presence of commissural malalignment between the semi lunar valves (pulmonary and aortic valves) may be associated with abnormal coronary artery pattern in these patients.

Objectives: To assess the coronary artery pattern in patients with TGA and commissural alignment or malalignment.

Method: Retrospective data analysis of all patients who had a diagnosis of TGA during the period from July 2001 till June 2010. Patients with simple TGA as well as those with TGA and ventricular septal defect (VSD) were included. Patients who had no pre-operative echocardiographic exams in our database as well as those with no clear echo images preoperatively were excluded. Complex TGA cases were also excluded.

Results: 161 patients were identified to have TGA with or without VSD. Thirty-six patients did not fulfill the inclusion criteria. Seventy-nine patients (63%) had TGA with intact ventricular septum, 43 (34.4%) had TGA with VSD, and 3 patients (2.4%) had TGA/VSD and left ventricular outflow tract obstruction. Ninety-five patients (76%) had usual coronary artery pattern. 67 patients (54%) had malaligned commeasures.

Abnormal coronary artery pattern was found in 26 patients (39%) of those with malaligned commeasures compared to only 4 patients (7%) in the group who had aligned commeasures. The Sensitivity of having abnormal coronary artery pattern with malaligned commeasures was 87%, specificity was 57. The likelihood ratio was 2.

Conclusion: Malaligned commeasures in patients with TGA is a predictor of abnormal coronary artery pattern.

doi:10.1016/j.jsha.2011.02.071

SHA 071. Adult congenital heart disease – “Do’s and Dont’s” – Patient educational needs

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Abstract: Congenital Heart Disease – CHD – is a heart abnormality that is present at birth. Adult patients with CHD are the