

prevalence of VVS among Saudi medical students and to determine the effect of family history on the likelihood of predicting.

Methods and results: We surveyed medical students at King Saud Medical School and their first-degree relatives for VVS. Ascertainment of VVS syncope was with the Calgary syncope score. Sixty-two medical students and 200 first-degree relatives were studied. The prevalence of VVS was 4.5%, the mean age of the cohort was 22.1 ± 1.5 , and the median age of the first faint in those who fainted was 17 years. More females than male fainted (7.7% vs. 3.2%; $p = 0.01$). Females with two fainting parents were more likely to faint than those with no fainting parents (65.5% vs. 34.5%; $p < 0.0001$). Females with fainting mother were more likely to faint than those with no fainting mother (55.2% vs. 41.4%; $p = 0.001$).

Conclusion: Family history of both parents fainting and the mother fainting are important predictors of vasovagal syncope. Subject: Does "EuroScore model" predict mortality in surgery for infective endocarditis?

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SHA 107. Does "EuroScore model" predict mortality in surgery for infective endocarditis?

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Objective: We sought to test the applicability of the "European System for Cardiac Operative Risk Evaluation" (EuroSCORE) in patients with Infective Endocarditis (IE).

Methods: We retrospectively analyzed a prospectively collected data of 64 consecutive patients operated for IE in our institution between 1999 and 2009. We compared the actual in-hospital mortality and the predicted mortality using "EuroScore". Urgent surgery was performed in 58 patients (91%). Thirty-eight patients (60%) underwent aortic valve surgery, of which 14 patients (22%) underwent concomitant mitral valve surgery and 5 patients (8%) had also tricuspid valve surgery. Isolated mitral valve replacement/repair was performed in 17 patients (27%) and with tricuspid surgery in 3 patients (5%). Pulmonary valve surgery was performed in 2 patients (3%).

The total clamp time 132.4 ± 63 min. Cross clamp time 92.7 ± 47.5 min. Preoperative sepsis was documented in 44 (68%) patients. Cerebro-vascular events were documented in 10 (16%) patients within 4 weeks before surgery. Preoperative left ventricular function (LVEF) (50 ± 22.6), and the right ventricular systolic pressure (RVSP) (52 ± 10.4) mm Hg. Intra-operative IABP was used in 5 patients.

Results: The predicted mortality was $10.74\% \pm 10.78$, mean additive EuroSCORE was 6.51 ± 3 . The actual mortality was 5 patients (8%). The EuroSCORE for the deceased patients was 11, 5, 8, 5 and 14.

Conclusion: Our data have shown that EuroSCORE has low discrimination ability to predict mortality in IE surgery. Further studies with a larger sample size are required to further validate the application of EuroScore in our population.

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SHA 108. Therapeutic potential of Fucoidan in myocardial ischemia

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Background: The aim of the present study is to focus on the therapeutic potential of low molecular weight Fucoidan (LMWF) in a rat model of myocardial ischemia–reperfusion injury.

Methods: Forty rats were submitted to myocardial ischemia–reperfusion injury by transient occlusion of the left coronary artery. Rats were then randomized into two groups: Fucoidan groups, LMWF (5 mg/kg, in 0.5 ml saline intramuscularly; $n = 20$) was administered 1 h before injury and daily thereafter for 1 month or control groups (saline alone; $n = 20$). At 1 month before sacrificing rats, blood levels of stromal-cell derived factor-1f (SDF-1) were assessed by ELISA. Also, hearts were evaluated by histo-immunochemistry in ischemic area.

Results: Fucoidan treatment had significant anti-fibrotic effects, reducing the infarct scar size by almost 30% on Sirius red-stained sections ($9.45 \pm 4.27\%$ vs $13 \pm 5.67\%$ in controls; $p = 0.03$). Vascular density (Actin, RECA-1 or lectin-BS1 stained) was increased by 40% (2.18 ± 0.79 vs 1.49 ± 0.42 mm² (200 \times) in controls, $p = 0.001$). Plasma SDF-1 was not significantly different in treated versus control groups. Increased immunostaining of SDF-1f and vascular endothelial growth factor in fibrotic ischemic tissues was observed in treated rats compared to controls.

Conclusion: LMWF enhanced tissue repair in myocardial ischemia–reperfusion by promoting revascularization and limiting fibrosis. Consequently, Fucoidan may have potential therapeutic use in acute ischemic diseases.

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SHA 109. Retained abdominal pad in the pericardial cavity after 3 years of coronary artery bypass grafting

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We report a case of surgically retained pericardial sponge (abdominal pad) as a cause of posterior pericardial mass and pericardio-cutaneous fistula. In a woman who had coronary artery bypass grafting 3 years before presenting to the hospital for removal of the sponge. The radio opaque material was seen on the plane CXR and the exact location of the lost pad has been identified by using CT scan images and Ba swallow procedures. The pad was removed surgically without complications.

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SHA 110. Six-months patency with the PAS-Port proximal connector device: A single center experience

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Background: The PAS-Port (Cardica Inc., Redwood City, CA) is an automated system that allows for the clampless anastomosis of vein grafts to the aorta. The aim of this study was to compare early results of this system with conventional hand-sewn anastomoses in patients underwent elective coronary bypass surgery.

Methods: A total of 20 patients undergoing elective on pump coronary bypass surgery receive proximal anastomosis with