

life. We enrolled 50 patients with proven stable coronary artery disease (CAD) and at least one episode of ST-segment depression on ambulatory ECG monitoring. All of them were receiving optimal therapy for CAD including statin therapy for cholesterol reduction. 25 patients were randomized to continue their statin therapy (Statin only group) and 25 to receive statin plus ezetimibe 10 mg/day (ezetimibe group). Serum cholesterol and LDL cholesterol levels and ambulatory monitoring were repeated after 4–6 months of therapy. The two groups were comparable with respect to baseline characteristics, number of episodes of ST-segment depression, and baseline serum cholesterol levels. The ezetimibe group had lower mean total and LDL cholesterol levels at study end and experienced a significant reduction in the number of episodes of ST-segment depression compared with the statin only group. ST-segment depression was completely resolved in 13 of 25 patients (52%) in the ezetimibe group versus 3 of 25 (12%) in the statin only group. The ezetimibe group exhibited a highly significant reduction in ambulatory ischemia ($P < .001$). By logistic regression, treatment with ezetimibe was an independent predictor of ischemia resolution. Further cholesterol lowering with ezetimibe can result in reduction or resolution of myocardial ischemia recorded as episodes of ST-segment depression in ambulatory monitoring of the ECG.

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46. Is visualization of totally occluded left anterior descending coronary artery on CT images before coronary artery bypasses grafting has beneficial effect?

H. Alshehri

King Fahad Medical City, Riyadh, Saudi Arabia

Computed tomography coronary angiography (CTCA) has emerged as an accurate anatomic method for detection of coronary arteries. The use of the left internal mammary artery (LIMA) to bypass the left anterior descending artery (LAD) is the “gold standard” of coronary artery revascularization. Assessment of graftability of the LAD artery is an important factor before planning coronary artery bypasses grafting (CABG). Coronary angiography could not visualize left anterior descending after proximal totally occluded segment in some patients with coronary artery disease. CTCA could identify the flow distal to the total occlusion better than coronary angiography.

Objective: To assess if CTCA has beneficial effect in deciding the graftability of LAD artery.

Methods: Coronary angiography was undertaken in 11 patients because of chest pain. Although coronary angiography could not visualize LAD artery distal to proximal total occlusion. Delineation of the LAD artery was

achieved on CTCA. All patients underwent CABG with LIMA to LAD artery.

Conclusion: CTCA in addition to coronary angiography is valuable tool to assess graftability of LAD artery before CAB.

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Arrhythmias and electrophysiology

ARRHYTHMIA: CLINICAL ELECTROPHYSIOLOGY, DIAGNOSIS AND RISK STRATIFICATION

47. A cardiac center experience with Brugada syndrome who survived sudden cardiac death

I. Suliman^a, A. Al Mussad^b, H. Alanazi^b, M. Zaibag^b

^aKing Abdulaziz Cardiac Center National Guard Hospital, Riyadh, Saudi Arabia; ^bKing Abdulaziz Cardiac Center National Guard Hospital, Cardiac Sciences, Riyadh, Saudi Arabia

Brugada syndrome is a heritable arrhythmia syndrome that is characterized by an electrocardiographic pattern consisting of coved-type ST-segment elevation (2 mm) followed by a negative T wave in the right precordial leads, V1 through V3 (often referred to as type 1 Brugada electrocardiographic pattern), here we describe 3 cases of Brugada who survived sudden cardiac death (SCD) cardiac center experience with survived Brugada syndrome patients – case series. **First Case:** The Father 45 years old male, presented in 2005 after involvement in unprovoked motor vehicle accident, the patient was the driver who lost consciousness and rushed to the hospital. On arrival to our ER and putting the patient on the bed, the ER doctor observed a brief episode of VF on the monitor. The patient was taken to the catheterization Lab, his coronaries were normal. The diagnosis of Brugada was established and the patient received a defibrillator. At That Time all family members were screened and were negative. **Second Case:** The Son of the first patient 5 years later his 23 years old male rushed to our ER after he lost consciousness, he was passenger in the car of his friend. **Third Case:** The pilot A military pilot aged a male 35 years old was in very good health when he lost consciousness and brought to the hospital after resuscitation in 2005. He had full invasive cardiac evaluation, subsequently he received a defibrillator in the same admission period, till 2015 he is doing fine. Brugada syndrome is associated with high tendency for sudden cardiac death. In our three cases the first clinical presentation was survived sudden cardiac death (SCD) and all three male patients survived. We did not encounter a female patient who survived sudden cardiac death.

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