

Saudi Heart Association 23rd Annual International Conference – 27–30 January 2012

Predictors and impact of in-hospital recurrent myocardial infarction in acute coronary syndrome patients: Findings from Gulf RACE-2

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Introduction: Little in the literature is known about the predictors and the adverse impact of recurrent ischemia and infarction in patients with acute coronary syndrome (ACS). Accordingly; our objectives were to determine the risk factors, and long term outcome of patients with recurrent ischemia.

Methods: We evaluated ACS patients who were enrolled in the second Gulf Registry of Acute Coronary Events (Gulf RACE-2).

Results: Out of 7930 ACS patients, 172 (2.2%) developed recurrent myocardial infarction (Re-MI) during their hospitalization. Patients with Re-MI were more likely to be older (mean age 59.12 ± 13.5 vs. 56.8 ± 12.4 ; $P = 0.016$), had higher rates of hyperlipidemia (41.3% vs. 32.6%; $P = 0.027$) and previous angina (47.7% vs. 37.9%; $P = 0.006$), presented more with STEMI (72.1% vs. 43.9%; $P < 0.001$), and had more Killip class 4 upon admission (8.1% vs. 3.2%; $P < 0.001$) than patients without Re-MI. Management-wise, Re-MI patients received less aspirin (94.8% vs. 98.5%; $P = 0.002$), beta-blockers (59.3% vs. 74.7%; $P < 0.001$), and statin (87.2% vs. 94.9%; $P < 0.001$), and were less frequently assessed by coronary angiogram (30.8% vs. 32.5%; $P = 0.036$). These patients had more in-hospital complications including congestive heart failure (44.2% vs. 12.4%) and cardiogenic shock (25.6% vs. 5.3%) as well as higher mortality rates; both during hospitalization (23.8% vs. 4.1%) and after a dis-

charge period of 30 days (27.3% vs. 6.87%) and 1 year (29.1% vs. 9.3%). $P < 0.001$ for all comparisons.

Conclusion: Patients with recurrent infarction have a bad prognosis in terms of in-hospital complications and high mortality rates. High risk patients need to be monitored and managed differently to prevent secondary attacks.

<http://dx.doi.org/10.1016/j.jsha.2012.06.191>

Effect of body weight on the outcome of ventricular septal defect repair

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Introduction: Low body weight and failure to thrive (FTT) often are considered limiting factors for open heart surgery. The purpose of our study is to assess the impact of FTT on ICU outcome of children undergoing ventricular septal defect repair.

Methods: We conducted a retrospective chart review analysis of all children who had VSD closure by open heart surgery during the period 2002–2010. Children were divided into two groups based on their weight for age using standard growth charts. Those with normal or mild failure to thrive (Z score > -3) are labeled as group A. Group B included all children with severe failure to thrive (Z score ≤ -3). Both groups were compared in term of early post operative course.

Results: One hundred and forty-five patients underwent open heart surgery for VSD closure during the study period. There were 58 cases in group A and 87 patients in group B. The age and weight in group A



Peer review under responsibility of King Saud University.
URL: www.ksu.edu.sa
doi:10.1016/j.jsha.2012.06.001



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