

083

Coronary guided by the clinic or by the effort test in the diagnosis of coronary artery disease in Moroccan women

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Introduction: coronary artery disease is a cause of morbidity and mortality in women. They are of benefit likely to develop atypical symptoms.

Objective: To evaluate whether the exercise test to guide coronary angiography in women is best for the diagnosis of coronary lesions compared with the clinic alone.

Materials and methods: this is a retrospective study on 250 women who performed coronary angiography guided by clinical or exercise testing

Results: Of these, 24% (60) had a stress test, 33% (20) among them had significant coronary lesions. Coronary angiography was guided by clinical in 76% (190) patients, symptoms were kind of chest pain at rest, pain in the jaw, arms, shoulder, back or upper abdomen, a dyspnea, palpitations. Of these, 21% (40) had significant coronary lesions.

Conclusion: exercise testing in women has a limited diagnostic value, 60% of women with a positive stress test were not significant coronary lesions. There is no significant difference between the results coronarographic found in women who performed an exercise test or in whom it was based on clinical findings alone. Other tests of ischemia should be performed to better document the ischemia. The clinic is as effective as exercise test to guide coronary angiography.

084

Immediate and midterm outcomes after angioplasty with stenting of the left main coronary artery

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Background: Coronary artery bypass graft surgery is the treatment of choice for severe left main coronary artery stenosis. The results of a number of multicenter trials have suggested angioplasty with stenting as a possible alternative treatment with cardiac surgery on stand-by.

Objective: The aim of the present study was to evaluate our experience about the protected and unprotected left main coronary artery (LMCA) angioplasty.

Methods: A total of 24 consecutive patients (mean age, 69 years) with severe lesion of the left main coronary artery were treated with angioplasty and stenting between September 2006 and May 2011. We sought to evaluate the immediate and midterm outcomes of these patients.

Results: Among the 24 cases of LMCA stenting, 17 (70, 83%) were unprotected. Distal location of the stenosis was observed in 17 patients. Drug eluting stent (DES) was used in 12 cases(50%). Angiographically documented success was obtained in all patients. However one patient died from subacute occlusion 2 weeks after the procedure. At a mean follow-up of 15 months (1 to 46) stent restenosis was observed in only 2 patients who had both a bare metal stent (BMS).

Conclusion: LMCA stenting is a procedure that can be technically difficult but it is safe in experienced hands even in centers with no on-sites cardiac surgery like ours.

085

Epidemiological profile of normal coronary angiograms (Moroccan experience)

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Background and aims: Between 10% and 20% of patients undergoing coronary angiography for the investigation of chest pain have normal coronary

angiograms, in spite of an exact documentation of the patient's medical history and careful establishment of the indication.

The aim of our study is to illustrate the epidemiological, clinical, paraclinical, therapeutic profile and analyse the referral diagnoses in moroccan patients with normal coronary angiograms.

Materials and methodes: A retrospective study included all patients who had normal coronary angiograms between January 2009 and January 2011 in the departement of cardiology CHU Ibn Rochd of Casablanca.

Results: Of 1165 patients referred due to suspected CAD, 320 of them had normal angiographic findings (27%; 134 men, 186 women; mean age 56.8 ±12,4 years).

Women were more likely to have hypertension (60% v 31%, p<0.001) and obesity (31% v 13%, p=0.001) but were less likely to smoke than men (4% v 41%, p<0.001).

The referral diagnoses were stable angina in 118 patients (37%), unstable angina in 64 patients (20%), dilated cardiomyopathy in 55 patients (17%), pre-operative angiography of valvulopathy in 32 patients (10%), NSTEMI in 22 patients (7%), STEMI in 8 patients (2.5%), and ventricular hyperexcitability in 21 patients (6.5%).Of 118 patients referred for stable angina, only 47 of them (40%) had non-invasive testing of ischemia.

The mean ejection fraction was 56.6% ±13.9. The arteries were strictly normal for 253 patients (79%) and a <50% stenosis was found in 67 patients (21%), only 4 patients had a left ventricular angiography, and none test to the methergin was done.

Conclusion: Normal angiographic results were documented in 27%.The coronary arteriograms were assessed only for the presence of fixed lesions and no attempt was made to detect coronary artery spasm. The number of normal coronary arteriograms could be reduced if they were more non invasive testing.

086

Predictive factors of restenosis after coronary stenting

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Introduction: In-stent restenosis has become the major therapeutic challenge for interventional cardiology since the introduction of percutaneous coronary intervention occurring in 20% to 30% of cases

Objectives: The objective of this study was to identify clinical, angiographical and procedural predictor factors of restenosis after coronary stent placement.

Material and methods: We retrospectively analyzed 173 lesions, in 95 consecutive patients who underwent stent implantation with success in our hospital between January 2008 and December 2008. All patients had a clinical follow-up after six months of stent implantation. Clinical characteristics, pre-stenting angiographic features, and stenting procedure related factors were analyzed.

Results: From 173 lesions evaluated, 41 developed restenosis (23; 7%). Among clinical characteristics: diabetes mellitus (OR=3.06; P=0.01) dyslipidemia (OR=3.8; P=0.03,) and chronic renal failure (OR=12.2; P<0.001) were independently associated with a higher risk of in stent restenosis. Among laboratory characteristics: elevation of troponine (OR=3.4; P=0.01) high level of glycemia at admission >12 mmol/ l, (OR=9.9; P=0.002), elevated levels of C-reactive protein (OR=14.06; P<0.001) and low creatinine clearance < 60ml/mn (OR=12.6; P=0.001) were statistically predictor of in stent restenosis. Among baseline angiographic parameters, ostial stenosis of left anterior descending artery (OR=17.1; P<0.001,) and severe lesions>= B2 according to modified ACC/AHA classification (OR=8.8; P<0.001) were independent predictors of target lesion revascularization. Among procedural characteristics: stent diameter <2.7 (OR=0.04; P<0.001), stent length >15 mm (OR=27.1; P<0.001) and the use of low pressure for stent implantation (OR=0.03; P<0.001) were significant independent predictors of restenosis.

Conclusion: Predicting restenosis remains difficult, and this indicates the need for further studies in order to ultimately identify those patients who are at high risk for in-stent restenosis.