

erence diameter was 3.9 ± 0.5 mm. LM lesion was non distal in 34 %, and distal in 66 % of pts. In this group, 72 % were located at the bifurcation including LAD, LCX or both ostia affected. All patients were successfully treated on the LM (stent length 15.7 ± 5.2 mm) and a final kissing balloon inflation was performed in 90%. Apart from the LM stenosis, a total of 1.2 ± 0.8 lesions were treated during the hospitalisation (total stent length 47 ± 16 mm). In-hospital MACCE rate was 4.5 % with 2.6% of mortality ; at 9-month follow-up (FU), the global rate of event-free survival was 93.5 % with a very low angiographic restenosis rate of 3 %. Between 9 and 36-month clinical FU, there were one sudden death, 6 extra-cardiac deaths (total mortality 7%), one recurrent angina and 1 cardiac failure. Event free survival was 84 %.

Conclusion: LM PCI using the TAXUS stent is feasible and safe at long-term follow-up. Stenting deserves to be considered a safe and effective alternative to CABG in institutions performing large numbers of PCIs.

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Drug eluting stent percutaneous angioplasty The experience of the tertiary region of Sfax

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Introduction: Several clinical trials have validated the effectiveness of drug eluting stents (DES) and its benefit comparing to bare-metal stent for restenosis rate reduction after angioplasty. But the major disadvantage of DES is thrombosis. The aim of this study is to describe clinical and angiographic outcomes of DES implantation in Sfax Cardiology Departments (public and private centers).

Patients and methods: Our study is retrospective including 619 patients undergoing percutaneous angioplasty by 769 eluting stents during the period between juillet 2003 and June 2009.

Results: The mean age was 63,25 years and most patients were men (80,7%). The majority of patients (61, 6%) were diabetic. Most patients (46, 3%) had multivessel disease. Coronary lesion sites were located mainly on the left descending coronary artery at 71, 4%. The mean diameter stent was $2, 93 \pm 0,37$ mm, and the mean length was $26,95 \pm 6,91$ mm. Coronary lesion was in the most time long (in 43,1%). We used Taxus stents in 81,4% of cases. The stenting was direct in 72,1% of procedures, and after dilatation in 22 procedures%. A post inflation was achieved in 11,3% of procedures. The mean of pression inflation was 14, 29 mmhg. The angiographic success was noted in 100%. The mean follow-up was 18, 26 months. Acute instent thrombosis occurred in 3,7% (23 patients/619 patients). One case of acute thrombosis, 21 cases of subacute thrombosis, one case of late thrombosis, no case of very-late thrombosis was noted. On the Follow up , an angiographic control was performed in 8,3% des cas (49 patients). A restenosis in stent was noted in 16% and new lesions were noted in 3,6% of cases. MACE rate was 10,2% with 2,5% of mortality.

Conclusion: The high price of drug eluting stents relative to bare stents has been an obstacle to widespread utilization of drug eluting stents in our tertiary region. These latter are more interesting for diabetic persons and complex lesions but they are limited by the risk of acute and late thrombosis.

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Creatinine clearance and adverse hospital outcomes in patients with myocardial infarction

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Introduction: Normal renal function has been Shown in epidemiological studies and clinical trials to be an independent predictor of survival.

Objective: To determine whether creatinine clearance at the time of hospital admission is an independent predictor of hospital mortality and adverse outcomes in patients with ST -segment elevation myocardial infarction(STEMI).

Patients: 231 patients hospitalized with STEMI in our institution between January 2005 to December 2006.

In-hospital outcomes were compared for patients with creatinine clearance rates of > 60 ml/min (normal renal function) and ≤ 60 ml/min (moderate and severe Baseline Renal Dysfunction, BRD).

Results: Patients with BRD were older, were more likely to be women, and presented to with more comorbidites.

Patients with BRD had presented more ischemic atrial fibrillation ($p=0.033$).

A greater number of patients with BRD had impaired left ventricle systolic performance, so this patients had more presented acute heart failure ($p=0.008$), and cardiogenic shock ($p=0.017$).

Patients with worsened renal function had presented more mechanical complications:

-free wall rupture and apical ventricular septal defect , in two separate cases ,following anterior myocardial infarction , leading to immediate death of these two patients.

-ischemic mitral regurgitation in one case

The in hospital death rate of BRD patients was 6.6%, compared with 0.9% for non BRD patients.

In comparison with patients with normal or minimally impaired renal function, patients with moderate renal dysfunction were seven times more likely to die (odds ratio 7, 09, 95% confidence interval 0.7 to 68) after adjustment for other potentially confounding Variables.

The risk of bleeding episodes was increased in patients with worsened renal function Only one patient, with moderate renal dysfunction, had an ischemic stroke.

Conclusion: In patients with ACS, creatinine clearance is an important independent predictor of hospital death.

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Analysis of long-term survival after revascularization in patients with chronic kidney disease presenting with ST elevation myocardial infarction.

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Ischemic heart disease is the most common cause of death in patients with chronic kidney disease (CKD). Patients with CKD who develop an ST elevation myocardial infarction(STEMI) have a poor prognosis, with $>70\%$ mortality at 2 years. Despite this heavy burden of disease, the optimal management of ACS in this patient population is unknown. Our goal was to compare the effect of coronary revascularization or medical therapy alone on the long-term survival of patients with CKD presenting with STEMI. From 2005 to 2007, data were prospectively collected on 231 patients admitted to a coronary care unit with the diagnosis of STEMI. Of these, 112 had preserved renal function, and 119 had significant renal dysfunction, as defined by the National Kidney Foundation in the Kidney Disease Outcomes Quality Initiative classification of kidney function as an estimated glomerular filtration rate of <60 ml/min/1.73 m(2).

Long-term survival was assessed and outcomes were compared according to whether patients were treated with medical therapy alone or if they underwent a percutaneous or surgical revascularization procedure. Follow-up information was available in 68 patients up to 1 year after the index hospitalization. Of the 119 patients with significant renal dysfunction, ten underwent coronary artery bypass surgery, 77 underwent percutaneous coronary revascularization, eight underwent a diagnostic cardiac catheterization and were subsequently treated medically. Percutaneous coronary revascularization was associated with superior long-term survival. Surgical revascularization was an independent predictor of MACCE at one year after index hospitalization ($p=0.03$, HR= 2.760; 95% CI 1.101-6.920).

In conclusion, patients with severe CKD and STEMI had improved long-term survival when treated with percutaneous coronary revascularization.