tion (PCI); it has reduced the rate of in-stent restenosis and repeated revascularization as compared with bare metal stents. However, stent thrombosis is an uncommon but serious complication of coronary artery stents that almost always presents as death or a large non-fatal myocardial infarction (MI), usually with ST elevation.

Objective: To study the incidence of stent thrombosis which can occur acutely (within 24 h), sub acutely (within 30 days), or as late as 1 year (late) or more (very late) in our patients, who underwent PCI using both DES and BMS.

Methods: Observational, single center study in cath lab a total of 1386 patients underwent Percutaneous coronary intervention PCI between January 2008 and September 2010, all patients in that period were included in this study, Acute coronary syndrome and stable CAD patients.

Results: Total of 1386 patients had PCI and stents deployment, 19 (1.3%) patients had stent thrombosis, 4 (21%) patient received BMS and 15 (79%) patients received DES Acute ST in 4 patients, Subacute ST in 5 patients, late ST in 8 patients and very late in 2 patients. 9 patients (47%) have DM and 8 patients (42%) have Hypertension.

Conclusion: The incidence of ST in our Saudi patients who received DES is similar to international reported numbers. There is increasing concern that the risk for late stent thrombosis is slightly higher with DES than BMS.


SHA 066. Catheter-based diagnosis of incidental renal artery stenosis in hypertensive-Saudi patients
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Objectives: To estimate the prevalence of any degree of Renal Arteries Stenosis (RAS) in Hypertensive Saudi Patients undergoing indicated coronary angiography (CA), and to assess the association of RAS with coronary Artery Disease (CAD), and vice versa.

Methods: A prospective randomized pilot study looked at Screening Drive-by Selective Renal Artery Angiography (SDSRAA) performed with additional 12 ml dye in average at the time of Cardiac Catheterization (CC) to assess the occult renal artery stenosis of 126 diagnosed, and treated Hypertensive-Saudi Patients who were admitted at Cardiac Science Department in Al-Hada Military Hospital/Taif in the period between (April, 2009 and January, 2010) for chest pain and indicated for coronary angiography according to ACC/AHA and/or ESC/EAPCI Guidelines.

Results: Over the ten month period 126 patients, mean age 60.4 ± 12.27 years, were recruited. All of them underwent combined CA, and SDSRAA. Eighty-nine were males (70.1%). Occult RAS with various degrees were reported in 15 patients (11.9%). Significant RAS (≥50% luminal stenosis) found in (5.6%), and bilateral RAS in (3.17%). Significant CAD reported in 74 patients (58.7%), RAS reported in patients with diseases, and normal or nearly normal coronaries at rates 17.56% and 3.8% respectively, while CAD reported in (86.6%) of Patients with RAS (OR = 7.93, 95% CI = 1.58, 53.53). No significant deference in Serum Creatinin pre and 24-48 h post procedure. No procedure-related technical or clinical complications had been reported.

Conclusion: Renal artery stenosis frequently associated with hypertension and coronary artery disease. In selected hypertensive patients undergoing cardiac catheterization screening renal artery angiography by selective drive-by renal angiography may be practical and safe in detecting incidental renal artery stenosis which might need corrective treatment. Further clinical outcome studies are strongly required to support this strategy.


SHA 067. Bioabsorbable-polymer-DES Saudi registry, with 3 year followup
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Objectives: To evaluate the short and long term outcome of the Biodegradable coated Infinnium® (Paclitaxel coronary stainless steel DES) compared to Supralimus® (Sirolimus coronary stainless steel DES), and Supralimus Core® (Sirolimus coronary cobalt chromium DES) in patients from daily practice.

Methods: Registry included 903, consecutive, non-randomized patients, with total of 1574 stents (465 Infinnium®, 442 Supralimus®, and 667 Supralimus Core®) implanted, in three centers.

Study design: Open label, non-randomized, prospective, multicenter registry, between July 2004, till October 2010.

Demographic, angiographic, and followup data:
The registry included 903 patients treated over a period of 2–5 years, in three centers. 81.6% were males, 53.5% diabetics, 64% hyperlipidemias, 58% hypertensives, and 52% smokers, with mean age of 55 ± 10 (32–88) years.

Clinical presentation was with UAP, NSTEMI, and STEMI in 39%, 14%, and 15% consecutively. The use of CIIIBIIa inhibitors was in 72% of patients.

The lesions were in small vessels in 36%, long (47%), and calcified in 21%, with mean vessel diameter of 3 ± 0.5mm, and mean length 22 ± 7 mm.

Success of deployment was 99%, with Acute MACCE 0.9%, and long term MACCE 6.8%. Detailed group data will be presented.

Conclusion: The acute and upto 3 years followup data clearly shows the safety of the stents, both on short and long term periods. Despite the non-selectivity of the patients, complexity of the lesions treated, and high prevalence of Diabetes, small vessels and long lesions treated, hyperlipidemia, and patients with acute coronary syndrome , the followup data prove efficacy and non-inferiority compared to data from the literature on similar DES.

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SHA 068. Multi-vessel PCI versus medical therapy in patients considered poor surgical candidates a single tertiary care center experience
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Objectives: Limited data is available on High risk Multi-Vessel PCI (HRMV-PCI) when compared with Medical Therapy(MT)