Conclusion: Posterior annuloplasty using pretreated native pericardial ribbon with either Alfieri repair or CABG for good targets has good prognostic outcome.

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SHA 033. Pulmonary artery catheter entrapment in cardiac surgery
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A pulmonary artery catheter (PAC) is an important tool in the preoperative cardiac management, and it provides measurements which helps in the patient management. During open heart surgery the catheter tends to rest against the anterior lateral wall of the right atrium where the catheter may be caught by a suture in the cannulation for cardiopulmonary bypass.

We describe a very rare complication which is inadvertent surgical sutureing of the PAC to the inferior vena cava that necessitated reopening the chest, cutting, the suture and removing the catheter.

Chest X-ray can be helpful in the diagnosis of PAC entrapment due to suture fixation. Angulation of the catheter is an important diagnostic sign.


SHA 034. Peripheral cannulation of right heart for complex cardiac procedures
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Objectives: Full dissection of the right atrium for venous drainage may be difficult and hazardous in complicated and re-do cardiac procedures. Peripheral venous drainage of right heart may be useful adjunct for safe institution of cardiopulmonary bypass and limited mediastinal dissection for reoperations in cardiac surgery.

Methods: Twenty-two patients underwent open heart surgery using peripheral venous cannulation from April 2009 to October 2010. Male:female ratio was 13:9 and mean age was 42 years ranging from 22 to 59. Twenty patients had re-do mitral, aortic or tricuspid valve surgery; one patient underwent Bentall procedure for dissection of ascending aorta and one patient had relief of constrictive pericarditis combined with valve surgery. Femoral vein was cannulated using smart cannula in all cases while superior vena cava was separately drained in mitral valve operations. Mitral valve was approached through trans-septal approach. Limited aortic or right atrial dissection was required to accomplish surgical procedure.

Results: Conduct of CPB was uneventful with no difficulty of venous drainage. Limited exposure required, prevented dissection of adhesions on most of atrial and diaphragmatic surface of heart and around cava. There was no immediate or late complication related to venous cannulation. One patient died in the postoperative period from cause unrelated to cannulation. One patient had superficial wound infection in the groin.

Conclusion: Peripheral venous cannulation of right heart is a useful adjunctive procedure in complex and re-do heart surgery. It is safe, easy and effective and reduces the need for extensive dissection of heart with its resultant benefits.

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SHA 035. Prevalence of abnormal myocardial perfusion single photon computed tomography in patients with end stage liver disease
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Background: the prevalence of coronary artery disease (CAD) in end stage liver disease (ESLD) being evaluated for orthotopic liver transplantation (OLT) is unclear based on variable definition used for CAD.

Aim: the objective of this study to investigate the prevalence of abnormal stress myocardial perfusion SPECT (MPS) imaging, as a marker for CAD, among patients with ESLD who were referred for stress MPS imaging as a routine work up before OLT.

Methods and materials: We reviewed data on 167 patients who were referred for MPS as a routine work up before OLT over last 2 years. All patients underwent evaluation for CAD risk factors (age, hypercholesterolemia, diabetes mellitus, hypertension, and smoking), and stress MPS per standard protocol.

Results: The total number patients referred for stress MPS was 167 patients. 7 patients (4%) were excluded for being have nondiagnostic studies. 147 patients (92%) have normal but only 13 patients (8%) have abnormal MPS scans. Diabetes mellitus and male gender were the most independent risk factors for abnormal MPS with p-value of 0.046, and 0.26 respectively. There was no significant association between the abnormal result with hypertension, hypercholesterolemia, smoking, age or etiology of the liver disease.

Conclusions: Based on our data the prevalence of abnormal MPS and LVEF in patients with ESLD is 8%. DM and male gender were the most independent predictor factors for abnormal MPS. True prevalence of CAD and usefulness of MPS in patients with ESLD can only be studied using a very large and randomized prospective study.

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SHA 036. Toothbrushing and risk of cardiovascular disease
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Over the past two decades, there has been an increasing interest in the possible link between dental disease, specifically periodontal disease (PD), and cardiovascular disease (CVD).

There is evidence from epidemiological research on the association between PD and CVD.

In spite of these significant associations, however, there is still a lack of awareness in the cardiovascular community on their possible importance.

Many studies have shown that dental infection would be an independent risk factor for coronary artery disease.

Periodontal disease is associated with moderate systemic inflammatory response, such as raised C reactive protein and other inflammatory biomarkers.

Systemic inflammation could represent the underlying mechanism that links oral health and CVD.

In this paper we discuss the possible mechanisms by which oral infection might contribute to CVD.

Oral health has an influence on systemic health in general and in CVD in particular, and this is an important message in order to promote prevention more than to promote treatment. Poor oral hygiene has been associated with 70% increased risk of CVD.

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As periodontitis continues to have a high prevalence within the population and the fact that CVD remains as the major cause of human death in developed countries, in light of these associations we can legitimately, based on evidence, state that oral health has an influence on systemic health in general and in CVD in particular.

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SHA 037. Correlation between plasma pro-BNP levels and changes in heart failure manifestations, left ventricular size and function
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Objectives: The present study was designed to assess whether changes in NT-proBNP levels after mitral, aortic and double valve replacement reflect changes in HF manifestations including NYHA class and changes in LA size, LV size and LV functions.

Methods: The study population consisted of 24 patients (mean age: 55.3 ± 16.2 years, 58% were males) underwent surgical mitral valve Replacement (12 patients), Aortic valve replacement (8 patients) and combined mitral and aortic valve replacement (4 patients). Serial NT-proBNP measurements, transthoracic Echocardiography and (NYHA) class assessment were performed before and 6 months after surgery.

Results: The decrease in NT-proBNP was associated with decrease in LAD ($r = 0.73$, $p < 0.002$), LVESD ($r = 0.65$, $p = 0.001$), LVED ($r = 0.53$, $p = 0.036$), and increase in EF ($r = -0.65$, $p = 0.001$). Decreasing NT-proBNP was associated with improvement in NYHAFC.

Conclusion: NT-proBNP levels after mitral, aortic and double valve replacement correlate with changes in heart failure manifestations as well as changes in left atrial size and ventricular dimensions and function.

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SHA 038. Effectiveness of aminophylline prophylaxis of renal impairment after coronary angiography in patients with chronic renal insuff
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Introduction: This study was done to investigate whether aminophylline reduces the incidence of contrast induced nephropathy (CIN) after coronary angioplasty.

Method: Sixty patients who had serum creatinine concentration of $>1.3$ mg/dl randomly received 250 mg IV aminophylline or placebo 30 min before coronary angioplasty. Serum creatinine and blood urea nitrogen were determined immediately before (base line) and at 24 and 48 h after administration of contrast medium.

Results: The primary end point was the incidence of CIN. The incidence of CIN was 20% in placebo group and 13.3% in aminophylline group; older age was significantly associated with CIN.

Conclusion: This study could not demonstrate the prophylactic effect of a single infusion of 250 mg aminophylline, 30 min before administration of contrast media. A larger trial that incorporates the evaluation of clinically relevant outcomes is required to more adequately assess the role of aminophylline in CIN prevention.

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SHA 039. Meet the prefect stent
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We cannot doubt the latest advances that have arrived in this era. With these developments along came complications. This presentation will present the best choice of stents in coronary artery diseased patients in a simple pictures fashion.


SHA 040. Study of angiographic features and risk factors among young Egyptian patients with IHD
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Introduction: Young patients with CAD represent an important clinical group. Their clinical features, natural history and risk factors are distinctive. The study included 50 CAD patients post myocardial infarction (MI), 25 of them were below 40 years old (group I) and the other 25 were above 60 years (group II).

Objectives: To study different risk factors and their prevalence among young Egyptian patients, to study the angiographic features and the extent of coronary artery affection.

Methods: Patients were subjected to history taking, Clinical evaluation; ECG. Echocardiography; for estimation of ejection fraction; Coronary angiography: For assessment of the extent of coronary artery disease.

Results: The study of different risk factors showed that smoking was the most important risk factor in both groups. In the group I it was the sole risk factor in 40%. In group II the results showed that hypertension and diabetes mellitus were contiguous risk factors. Group II were found to have more than one risk factor associated with CAD. The results showed that inferior (STEMI) was more in group I while anterior STEMI was the more prevalent in group II. NSTEMI was more common in group II. There was no statistically significant difference between both groups in consideration of ejection fraction. Coronary angiographic features were statistically significant between both groups as (12%) of group I had normal coronary arteries while (40%) of group II had multi-vessel disease. The most common angiographic feature in group I was single vessel affection. Furthermore the (LAD) was the most commonly affected artery in both groups.

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SHA 041. Intravascular ultrasound a niche versus routine application in the era of drug eluting stenting
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We could not demonstrate the prophylactic effect of a single infusion of 250 mg aminophylline, 30 min before administration of contrast media. A larger trial that incorporates the evaluation of clinically relevant outcomes is required to more adequately assess the role of aminophylline in CIN prevention.