Effect of Treatment on Embolic Events in Patients With Severe Thoracic Aortic Atheromas: Interim Data Analysis From the NYU Atheroma Group

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Background: Severe thoracic aortic plaques seen on TEE are associated with a high risk of stroke and peripheral embolization. Previous studies have suggested that severe aortic plaques seen on preoperativeTEE are associated with a high risk of stroke and perioperative stroke. We sought to evaluate the embolic risk associated with severe aortic plaques seen on TEE.

Methods: In 2008, 1144 pts had thoracic aortic atherosclerotic plaques, and 17 pts had cerebral emboli. In the current study, we analyzed the embolic risk associated with severe aortic plaques seen on TEE.

Results: Of the 1144 pts studied, 179 (32%) received warfarin, 247 (53%) received antiplatelet drugs, and 147 (40%) were on statin. Many pts were on more than one drug. The endpoint was a stroke or TIA. The mean length of stay (day) was 8.0 for surgery and 2.4 for the SG Group. Mortality and discharge to a skilled nursing facility were more common in the surgical group. The mean length of stay (day) was 8.0 for surgery and 2.4 for the SG Group. Mortality and discharge to a skilled nursing facility were more common in the surgical group.

Conclusions: Aortic SG appears to be associated with decreased mortality, morbidity, and length of hospital stay. Resource utilization defined as the direct hospital cost is higher, but there is less utilization of skilled nursing facilities after discharge.

Association of Self-Reported Leisure Activity and Coronary Risk With Carotid Artery Reactivity

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Background: Regular leisure activity has been shown to reduce cardiovascular risk and positively influence risk factors. Vascular reactivity, including carotid and brachial artery reactivity, is also correlated with coronary risk. We studied the association between self-reported leisure activity and carotid reactivity in response to a symmetrical stressor in 188 adults. We also evaluated the vascular response with respect to 3 levels of coronary risk.

Methods: Vascular reactivity was evaluated by percent and absolute change in the carotid artery diameter in response to a cold pressor test (CPT) and nitroglycerin. Physical activity was assessed by a participant-recall questionnaire. Patients were stratified as average-risk (1 abnormal lipid level), high-risk (one coronary risk factor and 1 abnormal lipid level), or CAD (coronary artery disease-prior myocardial infarction or coronary stent).

Results: Of the 468 pts studied, 179 (38%) received warfarin, 247 (53%) received antiplatelet drugs, and 147 (40%) were on statin. Many pts were on more than one drug. The endpoint was a stroke or TIA. The mean length of stay (day) was 8.0 for surgery and 2.4 for the SG Group. Mortality and discharge to a skilled nursing facility were more common in the surgical group. The mean length of stay (day) was 8.0 for surgery and 2.4 for the SG Group. Mortality and discharge to a skilled nursing facility were more common in the surgical group.

Conclusions: Although these data are from an interim analysis of 42% of our pts, the results indicate that there may be a protective benefit of status, and a lack of a significant protective effect of warfarin and antiplatelet drugs in pts with severe thoracic aortic atheromas on TEE. Data from the entire cohort will be more definitive.

Impact of Pravastatin on Secondary Prevention of Coronary Artery Disease in Patients With Claudication Due to Peripheral Arterial Disease

Tatsuo Nishijima, Tohru Kobayashi, Nobuhisa Awa, Itoh H. Reiber, Shintaro Saro, Tomoko Kobayashi, Yoshinori Takeda, Osaka Medical Center for Cancer and Cardiovascular Diseases, Osaka, Japan, Department of Radiology, Leiden University Medical Center, Leiden, The Netherlands.

Background: Prevention of Coronary Arteriosclerosis (PCAS) Study was designed to evaluate the long-term angiographic effect of pravastatin on secondary prevention of progression of coronary artery disease (CAD). Methods: 329 patients with CAD were enrolled and classified into three groups due to serum total cholesterol level: Group 1 (TC≤220 mg/dL), Group 2 (220 mg/dL<TC≤240 mg/dL), and Group 3 (TC>240 mg/dL).

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