

does not add any additional burden to the operative risk nor does it affect the immediate and early outcome of these patients. That revascularization alone can ameliorate moderate ischaemic mitral regurgitation in most patients postoperatively. This improvement is translated into an improvement in the functional class and the quality of life postoperatively there is no statistical difference between two groups. Also a procedure to address the mitral valve in moderate IMR should be considered in patients with a worse preoperative left ventricular profile.

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34. Cardiovascular complications among individuals with amphetamine-positive urine drug screening in King Abdulaziz Medical City, Riyadh

T. Almugren^a, S. Alrawkan^b

^aKSAU-HS, Riyadh, Saudi Arabia; ^bKFNGH, Riyadh, Saudi Arabia

Background: Amphetamine is the most commonly used illicit drug in Saudi Arabia (SA). Frequency and outcome of Amphetamine-related cardiovascular (CV) complications in Saudi Arabia have not been previously studied.

Aim: To determine the epidemiological aspects and clinical outcomes of the cardiovascular complications among individuals with Amphetamine-Positive Urine Drug Screening (APUDS) who were admitted to a large tertiary care facility in Riyadh, SA.

Methods: Retrospective, case-series review of consecutive individuals found to have APUDS and admitted to King Abdul-Aziz Medical City (KAMC) in Riyadh, SA between January 2006 through December 2013 inclusive. Cases with APUDS and concurrent positive cardiac biomarkers and/or admission to a cardiology unit were enrolled in the review. Demographic and clinical data were collected from electronic patient records. All data variables were managed and analyzed by Microsoft-Excel and IBM-SPSS software, version 20.

Results: A total of 7450 UDS were performed during the study period, out of which 720 (9.6%) were positive for Amphetamine. Forty-two admissions with APUDS were documented to have CV complications. All cases were males with a mean age of 41 ± 10 years and predominantly Saudis. Acute Coronary Syndrome (ACS) was the most frequent clinical presentation ($n = 31$, 73.8%), predominantly of ST Elevation Myocardial Infarction (STEMI) type. Other less frequent complications include myopericarditis and cardiomyopathy. Coronary procedures were performed in 30 cases. Average hospital stay was 7 days and in-hospital mortality was 7.2%.

Conclusions and Recommendations: ACS is the most frequent CV complication in the Amphetamine users. Amphetamine-related CV complications tend to occur at younger age and carry high risk of in-hospital mortality. UDS should be performed routinely for all individuals presenting with acute coronary syndrome or

heart failure at young age. Confirmatory test should be routine available as a standard of care.

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Poster

HEART FAILURE AND CARDIOMYOPATHIES (DISEASE MANAGEMENT, QUALITY OF CARE, AND CLINICAL OUTCOMES)

35. With full antiplatelet and anticoagulant coverage: Still aortic root and left main coronary artery thrombosis can occur early post left ventricular assist device implantation

M. alassal

KFMC, Benha, Egypt

We describe a case of 39 years old male underwent continuous flow LVAD implantation (HeartWare) HVAD as destination therapy (DT) for severe left ventricular dysfunction, moderate right ventricular dysfunction and severe pulmonary hypertension, presented 3rd day post-operatively with polymorphic ventricular tachycardia (VT storm) alternating with VF then aborted to bradycardia with complete heart block. Coronary angiography revealed big LM coronary artery thrombus extended distally to mid LCX and mid LAD arteries and pedunculating into the aortic root proximally in spite of full coverage with antiplatelet and anticoagulant therapy. To our knowledge this is the 1st case documented with this early presentation post (HeartWare) HVAD device implantation as destination therapy (DT). We describe a case of 39 years old male underwent continuous flow LVAD implantation (HeartWare) HVAD as destination therapy (DT) for severe left ventricular dysfunction, moderate right ventricular dysfunction and severe pulmonary hypertension, presented 3rd day post-operatively with polymorphic ventricular tachycardia (VT storm) alternating with VF then aborted to bradycardia with complete heart block. Coronary angiography revealed big LM coronary artery thrombus extended distally to mid LCX and mid LAD arteries and pedunculating into the aortic root proximally in spite of full coverage with antiplatelet and anticoagulant therapy. To our knowledge this is the 1st case documented with this early presentation post (HeartWare) HVAD device implantation as destination therapy (DT). In the modern era, the use of surgically implanted left ventricular assist devices (LVADs) as a bridge therapy to either recovery or cardiac transplantation has given a hope at the end of the HF tunnel. More recently, the use of LVADs as 'destination therapy (DT)' has further illuminated a future for patients with end-stage HF. To our knowledge this is the 1st case documented with this early presentation post (HeartWare) HVAD device implantation as destination therapy (DT).

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