Table – Results

<table>
<thead>
<tr>
<th></th>
<th>Sensibility (%)</th>
<th>Specificity (%)</th>
<th>Positive predictive value (%)</th>
<th>Negative predictive value (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABI&lt;0.9</td>
<td>83.3</td>
<td>84.5</td>
<td>26.3</td>
<td>98.7</td>
</tr>
<tr>
<td>ABI&lt;0.9 or &gt;1.3</td>
<td>93.3</td>
<td>83.4</td>
<td>31.8</td>
<td>99.3</td>
</tr>
<tr>
<td>ABI &lt;0.85</td>
<td>83.3</td>
<td>87.8</td>
<td>31.3</td>
<td>98.8</td>
</tr>
<tr>
<td>ABI &lt;0.85 or &gt;1.35</td>
<td>93.3</td>
<td>87.3</td>
<td>37.8</td>
<td>99.4</td>
</tr>
</tbody>
</table>

January 14th, Saturday 2012

271

Different arterial damage after an ischemic atherothrombotic stroke or an acute coronary syndrome

Gilles Barone-Rochette [Orateur] (1), Gérald Vanzetto (1), Olivier Detante (2), Marc Hommel (2), Jean-Michel Mallion (3), Baguet Jean-Philippe (3)

Aim: To assess immediate and midterm outcomes of a systematic endovascular approach for the treatment of lower limb ischemia following the use of vascular closure devices (VCD) after percutaneous coronary and peripheral interventional procedures.

Methods: From January 2006 to December 2008, all the patients who developed lower limb ischemia following the use of a VCD in a single high volume French institution were systematically managed percutaneously and constituted the population of this study. Clinical characteristics, immediate and midterm outcomes are reported.

Results: 18 patients (3 males and 15 females) were included. Mean age was 67.1 years. Closure devices were Angio-seal® in 12 cases, Starclose® in 3 cases and Perclose® in 3 cases. On average, lower limb ischemia occurred 6.5 days (range 1-28 days) after device placement. Culprit lesion was located in the left common femoral artery in 6 cases and in the right common femoral artery in 12 cases. Secondary vascular access was obtained through the humeral artery in 12 cases and the contralateral femoral artery in 6 cases. A 90 cm-long 6F Destination® guiding sheath was used in 13 cases and a 6F multipurpose guiding catheter in the remainder. The occlusion site was successfully crossed in all cases using 0.014 inch coronary guidewires in 8 cases and a hydrophilic 0.035 inch Terumo glidewire in 8 cases. 12 patients were treated with balloon angioplasty and 6 with stent implantation. Angiographic success was obtained in all the cases. After a mean 27.3 months follow-up, only two patients initially treated by PTA needed re-intervention (due to symptomatic restenosis) consisting in a balloon angioplasty in one case and stent implantation in the second case (after respectively 3 and 4 months). At final follow-up, all the patients were asymptomatic.

Conclusion: Endovascular treatment for VCD-related limb ischemia is a feasible and efficient approach resulting in excellent immediate and midterm outcomes.

273

Body mass index and autonomic nervous system in hypertensive patients

Afef Ben Halima [Orateur], Mehdi Ben Miled, Manel Ben Halima, Rym Chirgui, Samira Chine, Faouzi Addade, Sonia Marrakchi, Ikram Kaimoun, Abdellatif Lefi, Salem Kachboura

Aim: the aim of this study is to evaluate the impact of body mass index (BMI) on HRV and HRT in hypertensive patients.

Methods: 85 patients with hypertension (mean age 57±11 years) underwent 24 hour Holter recording. The following HRV parameters were studied: (SDNN, SDNN1, SDNN5, RMSSD, BF, HF and BF/HF). HRT parameters were also analyzed (TO and TS). Patients were divided in three groups according to their BMI: group 1: BMI<25 kg/m², group 2: BMI between 25 and 30 kg/m² and group 3: BMI>30 kg/m².

Results: HRV and HRT parameters were comparable in the three groups.