angiographically. Statistical analysis was performed using SPSS for Windows (version 13.0) and the cutoff was optimized by ROC curves.

Results: For 9 months, troponin I assays were performed on 1671 samples from patients admitted to the emergency department. Only 378 had troponin I levels of more than 0.01 μg/l (the 99th percentile value for VIDAS troponin).

Out of the 378 patients concerned, 53 were hospitalized in the cardiology department and 25 were diagnosed as having an acute coronary syndrome. The clinical sensitivity for Troponin Ic assay was 72% and specificity was 50% with cutoff equal to 0.18 μg/l. Area under the receiver-operating-characteristic curve was 0.6.

Conclusion: The troponin assay is often used in emergency departments during the initial assessment of chest pain. Knowing troponin’s cutoff in our population allows us to have a better management. In the near future, the use of a sensitive assay for troponin I would improve early diagnosis of acute myocardial infarction and risk stratification, regardless of the time of chest-pain onset.

059
The C677T mutation of the methylenetetrahydrofolate reductase gene is not associated with the risk of myocardial infarction among Tunisian male patients
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Introduction: The pathogenetic mechanism of premature myocardial infarction (MI) remains unknown. A Common mutation C677T in methylenetetrahydrofolate (MTHFR) gene, involved in the metabolism of homocysteine, has been suggested to play a role in increasing cardiovascular disease risk. The aim of the present study was to investigate the association between the C677T polymorphism of the MTHFR gene and MI in the Tunisian male population.

Methods: A total of 316 unrelated patients with MI and 348 controls were included in this study. DNA was extracted from the blood and genotypes were determined by polymerase chain reaction, restriction mapping with HinfI and gel electrophoresis.

Results: The distribution of MTHFR C677T genotypes followed the Hardy-Weinberg equilibrium. The distribution of MTHFR genotypes and the frequency of alleles were similar in MI patients and controls. The TT genotype was present in 8.7% of controls compared to 10.8% of MI patients (p=0.41, OR=1.06; 95% CI 0.53-2.12). The frequency of T allele was also similar in patients with MI compared with controls (0.30 vs. 0.28; p=0.172). There was also no significant association between C677T genotypes and the risk of MI.

Conclusion: These findings suggest that the C677T polymorphism of the MTHFR gene was not associated with MI in the Tunisian male population.

060
Platelet reactivity and outcome in high-risk ACS patients treated with prasugrel
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Objectives: To evaluate the biological response and clinical outcome at 30 days after discharge of acute coronary syndrome (ACS) patients treated with prasugrel 10mg in real life

Methods: Three hundred eighteen consecutive ACS patients undergoing PCI and treated with a daily dose of prasugrel 10 mg were included in this prospective bicentric observational study. On-treatment platelet reactivity was measured 30 days after discharge with the VASP index, VerifyNow and Light Transmission Aggregometry. Ischemic events (cardiovascular death, myocardial infarction, and stent thrombosis) and bleeding (Bleeding Academic Research Consortium (BARC) definition) were systematically recorded at a specific consultation one month after discharge.

Results: Two thirds of the patients presented with a ST-Elevation Myocardial Infarction, they were 59.4 ±13 year old with 12.6% of elderly (>75 y/o) and 25% of diabetics. High on treatment platelet reactivity (HPR) according to each specific definition (VASP>50%, PRU> 235, RPA >46.2%) was observed in 6%, 4% and 4.9% respectively. Correlations between the various platelet function tests were: RPA and PRU (r=0.8; p<0.01), PRU and VASP (r=0.63; p<0.01) and VASP and RPA (r= 0.56; p<0.01). At 30 days of follow-up the rate of ischemic events was 1.6% (one cardiovascular death, one ACS and 3 stent thrombosis) with no major bleeding complication (BARC 3). However, the rate of nuisance bleeding (BARC 1) and minor bleeding (BARC 2) were 12.9% and 2.8 % respectively.

Conclusions: In real life, only few ACS patients treated with prasugrel 10 mg has HPR and the drug seems to have an acceptable safety profile at one month.

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Drug eluting stents (DES) in coronary artery disease: Tunisian experience
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Drug-eluting stent (DES) implantation is a routine in our daily clinical practice since many years, but its long-term clinical and angiographic outcome is not clear especially in off-label indications. Determine demographic, angiographic and procedural characteristics of these patients and the long term outcome and independent predictors of restenosis is the goal of our study.

Methods and results: We analyzed 1053 consecutive patients (mean age 60±10.8 y, 76.7% men, 57.2% diabetic) who had undergone percutaneous coronary intervention between June 2002 and June 2009, at a median follow-up of 43±20 months available in 94.9% patients. We treated 131 bifurcated lesions, 108 coronary total occlusion, 521 lesions >18 mm long, 318 vessel diameter <2.5 mm and 480 multi-vessels disease patients. We implanted 1.5 ±0.5 stents per patient and angiographic control was performed in 19.2% cases. Rates of acute and late stent thrombosis were 0.75% and 0.47% respectively. 22 patients died from cardiac causes, 45 had acute myocardial infarction, and 24 had recurrent angina. 47 patients (4.5%) had target lesion revascularization and 87 (8.26%) target vessel failure. The restenosis rate was 4.9% (52). Multivariate analysis identified as independent predictors of restenosis: pre balloon dilatation (odd ratio [OR]: 13, 95% confidence interval [CI]: 1.1-22.5, p<0.01) and coronary total occlusion lesion. (OR: 2.3, 95% CI 1.3-12.4, p<0.01). Diabetes mellitus and multi-vessel lesion were not associated with higher risk of restenosis (mean freedom survival was respectively 92 months vs. 102, p<0.4 and 110 months vs. 91, p<0.3).


Conclusions: In our experience, we report a reasonable long-term prognosis even in high-risk patients.Total coronary occlusion and balloon pre-dilatation are independent factors of restenosis

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Evolution over time of transport of STEMI patients to the hospital: insight from the MIRAMI registry
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Background: Transport of patients with ST elevation myocardial infarction (STEMI) is an essential step for the management and outcome of these