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Association between deep venous thrombosis and pulmonary emboli and lipid profile

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Background and objectives Lipids and lipoproteins modulate the expression and/or function of thrombogenic, fibrinolytic and rheological factors. Many studies have suggested a link between risk factors for venous thromboembolism (VTE), and dyslipidemia but results are heterogeneous. We sought to identify which dyslipidemia profile is more associated with VTE disease.

Patients and Methods We have developed a case control study including 32 patients with experience of VTE and 33 controls matched in age and sex. We proceeded to compare the lipidique profile of the two groups after dosing the total cholesterol, triglycerides, cHDL, cLDL, Lipoprotein Lpa, ApoA, ApoB and ApoE. Patients with experience of cancer and who have taken statin or fibrat are excluded.

Results The two groups have the same demographic characteristics and there were more diabetics and fatty patients in the VTE group than control; 37% vs18% and IMC >30Kg/m2 in 43.8 vs 18.2. The median value of total cholesterol was more diabetics and fatty patients in the VTE group than control; 37% vs 18%.

Conclusions Our study confirmed that VTE is more frequent in the patient with low cHDL and lipoprotein A1 and higher cLDL, ApoB and Lpa. This result must be confirmed with a large population study.

The author hereby declares no conflict of interest

0103

Cardiovascular involvement in Behçet disease: a retrospective study

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Background Behçet disease (BD) is a multisystemic inflammatory disorder classified among the vasculitides which can affect all types and sizes of blood vessels.

Objective Our aim is to study the characteristics of cardiovascular involvement in BD.

Methods medical records of 180 patients diagnosed BD according to the International Study Group of Behçet Disease, in the Internal Medicine Department of F.Bourguiba hospital in Monastir, were retrospectively analyzed. The diagnosis of vascular involvement was made by Doppler ultrasonography and/or computed tomography.

Results There were 65% males and 35% females. The mean age was 30 years. Familiar history of BD was found in 25.2% of cases. Venous thrombosis was found in 25% of cases. Deep venous thrombosis was diagnosed in 62.5% of patients as following: upper limb in 3.1%, lower limb in 34.4%, bilateral lower limb in 6.3% and inferior vena cava in 18.7%. Arterial manifestations were found in 21.9% of cases with pulmonary embolism in 12.5% of patients and pulmonary arterial aneurysm in 9.4%. Cardiac involvement was as following: myocardial infarction and coronary aneurysm in 1.6% and intraaortic embolism in 1.6%. The medical treatment was based on anticoagulants and colchicine in all cases; corticosteroids in 45.2% of cases with immunosuppressive drugs in 15.6%.

Arterial pulmonary embolisation was performed in two cases. Surgical treatment was necessary in 6 cases: IVC filter (3 cases), lobectomy (2 cases).

Conclusion vascular involvement is a common complication of Behcet’s disease which could lead to worse prognosis if not diagnosed early.

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0248

Echocardiographic profile of the Congolese hypertensive patients

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Objectives to assess echocardiographic aspect of Congolese hypertensive patients, and to identify predictive factors of left ventricular hypertrophy (LVH).

Material and Methods A transversal study was lead in Brazzaville from January 2011 to December 2013 (36 months). 1125 hypertensive patients under treatment underwent transthoracic echocardiography. The test was carried out either as part of an initial assessment of the hypertension disease or during the development of evocative symptom or complication. Patients’ sociodemographic data and echocardiographic parameters were collected and analyzed.

Results There were 621 males (55.2%) and 504 females (44.8%), mean age 54.7±12 years. The main indication of the test were the hypertension initial evaluation in 792 cases (70.4%), dyspnea in 122 cases (10.8%), investigation of ischemic stroke in 101 cases (9%), cardiac failure and chest pain in respectively 58 and 52 cases. The mean duration of hypertension status was 5.3±4.7 years. Echocardiographic test was abnormal in 590 cases (52.5%) and showed hypertrophic cardiomypathy in 110 cases (45.6%), dilated and hypertrophic cardiomypathy in 46 cases (4.1%), dilated cardiomypathy with systolic dysfunction in 31 cases (2.8%), coronary artery disease in 4 cases (0.4%). LVH was concentric in 470 cases (48.7%), eccentric in 70 cases (12.6%), and in 16 cases (3%), it was a concentric left ventricular remodeling. The left ventricular’s systolic ejection fraction average was 70.5±9.3%. Relaxation disorders in 480 cases (42.6%). Age, male gender, income, known duration of hypertension and treatment were predictive factors of LVH.

Conclusions echocardiographic profile of the Congolese hypertensive is quite various, left ventricular hypertrophy is the most predominant abnormality. Efficient management on the hypertension will lead to reduce its morbidity and mortality.

Keywords hypertension, echocardiography, left ventricular hypertrophy, Congo.

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0145

Evaluation of the relationship between renal resistive index and cardiovascular organ damage in hypertensive patients

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Background Detection of target damage plays a key role in the evaluation of overall risk, and therefore in the management of patient with primary hypertension. Evaluation of vascular
at different sites of the renal parenchyma may suggest functional or structural changes within the kidneys and could provide useful diagnostic and prognostic information.

Method We evaluated the relationship between the renal resistive index (RRI) of intrarenal vasculature and the cardiovascular organ damage such as left ventricular hypertrophy (LVH), the diastolic dysfunction, microalbuminuria, carotid atherosclerosis and the hypertensive retinopathy in hypertensive patients.

300 hypertensive patients underwent echocardiography with conventional Doppler and Doppler tissue imaging (DTI), carotid and renal ultrasonography and a bottom of eye. In addition, lipids profile, creatinine in serum, and urinary albumin concentrations were determined. The patients were divided according to their RRI values in two groups: <0.70 and 0.70.

Results Subjects with high RRI were older, had higher systolic and pulse pressure and more years of hypertension, compared to those with low RRI (p<0.0001). Patients with the higher RRI showed and increased left ventricular pressure and more years of hypertension, compared to those with low RRI. The evaluation of RRI could predict the presence of early cardiovascular damage. The RRI would be a criter of substitution for the estimate of the total cardiovascular risk.

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0208

Efficacy of indapamide SR/amlodipine combination in uncontrolled hypertensive patients over 65 years old: a subanalysis of the 1-year NESTOR study

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Background Guidelines recommend diuretics and calcium channel blockers (CCBs) to treat systolic hypertension in the older patient. This NESTOR substudy examines the antihypertensive effect of this combination in hypertensive diabetic patients aged 65 years.

Objective To evaluate the long-term antihypertensive efficacy and safety of indapamide SR/amlodipine in 265 year olds, in the randomized, double-blind, 1-year NESTOR study.

Methods The NESTOR study included 570 hypertensive (aged 35-80 years, systolic blood pressure [SBP] 140-180 and diastolic blood pressure [DBP] <110mmHg), diabetic patients with microalbuminuria, 187 of whom were aged 65 years. Antihypertensive therapy was stopped before inclusion and indapamide SR 1.5mg or enalapril 10mg administered. If target SBP (<140/90mmHg) was not achieved at 6 weeks, amlodipine 5mg was added with titration to 10mg if needed. Follow-up period was 52 weeks.

Results At 52 weeks in 107 patients aged ≥65 years receiving bitherapy, SBP/DBP decreased significantly (p<0.001) from baseline by 30±12/14±9mmHg with indapamide SR/amlodipine (n=53) vs 22±16/11±9mmHg with enalapril/amlodipine (n=54). There was a significantly greater SBP reduction of 6.2±2.7mmHg (P=0.02, adjusted on baseline) with indapamide SR/amlodipine vs enalapril/amlodipine, a larger difference than that seen in all ages on bitherapy (4.1±1.5mmHg; P=0.006). Moreover, BP response rate (<140/90mmHg or decrease of 20mmHg in SBP or 10mmHg in DBP) in ≥65 year olds was greater with indapamide SR/amlodipine (88%) than with enalapril/amlodipine (75%). Indapamide SR and amlodipine were associated with a good safety profile. Three patients in each group discontinued treatment.

Conclusion This analysis confirms that a thiazide-like diuretic/CCB combination (indapamide SR/amlodipine) more effectively lowers SBP than an angiotensin-converting enzyme inhibitor/CCB combination in these hypertensive patients aged ≥65 years, whilst maintaining a good safety profile.