

Abstract 0380 – Table: Comparison of PV features evaluated by CT scan according to age

	Group 1 Age >50 years old N=20 patients	Group 2 Age ≤50 years old N=18 patients	P
The average left atrium volume	140.8±75.78ml	75.72±29.10mL	P =0.01
Mean number of PV	3.85±0.48	4±0.65	NS
Average diameter of left PV	26.82±8.68	25.03±12.29	NS
Average diameter of right PV	20.58±5.35	22.81±6.05	NS
Left single ostium forming a core collector	4 (20%)	3 (16.6%)	NS
Right single ostium forming a core collector	1 (5%)	4 (22%)	NS

0380**Study of anatomical features of pulmonary veins assessed by computed tomography according to age**

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Introduction Pulmonary veins (PV) play a crucial role in triggering and generating atrial fibrillation (AF). Isolation of PVs is fundamental in the AF ablation whether paroxysmal or persistent. The presence of four distinct pulmonary veins (two left PVs and two right PVs) has been described as the normal variant.

Aim The purpose of our study was to investigate whether the age of the patients had an influence on the incidence of anatomical abnormalities of PVs.

Methods Our study was a prospective study which has included 38 patients followed for AF in the cardiology's department of our hospital. All patients underwent a CT scan of PVs in order to characterize their anatomy. PVs' size was represented by the largest diameter. We have divided our cohort into two groups: group 1: patients aged more than 50 years and group 2: patients aged less than 50 years.

Results Our patients had a mean age of 50.5±13 years. The majority of our patients had paroxysmal AF (65%), 4 had persistent AF (10%), 9 had prolonged persistent AF (25%).

CT Scan of PV results according to age are summarized in table.

Conclusion In our study, we found no significant relationship between age and anatomical abnormalities of the PVs. Hence, it is important to look for these anatomical anomalies whatever was the age of the patients to increase the success rate and to avoid complications during the AF ablation procedures.

The author hereby declares no conflict of interest

0218**Influence of gender on the distribution of anatomic anomalies of the pulmonary veins (PVs) in a cohort of 38 patients with atrial fibrillation (AF)**

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Introduction Obstructive sleep apnea (OSA) is associated with oxidative stress, risk factors including hypertension, and with binary presence of coronary artery disease (CAD). However, whether OSA contributes to the severity of CAD and to future adverse events in patients with CAD remains unknown.

Aim The aim of this study was to investigate the association between severe OSA and multivessel CAD.

Methods We examined the apnea hypopnea index (AHI) using polygraphy (PG) in 60 consecutive patients with ACS who underwent coronary angiography. OSA was defined by AHI≥5 events per hour and was considered severe if the AHI≥30 events per hour. The Friesinger score was calculated for each patient from the coronary angiography to evaluate the severity of CAD.

Results The average age of patients was 59.73 years±10.1 years. The sex ratio was 1, 5.

61, 7% of patients had an AHI≥5 and 21,7% had severe OSA with AHI≥30. The Friesinger score was significantly greater in the group with multivessel CAD (11, 28±4, 17 versus 5, 35±3, 96, p=0,0001). There were no differences between patients having multivessel CAD and those with single-vessel CAD regarding clinical characteristics.

Table summarizes these results.

Abstract 0218 – Table: Comparison of patients with multivessel CAD and with single vessel CAD.

	Multivessel CAD (n=33)	Single vessel CAD (n=27)	P
Age	59,3±9,1	60,26±11,47	0,72
Male	35%	25%	0,51
Bmi	27,75±3,43	28,27±4,61	0,62
Smoking	31,7%	20%	0,31
Hypertension	33,3%	28,3%	0,85
Diabetes	35%	23,3%	0,35
Severe OSA	11,7%	10%	0,83

Conclusion In summary, these data suggest a high occurrence of obstructive sleep apnoea in patients with CAD, which should be taken into account when considering risk factors for CAD. However, severe OSA is not more frequent in the group of multivessel CAD. Further studies are needed to evaluate the impact of the presence of severe OSA on short and long term prognosis.

The author hereby declares no conflict of interest

0362**Atrial fibrillation after radiofrequency ablation of atrial flutter: prevalence and risk factors**

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Background Radiofrequency ablation (RFA) is the only curative treatment for typical atrial flutter (AFL) and allows stopping antiarrhythmic drugs. However, atrial fibrillation (AF) is frequent during follow-up but predictive factors of AF onset are unknown while it is necessary to diagnose it in order to apply the correct antithrombotic strategy.

Aims To determine prevalence and predictors of AF after AFL RFAAFL.