Predictors of cardiovascular mortality factors in elderly patients over 75 years hospitalized in cardiology intensive care unit

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**Introduction:** Cardiovascular deaths are the leading cause of death among the elderly. Its incidence increases with age. The management of cardiovascular diseases raises many problems because of the fragile terrain and in the absence of appropriate studies in elderly patients. The objective of the study was to identify predictors of cardiovascular mortality in the elderly over 75 years hospitalized urgently.

**Patients and Methods:** Retrospective study conducted over six months in all patients over 75 years hospitalized in the University Hospital center IBN ROCHD in Casablanca

**Results:** A total of 90 patients, mean age 78 +/- 7 years, 22.2% of subjects had died.

The majority of patients was collected admitted for acute coronary syndrome, following by chronic heart failure decompensation. 77.8% of patients had no history of hospitalization. 82.2% had one cardiovascular risk factor (other than age), and 44.5% had comorbidity. The factors significantly influencing mortality during the stay were: diabetes (p <0.05), dementia and/or delirium (p <0.03), delay in delivery period (p <0.05), acute coronary syndrome not revascularized (p <0.02), pulmonary embolism (p <0.001), cardiogenic shock, severe renal failure, LVEF <25%.

**Conclusion:** The elderly are vulnerable terrain patients, often high cardiovascular risk. Neurological disorders must be recognized and taken care of properly. Susceptibility to venous thromboembolism and atypical symptoms characteristic of elderly must be considered.

Prognostic value of elevated LV filling pressures in the acute phase of myocardial infarction

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**Introduction:** Evaluation of filling pressures of the left ventricle in the acute phase of myocardial infarction is not common practice. Objective of this study is to demonstrate the prognostic value of the assessment of the filling pressures of the left ventricle in the acute phase of myocardial infarction.

**Materials and Methods:** Prospective study of 6 months included all patients admitted for STEMI in the University Hospital center IBN ROCHD in Casablanca, Morocco. Echocardiography was performed upon admission and during hospitalization. Exploration of diastole was performed by studying the profile mitral E/A, deceleration time of the E wave, isovolumetric relaxation time (IVRT) and E / Ea ratio on the lateral and medial edge of the mitral annulus.

**Results:** A total of 124 patients, the mean age was 61 +/- 10 years, male predominance of 73%. 93% were hypertensive, followed by 82.6% of diabetics. Rising filling pressures of the left ventricle was significantly correlated with the risk of hospital mortality (p <0.05) and occurrence of major cardiovascular events (p <0.005) with prognostic variables were E / A > 2.5, TDE < 130ms and / or E / Ea >18.

**Conclusion:** The evaluation of diastolic function in acute phase of MI proves valuable in risk stratification of patients admitted for MI to identify groups likely to benefit from more intensive treatment.

Incidence and predictors of the late catch-up phenomenon after drug-eluting stent implantation

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**Purpose:** Although clinical restenosis within 1 year after percutaneous coronary intervention has been remarkably reduced with the advent of drug-eluting stents (DES), the late catch-up (LCU) phenomenon remains an issue despite medical advances. The aim of this study was to investigate the incidence and predictive factors of the LCU phenomenon in an unselected population treated with DES.

**Materials and Methods:** A total of 936 lesions treated with DES between June 2002 and June 2010 were analyzed. The LCU phenomenon was defined as secondary revascularization 1 year after index stenting.

**Results:** Incidence of the LCU phenomenon was seen in 103 lesions (11.04 %). In the multivariate analysis, severe calcifications [odds ratio (OR) 6.07, p=0.017], restenosis lesion (OR 1.58, p=0.003), and long lesions (OR 2.06, p=0.031) were identified as independent predictors of the LCU phenomenon.

**Conclusion:** The LCU phenomenon is associated with serious consequences and adverse events and remains an important issue in modern practice, despite medical advances. Special consideration must be given to patients with restenosis lesion, long lesions and severe calcifications.

Epidemiological profile and prognostic factors of right myocardial infarction

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**Introduction:** Myocardial infarction can affect any myocardial territory, however, the isolated right ventricle infarction is exceptional. It is often biventricular with a high mortality of about 30% compared to that of isolated LV (6%).

**Objectives:** To study the features epidemiological, clinical, diagnostic, therapeutic and prognostic of it. **Methods:** Retrospective and descriptive study conducted in the Cardiology department of UH Ibn Rochd of Casablanca. It was conducted on 13 patients admitted for acute MI extended to the RV, in the period April 2013 to March 2014.

**Results:** The average age of our patients was 58 years ranging from 39 to 71 years, with a male predominance (77% VS 13%). The majority of our patients (85%) have more than 03 cardiovascular risk factors. Chest pain with physical examination: the jugular turgo, hypotension and bradycardia were the most common clinical signs in our patients. The ECG showed an ST-elevation in right leads (V3R, V4R) and in the lower area (III, DIII and AVF) in all our patients. Dilatation of right cavities and wall motion disorders were the most frequent echocardiographic abnormalities (69% of patients). The most frequent complications were hemodynamic instability (54%) and rhythm complications (38%). From the therapeutic point, thrombolysis was performed in 10 patients, which 06 received an additional angioplasty after failed thrombolysis, 07 patients required vascular filling, and inotropic drugs were used in 05 of our patients. Mortality in our series was 23%.

**Conclusion:** Our series underscores the value of an early management of patients admitted to the acute phase of MI extended to RV, and the considerable contribution of thrombolysis as a means of revascularization and its positive impact on prognosis.