hospital care group. In addition, patient satisfaction in the CR groups, as measured in the survey, held a significant improvement in overall QoL (p = 0.000) compared to the standard hospital care group.

Conclusions: This study observed a complete disappearance of symptoms and sign of improvements in the heart beats, SBP and DBP after resistance training. This type of CR using a moderate intensity exercise programme proved to improve QoL, physical activities and worth implementing in selected categories of patients.

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Relationship of apolipoprotein E polymorphism with lipid profiles in atherosclerotic coronary artery disease
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Objective and Background: The aim was to determine the relation of apolipoprotein E (ApoE) gene polymorphism with lipid profile in patients with coronary artery diseases (CAD) and its role in prediction of the severity of carotid and coronary atherosclerosis.

Methods: One hundred patients were classified by coronary angiography: 80 patients with CAD and 20 controls (normal coronary angiography). Clinical data, carotid sonography, blood lipid profiles and ApoE genotyping (PCR-RFLP) were assessed.

Results: CAD patients had significantly increased in plasma lipid profiles and carotid intimal-wall thickness (IMT) versus controls. In CAD patients, ApoE genotypes frequencies were E3/E3 = 62.50%, E2/E3 = 18.75%, E3/E4 = 17.50%, E2/E4 = 1.25%, E4/E4 = 0.0% and E2/E2 = 0.0%. But, E3/E4 genotype was significantly higher than controls (p < 0.05). Also, in CAD patients, ApoE alleles frequencies were E3 = 80.6%, E2 = 10.0% and E4 = 9.4% but, ApoE4 alleles was associated with higher cholesterol (p < 0.05) and LDL-c (p < 0.01), while ApoE2 alleles was associated with higher triglycerides (p < 0.05) versus ApoE3 alleles. However, odds ratio of CAD patients had higher risk with E2/E3 genotypes (2.5-fold), E2 alleles (2.2-fold) and E4 alleles (2.1-fold). Moreover, CAD patients with ApoE4 alleles had significantly higher percentage of carotid IMT (1.23 ± 0.26 mm vs 1.10 ± 0.40 mm ApoE2; vs 0.97 ± 0.2 mm ApoE3 alleles; p = 0.006) and left anterior descending (LAD) coronary artery stenosis (vs ApoE2 and ApoE3 alleles; p = 0.016).

Conclusion: Ischemic patients with carotid and coronary atherosclerosis had significantly higher integration of dyslipidemia and ApoE alleles (ApoE2 with hypertriglyceridemia and ApoE4 with hypercholesterolemia and higher LDL-c). ApoE polymorphism may be important as diagnostic risk biomarker and may implicate therapeutic intervention in atherosclerotic ischemic patients.

Percutaneous coronary intervention in patients with ischemic cardiomyopathy and viable myocardium: A high dose dobutamine stress echocardiography study
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Background: The treatment of patients with ischemic cardiomyopathy is still problematic. The choice of revascularization of these patients – especially who have substantial viability – is not widely implemented due to confusion about its benefit.

Objectives: This work aimed to evaluate prospectively the response of left ventricular function to low as well as high dose dobutamine in patients with ischemic cardiomyopathy showing substantial viability, with and without improved resting left ventricular ejection fraction after coronary angioplasty.

Methods: Fifty patients with ischemic cardiomyopathy (LVEF ≤40%) and substantial viability (≥2 segments) underwent low and high dose dobutamine echocardiography before and 3 months after percutaneous coronary intervention.

Patients were divided into group 1, patients with, and group 2, patients without significant improvement in resting LVEF (5% by echocardiography) after revascularisation. The response of LVEF during dobutamine stress echocardiography was compared in these two groups.

Results: Patients were matched for baseline characteristics except for the history of myocardial infarction which was more in group 2. The CCS functional class for angina and the NYHA functional class for heart failure were both improved after PCI in both groups but with a remarkable improvement in group 1. Myocardial viability increased much more in group 1 than group 2 after PCI (6.3 vs. 4 viable segments before and 6.8 vs. 4.4 viable segments respectively after, p < 0.01). This result has an impact on LVEF in both groups. Resting, low dose and high dose dobutamine ejection fractions in group 1 as compared to group 2 were:

- 34% vs. 31%, 46% vs. 41% and 34% vs. 32% respectively, p < 0.001 before PCI while they were: 43% vs. 31%, 54% vs.44% and 56% vs. 46% respectively, p < 0.001 after PCI.

So, the improvement in LVEF (≥5%) was only found in group 1 and not in group 2.

Conclusion: The LV function was improved only in patients with improved resting LVEF and improved myocardial viability after PCI.

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Obesity in Egyptian children: Effect on cardiac function and dimensions
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Objectives: We aim to define the effect of obesity in Egyptian children on cardiac function and dimensions