patients. We sought to evaluate aspirin and clopidogrel response in elderly patients soon after PCI and on chronic maintenance treatment.

Methods and Results: We prospectively included 93 elderly patients (≥75 years) who underwent PCI from January 2008 to April 2009. All patients were treated with aspirin and clopidogrel. We used a standardized point of care assay VerifyNow® aspirin and VerifyNow® clopidogrel P2Y12 to measure aspirin and clopidogrel responsiveness with cut-offs previously validated in clinical trials. Measurements were performed in-hospital after PCI (T1) and 3-6 weeks later (T2) when the patients had been on maintenance therapy (75 mg aspirin plus 75 mg clopidogrel once a day) for at least 1 week. Aspirin non/poor responders were found in 10% of patients at T1 and in 14% at T2. Clopidogrel non/poor response was noted in 32% of patients at T1 and in 68% at T2. Changes in platelet reactivity to clopidogrel was significant from T1 to T2 (p-value=0.033 for Ht <40%).

Conclusions: The rate of biological non/poor response to dual antiplatelet therapy in elderly patients soon after PCI was close to that reported in younger patients. In contrast, there was high residual platelet reactivity under chronic treatment with 75 mg of clopidogrel (almost two-thirds).

030

Transient cortical blindness after coronary angiography: 2 cases report.

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Transient cortical blindness is rarely encountered after coronary angiography or angioplasty. This paper reports 2 cases of transient cortical blindness that occurred immediately after coronary angiography in 2 cases who admitted for ischemic heart disease. Ophthalmological examination was normal and neurological examination demonstrated cortical blindness and the absence of any focal neurological deficit. A computed tomography scan of the brain did not reveal any abnormality. Sight returned spontaneously within 2 days and their vision gradually improved. A search of the current literature for reported cases of transient cortical blindness suggested that this is a rarely encountered complication of coronary angiography and appears to probably carry no increased risk.

Impact of Niacin therapy on endothelial vasomotricity in patients with low HDL shortly after an acute coronary syndrome

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Purpose: Usefulness of Niacin in subjects with stable coronary heart disease (CHD), low HDL, and endothelial dysfunction (ED) remains controversial. Furthermore, benefits of its prescription after an acute coronary syndrome (ACS) in pts with low HDL and ED is unknown.

Methods: The EVAN-ACS study was a double-blind randomised placebo-controlled trial aiming at the evaluation of effects of Niacin on endothelial function in subjects with low HDL (<0.4 g/l) and ED who recently suffered from an ACS. Pts were screened over a 18 months period. Flow Mediated Dilatation (FMD) of the brachial artery was measured in the 7 days following the ACS, and subjects with FMD<7% were randomized either to the Treatment Group (TG) (Niacin 1000 mg/d) or to the Placebo Group (PG). After 12 weeks, new measurement of FMD was performed.

Results: 75 pts with ED were randomised. Median age was 51 (45-61) and 92.6% of the pts were men. No significant baseline difference existed between the two groups for age, gender, smoking, blood pressure, plasma lipids, CRP or FMD. After 12 weeks, FMD had significantly increased both in the TG (median absolute change: +3.6%, p<0.001) and in the PG (+2.1%, p<0.001), but the difference between the two groups was not significant (p=0.87). In the same way, CRP, LDL-C and triglycerides significantly decreased and HDL significantly increased in both groups, but these changes were not statistically different from the TG to the PG (median absolute change of CRP : -4.2 and -2.7 mg/l respectively in the TG and in the PG, p=0.63 / LDL-C: -0.3 and -0.4 g/l mmol/l or mg/dl, p=0.84 / triglycerides: -0.51 and -0.52 g/l, p=0.63 / HDL-C: +0.07 and +0.02 g/l, p=0.09).

Conclusions: In this trial, conducted in subjects with ED shortly after an ACS, FMD increased both in the Niacin treated group and the placebo group, but the extent of this rise was not significantly different. Larger studies and/or higher niacin doses are required to better address this important topic.

032

Percutaneous treatment of unprotected left main coronary stenoses with paclitaxel-eluting stents. 3-year clinical follow-up of a French prospective multicenter study: Friend Registry

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Purpose: Percutaneous treatment of unprotected left main coronary artery (ULMCA) disease is progressively gaining acceptance in light of the first results from drug-eluting stent registries or randomized trial. We thus assessed early and mid-term results of patients treated for ULMCA disease in the FRIEND registry.

Methods: After ethical committee approval and informed consent, all consecutive patients with unprotected left main stenoses treated with Taxus stents were included in a multicenter prospective study from 23 centers. Major adverse cardiac and cerebro-vascular events (MACCE) were adjudicated at 1,6,12,18 and 36 months by an independent committee. Immediate and 9-month angiographic results were assessed by a central core lab (Corysia, St-Denis, France).

Results: From December 2005 to July 2006, 151 patients (pts) were included, mean age 68 ± 11 years, 83% male, 41% unstable angina, 32% diabetes, 24% 3-vessel disease.The mean Euroscore was 4.1 ± 2.8. The LM

Abnormal aspect of the occipital lobes

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ercence diameter was 3.9 ± 0.5mm. LM lesion was non distal in 34 %, and distal in 66 % of pts. In this group, 72 % were located at the bifurcation including LAD, LCX or both ostia affected. All patients were successfully treated on the LM (sten length 15.7 ± 5.2 mm) and a final kissing balloon inflation was performed in 90%. Apart from the LM stenosis, a total of 1.2 ± 0.8 lesions were treated during the hospitalisation (total stent length 47 ± 16mm). In-hospital MACCE rate was 4.5 % with 2.6% of mortality rate ; at 9-month follow-up (FU), the global rate of event-free survival was 93.5 % with a very low angiographic restenosis rate of 3 %. Between 9 and 36-month clinical FU, there were one sudden death, 6 extra-cardiac deaths (total mortality 7%), one recurrent angina and 1 cardiac failure. Event free survival was 84 %.

Conclusion: LM PCI using the TAXUS stent is feasible and safe at long-term follow-up. Stenting deserves to be considered a safe and effective alternative to CABG in institutions performing large numbers of PCIs.

### 033

**Drug eluting stent percutaneous angioplasty**

The experience of the tertiary region of Sfax

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**Introduction:** Several clinical trials have validated the effectiveness of drug eluting stents (DES) and its benefit comparing to bare-metal stent for restenosis rate reduction after angioplasty. But the major disadvantage of DES is thrombosis. The aim of this study is to describe clinical and angiographic outcomes of DES implantation in Sfax Cardiology Departments (public and private centers).

**Patients and methods:** Our study is retrospective including 619 patients undergoing percutaneous angioplasty by 769 eluding stents during the period between juillet 2003 and June 2009.

**Results:** The mean age was 63,25 years and most patients were men (80,7%). The majority of patients (61, 6%) were diabetic. Most patients (46, 3%) had multivessels disease. Coronary lesion sites were located mainly on the left descending coronary artery at 71, 4%. The mean diameter stent was 2, 93 ± 0,37 mm, and the mean length was 26,95a 6,91mm. Coronary lesion was in the most time long (in 43,1%). We used Taxus stents in 81,4% of cases. The stenting was direct in 72,1% of procedures, and after dilatation in 22 procedures%. A post inflation was achieved in 11,3% of procedures. The mean of pressure inflation was 14, 29 mmhg. The angiographic success was noted in 100%. The mean follow-up was 18, 26 months. Acute instant thrombosis occurred in 3,7% (23 patients/619 patients). One case of acute thrombosis, 21 cases of subacute thrombosis, one case of late thrombosis, no case of very late thrombosis was noted. On the follow up , an angiographic control was performed in 8,3% des cas (49 patients). A restenosis in stent was noted in 16% and new lesions were noted in 3,6% of cases. MACCE rate was 10,2% with 2,5% of mortality.

**Conclusion:** The high price of drug eluting stents relative to bare stents has been an obstacle to widespread utilization of drug eluting stents in our territory. Despite this heavy burden of disease, the optimal management of ACS in this patient population is unknown. Our goal was to compare the effect of coronary revascularization or medical therapy alone on the long-term survival of patients with CKD presenting with STEMI. From 2005 to 2007, data were prospectively collected on 231 patients admitted to a coronary care unit with the diagnosis of STEMI. Of these, 112 had preserved renal function, and 119 had significant renal dysfunction, as defined by the National Kidney Foundation in the Kidney Disease Outcomes Quality Initiation classification of kidney function as an estimated glomerular filtration rate of <60 ml/min/1.73 m2).

**Objective:** To determine whether creatinine clearance at the time of hospital admission is an independent predictor of hospital mortality and adverse outcomes in patients with ST-segment elevation myocardial infarction (STEMI).

**Patients:** 231 patients hospitalized with STEMI in our institution between January 2005 to December 2006.

**Results:** Patients with BRD were older, were more likely to be women, and presented to with more comorbidities. Patients with BRD had presented more ischemic atrial fibrillation (p=0.033). A greater number of patients with BRD had impaired left ventricle systolic performance, so this patients had more presented acute heart failure (p=0.008), and cardiogenic shock (p=0.017).

**Conclusion:** In patients with ACS, creatinine clearance is an important independent predictor of hospital death.

### 035

**Analysis of long-term survival after revascularization in patients with chronic kidney disease presenting with ST elevation myocardial infarction.**

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Ischemic heart disease is the most common cause of death in patients with chronic kidney disease (CKD). Patients with CKD who develop an ST elevation myocardial infarction(STEMI) have a poor prognosis, with >70% morbidity and mortality at 2 years. Despite this heavy burden of disease, the optimal management of ACS in this patient population is unknown. Our goal was to compare the effect of coronary revascularization or medical therapy alone on the long-term survival of patients with CKD presenting with STEMI. From 2005 to 2007, data were prospectively collected on 231 patients admitted to a coronary care unit with the diagnosis of STEMI. Of these, 112 had preserved renal function, and 119 had significant renal dysfunction, as defined by the National Kidney Foundation in the Kidney Disease Outcomes Quality Initiation classification of kidney function as an estimated glomerular filtration rate of <60 ml/min/1.73 m2).

Long-term survival was assessed and outcomes were compared according to whether patients were treated with medical therapy alone or if they underwent a percutaneous or surgical revascularization procedure. Follow-up information was available in 68 patients up to 1 year after the index hospitalization. Of the 119 patients with significant renal dysfunction, ten underwent coronary artery bypass surgery, 7 underwent percutaneous coronary revascularization, eight underwent a diagnostic cardiac catheterization and were subsequently treated medically. Percutaneous coronary revascularization was associated with superior long-term survival. Surgical revascularization was an independent predictor of MACCE at one year after index hospitalization (p=0.03, HR= 2.760; 95% CI 1.103-6.920).

In conclusion, patients with severe CKD and STEMI had improved long-term survival when treated with percutaneous coronary revascularization.