SHA 61. Carotid artery disease in asymptomatic patients

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patients with prior PCI had a worse outcome post CABG than those with no PCI.

Tracks: Adult Cardiology.

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SHA 61. Carotid artery disease in asymptomatic patients
Dr. Mohamed Abdulwahab, Alhasil Assistant Consultant,
Dr. Abdulaziz Albaradate, Consultant Cardiac Surgery
KFMC

Objectives: Stroke has been the most feared of the peri-operative complication of cardiac surgery especially with significant carotid disease >70%. This study was conducted to evaluate if there is any benefit of CEA with concomitant CAD for CABG.

Methods: Retrospective chart review of 100 patients with asymptomatic high grade carotid artery stenosis (>70% undergoing CABG + valve surgery) during 9-years period. Those patients are divided into two groups: Group A (CABG + CEA): 33 patients had prophylactic CEA (either staged or combined) along with CABG + valve surgery with prophylactic CEA. Group B (CABG): 67 patients had only CABG + valve replacement without prophylactic CEA. The data of the two groups were collected and analyzed.

Results: Demographic data in both groups is identical. No significant difference in the incidence of stroke rate in both groups. Bilateral carotid artery disease with good communication between anterior and posterior intracranial circulation as proved by MRA and MR1 has the same result of unilateral significant carotid artery disease.

Conclusion: Prophylactic CEA is unnecessary in asymptomatic patients. In bilateral carotid artery disease: MRA and MRI should be considered to evaluate communication between anterior and posterior intracranial circulation.

Tracks: Cardiovascular Surgery.

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SHA 62. The role of delayed contrast-enhanced cardiac magnetic resonance in the differential diagnosis between myocarditis and myocardial infarction
Dr. Husnat Ahmed, Assistant Consultant,
Dr. Naseem Mohammed, Assistant Consultant,
Dr. Ahmed Alsaileek, Consultant
KACC

Objectives: A number of different conditions can present with symptoms similar to acute coronary syndrome (ACS). Even after coronary angiography has been performed, differential diagnosis can be challenging. The aim of this study was to evaluate the utility of delayed contrast-enhanced cardiac magnetic resonance (CMR) for differentiating between myocarditis and myocardial infarction (MI) in patients presenting with acute chest pain syndrome.

Methods: We studied 15 consecutive patients (age 27 + 10 years, 87% males) presented with acute chest pain, elevated cardiac markers and normal coronary angiography. Delayed-enhanced CMR examinations were performed within 4 weeks after patient admission. Myocarditis was ascertained by the presence of sub-epicardial and scattered intra-myocardial delayed enhancement. MI was ascertained by subendocardial enhancement with variable degrees of trans-mural involvement. In patients with no enhancement, the diagnosis was uncertain.

Results: The provisional diagnoses were ACS in nine (60%) and myocarditis in six (40%) patients. Of the nine patients with suspected ACS, only two proved to have ACS on CMR. The remaining seven patients all had CMR features of myocarditis. Of the six patients with suspected myocarditis, one had ACS, four had myocarditis, and one had unclear diagnosis. Of the 15 patients, CMR helped to confirm or defer the diagnosis in eight (53%) patients presenting with acute chest pain syndrome, and normal coronary angiography.

Conclusion: We demonstrated that delayed contrast-enhanced CMR allows differentiation between myocardial infarction and myocarditis in patients presenting with possible ACS and normal coronary angiography. This, in turn, helps planning the long term therapeutic strategies and redefines the patient future risk.

Tracks: Cardiac Imaging.

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SHA 63. The incidence of carotid disease in patients undergoing coronary bypass surgery
Dr. Mohammed S. Koudieh, Consultant Cardiac Surgeon,
Dr. Hamoud Y. Obeid, Assistant Consultant Cardiac Surgeon,
Dr. Asim Miari, Assistant Consultant Cardiac Surgeon
KFMC

Objectives: The purpose of this study was to evaluate the true incidence and the risk factors associated with carotid disease in the sitting of high risk patients population undergoing coronary artery bypass graft (CABG) using carotid duplex scan and to find out if routine preoperative carotid duplex scan is needed among all these patients.

Methods: This retrospective study included 402 consecutive patients who were admitted for CABG during the period from January 2006 to December 2008. Bilateral carotid duplex scan was done in all patients except those who were in cardiogenic shock and sent to operating room as emergency.

Results: The prevalence of associated risk factors showed diabetes mellitus recorded the highest (93.3%) whereas peripheral vascular disease the lowest (1.7%), hypertension (89.3%), dyslipidemia (72.6%), smoker (21.1%), left main disease (4.7%), and previous stroke (3%). Patients undergoing CABG has high incidence of carotid disease (68.7%) and severe stenosis is more in patients aged 60 and above (13.5%) versus (2.3%) in age 60, previous stroke and left main disease.

Conclusion: This study showed that, carotid screening is recommended for all patients undergoing CABG due to high incidence of carotid disease.

Tracks: Cardiovascular Surgery.

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SHA 64. Silent ischemia in patients with diabetes
Dr. Asim Hassan
Clinical Director/Consultant Endocrinologist, King Saud University