only. We hypothesize that patients (pts) undergoing HRMV-PCI will have acceptable one year major adverse cerebral and cardiac event (MACCE) rates when compared with pts on MT only.

Methods: Retrospective chart review was performed from 2005 till 2007. We included patients deemed high risk for CABG, underwent HRMV-PCI and compared data with patients who received MT only. Syntax and Logistic Euro-score were calculated in all pts. The groups were followed for one year and data on MACCE were also collected.

Results: The cohort consisted of 86 pts. HRMV-PCI, and MT was performed in 67, and 19 pts respectively. Mean age was 65 years with males comprising 72% of the total cohort. Majority of pts (96%) had a recent acute coronary syndrome.

Logistic Euro-score showed significant difference when HRMV-PCI was compared with MT (21.6 vs. 15.6; P = 0.04). There was no difference in syntax scores when HRM-VPCI was compared with MT (31.1 vs. 37.1; P = 0.07). One year MACCE rate in the HRM-VPCI and MT group was 22.4%, and 26.3% respectively (P = NS).

MACCE rate was primarily driven by target lesion revascularization in the HRMV-PCI arm.

Conclusions: PCI is a viable alternative for revascularization in patients with Multi-Vessel Disease not suitable for surgical revascularization. In our study, PCI was performed in a high risk subset of pts based on the calculated syntax and Euro-score. Both PCI and Medical Therapy showed similar outcome over one year follow-up.

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SHA 069. One year clinical outcomes of patients undergoing multi-vessel PCI who are considered poor candidates for CABG: A single tertiary care center experience

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Objectives: Numerous clinical trials have established the feasibility of multi-vessel PCI in selected patients (pts). There is limited data, especially from the Middle East, on pts in which surgery was deemed too high risk and multi-vessel PCI was performed. We hypothesize that multi-vessel PCI can be performed in such pts with acceptable one year major adverse cerebral and cardiac event (MACCE) rates.

Methods: Chart review was performed from October 2005 till December 2007. Pts that were considered poor surgical candidates and underwent multi-vessel PCI were included in this retrospective cohort analysis. Data was collected on demographic variables, clinical features, Logistic EuroSCORE and Syntax score. These pts were followed for one year and data on MACCE was also recorded. Statistical analysis was performed on SPSS 16.0 software.

Results: Sixty seven pts were treated with multi-vessel PCI. Mean age was 64 years with males comprising 70% of the cohort. All pts had recent acute coronary syndrome. Previous history of DM, HTN, tobacco abuse and dyslipidemia was present in 76%, 76%, 28% and 61% of pts respectively. Seven patients were clinically in acute cardiogenic shock. Triple vessel disease was found in 90% of the pts. CABG was refused due to poor coronary targets secondary to diffuse CAD and significant co-morbidities in 36 (54%) and 21 (31%) pts respectively. Mean logistics EuroSCORE and Syntax score was 21.6 and 31.1 respectively. PCI was successfully performed in all pts. At one year follow-up there was one reported death (1.5%) and four non-fatal MI (5.9%). Overall one year MACCE rate was 22.4% primarily driven by target lesion revascularization in 10 pts (14.9%).

Conclusions: This pilot study from the Middle East of Saudi patients who are not good candidates for surgical revascularization, demonstrates that multi-vessel PCI of patients with significant co-morbidities and high syntax scores can be a reasonable alternative to CABG with acceptable one year MACCE rates.


SHA 070. Coronary artery pattern in patients with transposition of great arteries and commissural malalignment

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Introduction: In patients with transposition of great arteries (TGA) the anatomy of coronary arteries play a crucial role in the surgical management as well as the outcome. The presence of commissural malalignment between the semi lunar valves (pulmonary and aortic valves) may be associated with abnormal coronary artery pattern in these patients.

Objectives: To assess the coronary artery pattern in patients with TGA and commissural alignment or malalignment.

Method: Retrospective data analysis of all patients who had a diagnosis of TGA during the period from July 2001 till June 2010. Patients with simple TGA as well as those with TGA and ventricular septal defect (VSD) were included. Patients who had no pre-operative echocardiographic exams in our database as well as those with no clear echo images preoperatively were excluded. Complex TGA cases were also excluded.

Results: 161 patients were identified to have TGA with or without VSD. Thirty-six patients did not fulfill the inclusion criteria. Seventy-nine patients (63%) had TGA with Intact ventricular septum, 43 (34.4%) had TGA with VSD, and 3 patients (2.4%) had TGA/VSD and left ventricular outflow tract obstruction. Ninety-five patients (76%) had usual coronary artery pattern. 67 patients (54%) had malaligned commissures.

Abnormal coronary artery pattern was found in 26 patients (39%) of those with malaligned commissures compared to only 4 patients (7%) in the group who had aligned commissures. The Sensitivity of having abnormal coronary artery pattern with malaligned commissures was 87%, specificity was 57. The likelihood ratio was 2.

Conclusion: Malaligned commissures in patients with TGA is a predictor of abnormal coronary artery pattern.

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SHA 071. Adult congenital heart disease – “Do's and Dont's” – Patient educational needs

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Abstract: Congenital Heart Disease – CHD – is a heart abnormality that is present at birth. Adult patients with CHD are the