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Posters

Sivaraj J Govindasamy et al., J Clin Exp Cardiolog 2017, 8:9(Suppl)
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Is thoracotomy better than median sternotomy in single vessel coronary bypass surgery?

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Heart disease incidence increases with advancing age. Patients with single vessel disease can undergo coronary bypass graft surgery (left internal mammary artery to left anterior descending coronary artery) with the approach of median sternotomy or left anterior thoracotomy. Left anterior thoracotomy approach is used in the hope of achieving a less invasive operation. A total of 53 cases of single vessel coronary artery bypass graft (CABG) surgeries (left internal mammary artery to left anterior descending coronary artery) were performed at the National Heart Centre, Singapore between October 2009 and November 2011. We performed a retrospective study on all 53 patients to compare surgical and post-surgical outcomes for single vessel CABG using two surgical approaches: median sternotomy (MS) and left anterior thoracotomy (LAT). 25 cases were performed using the left anterior thoracotomy approach and 28 cases were performed using the median sternotomy approach. Two cases (8%) were converted from left anterior thoracotomy approach to median sternotomy. The average Euroscore-2 among all cases was 1.43; left anterior thoracotomy, 1.04; and median sternotomy, 1.72. Extubation rates did not differ significantly between LAT and MS in the OT, or at 6 or 10 hours post-surgery. The longest intubation was 22 hours among MS cases and 18 among LAT cases. One MS patient was re-intubated. Preoperative creatinine >110 μmol/L occurred in 25.0% of MS cases compared to 20.0% for LAT (NS); 17.9% of MS cases had higher postoperative creatinine compared to 0.0% of LAT (p=0.053). One of the MS case required Lasix infusion for acute renal failure and another required dopamine. No case in either group required dialysis. One LAT case experienced atrial fibrillation compared to three MS cases (NS). At six months post-surgery 12.0% of LAT and 21.4% of MS cases had not fully recovered (NS). 72% of LAT cases were not home by POD6 compared to 50% of MS cases (p=0.013). Of seven LAT cases, four were not discharged due to logistics or social reasons. No significant differences were found between LAT and MS for ventilation duration, ICU stay, or hospital stay. However, after adjustment for confounders, a significant difference (p=0.033) was exhibited between procedures for blood loss (ml) (MS, 333; LAT, 230). The main finding of this report is that single coronary revascularization can be performed in a significant number of patients via the thoracotomy approach, giving similar results to that of the median sternotomy approach. In our single centre study, during a minimum period follow up of one year, morbidity and mortality were comparable. In conclusion, left anterior thoracotomy approach for LIMA-LAD shortened both hospital and ICU stay. Benefits of less pain and earlier return to work cannot be understated from the left anterior thoracotomy approach.

Biography

Sivaraj J Govindasamy has completed his MBChB from MBChB at University of Glasgow, UK and MRCS at Royal College of Surgeons Edinburgh, UK. He works as Senior Resident in Department of Cardiothoracic Surgery, National Heart Centre Singapore. He is in the 4th year of Cardiothoracic Surgery Residency training program at National Heart Centre Singapore.

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Berna Akay et al., J Clin Exp Cardiology 2017, 8:9(Suppl)
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The effect of education, telephone monitoring on self-efficacy and shock anxiety of implantable cardioverter defibrillator patients

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Aim: The purpose was to investigate the effects of education, telephone monitoring on self-efficacy and shock anxiety of implantable cardioverter defibrillator patients.

Methods: Between February and September 2016, 65 patients who were hospitalized for ICD admission and who were waiting to be discharged after ICD were assigned to randomized intervention (n=33) and control (n=32) groups at the Cardiology Clinic of Education and Research Hospital in Istanbul. The investigation was approved by the ethics committee. Both groups were informed about the research and written approval was obtained. A training booklet about ICD prepared by individual training was given to intervention group. Telephone monitoring was done once in two weeks for three months then once a month. No attempt was made to the control group. In the third and sixth month controls of both groups, self-efficacy and expectation outcomes after the ICD implantation scales, Florida shock anxiety scale were administered.

Results: 76.9% of the patients (n=50) were male, aged between 18 and 79 years and mean age was 55.80±15.55. The 6th month self-efficacy scores were statistically higher at significant level in the intervention group than the control group (p=0.034). The increase in the 6th month scores was statistically significant in both groups compared to 3rd month scores (p=0.001).

Conclusions: According to the results, it was seen that the attempt increased the self-efficacy and expectation outcomes and did not affect the shock anxiety. The fact that shock anxiety in shocked patients is higher than in the ones who are not shocked suggests that different attempts for shock anxiety should be planned.

Biography

Berna Akay has completed her MSc from Ege University. She is a PhD student at Marmara University, works as a Lecturer at Bandırma Onyedi Eylül Üniversitesi, Faculty of Health Sciences in Internal Medicine Nursing department.

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Hajime Kataoka, J Clin Exp Cardiolog 2017, 8:9(Suppl)
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Rationale of chloride hypothesis for explanation of the activity of neurohormonal systems in heart failure pathophysiology: Literature review

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Until recently, most studies focused on the body fluid dynamics in heart failure (HF) pathophysiology through the control of sodium, potassium, and water balance in the body, and through the regulation of solutes and water by the renin-angiotensin-aldosterone system (RAAS) and antidiuretic hormone (ADH) to maintain arterial circulation. Chloride, despite flanking sodium as its anionic counterpart in salt, has remained largely ignored, presenting in the medical literature and in clinical practice as an afterthought to the more popular electrolytes sodium and potassium, or simply as a substitute for bicarbonate to preserve electro-neutrality. I recently demonstrated that changes in vascular volume are independently associated with the serum chloride concentration during worsening HF and its recovery. Based on these observations and the established central role of chloride in the RAAS, I have proposed a unifying hypothesis of the chloride theory for HF pathophysiology, which states that changes in the serum chloride concentration are the primary determinant of changes in plasma volume and neurohormonal activity under worsening HF and its resolution. Though speculative interaction between changes in serum chloride concentration and neurohormonal systems has been given to the proposed hypothesis, it is unknown whether their interactions would correctly work under this hypothesis. Thus, the present study aimed to determine a scientific rationale of chloride hypothesis for explanation of the activity of neurohormonal systems, mainly the RAAS and ADH axis, in HF pathophysiology through the current literature review.

Biography

Hajime Kataoka works as a Cardiologist and as a Physician-Scientist at Nishida Hospital, Oita, Japan. He obtained his MD degree from Kagoshima University in 1977 after which he completed specialty training in Cardiology. He has developed diagnostic methods for body fluid retention by using thoracic ultrasonography searching for pleural effusion and by using body weight/fat analyzer for monitoring of body fluid status. Recently, he is investigating the body fluid status and cardio-renal interaction in heart failure pathophysiology. He served as an Editorial Board Member of World Journal of Cardiology and Case Reports in Cardiology.

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Lomtatidze G et al., J Clin Exp Cardiolog 2017, 8:9(Suppl)
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Detection and potential risk of early repolarization syndrome in Georgian athletes

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Background: Cardiovascular-related sudden death is the leading cause of mortality in athletes during sport. Results of several studies showed presence of potential arrhythmogenic effect of early repolarization syndrome (ERS).

Purpose: Taking into consideration high incidence of this syndrome among young athletes, we studied topicality and potential arrhythmogenic risk of ERS in Georgian athletes.

Methods: From examined subjects we selected group of 113 active professional rugby players. Examination included: collection of anthropometric and anamnestic data (history of syncope/pre-syncope or idiopathic arrhythmias, family history of unexplained sudden death), also risk factors detection: alcohol and tobacco consumption etc.); standard ECG, 24-hour ECG monitoring, treadmill test, ultrasound examination of the heart (detection of valvular pathologies, septal hypertrophy and/or defects, left ventricular hypertrophy).

Results: We detected early repolarization syndrome in 48% of examined athletes, mean values were: age 25.4±4.4 years, BMI 28.1±2.1 kg/m2, and duration of sport activity 13.3±4.1 years. Normal BMI has 10%, overweight/obesity 77 and 13% respectively. Normotensives were 95%, hypertension was detected in 15% (mild 10/moderate 5%), left ventricular hypertrophy occurred in 31% (eccentric 25/concentric 6%), concentric remodeling in 50%, normal geometry in 20%. Family CVD history had 11%, mild tobacco and alcohol consumption noticed 12/28%, and town/village residents were 84/16% respectively. Occurrence of valvular disorders was not high: mitral valve prolapses in 6%, mild mitral/aortic regurgitation in 6/9%, false tendons in 2%, atrial septal aneurysm/patent foramen ovale in 1%. 24-hour ECG monitoring revealed bradycardia in 50%, frequent episodes of sinus arrhythmia in 35%, rhythm migration in 2%, Supraventricular arrhythmias in 5% (frequent), I-II degree AV block in 2%, short PR interval in 4%. ERS patterns were: we detected Caucasian ERS type in 35%, notched and slurred in 30 and 10% respectively, anterior localization was present in 50%, antero-lateral in 50%, horizontal/descending ST type had 4%, mean amplitude of ST elevation was 182,5± 49,4 μV. Treadmill test was negative in all cases and does not revealed any exercise-induced arrhythmias. Examined subjects did not present any complains, history of syncope/pre-syncope, idiopathic arrhythmias, familial sudden death history.

Conclusions: At this stage of the study, we did not detect any severe structural and hemo-dynamical changes of heart, life-threatening arrhythmias, or predictors of sudden death associated with early repolarization syndrome in athletes. Data of our study suggest that ERS patterns observed in Georgian athletes are not associated with arrhythmogenic risk and sudden death.

Biography

Ketevan Chagunava worked as Cardiologist at Tbilisi N1 Clinic Hospital; as Head Doctor of Out-Patient department at Private Cardiological Clinic VAGI, as Cardiologist and Radiologist, Senior Scientific Researcher of Department of Methods of Functional Diagnostic at National Center of Therapy, where she completed her PhD. She works as Cardiologist and Head of Department of Functional Methods of Diagnostic at new hospitals and main research staff at Ivane Javakhishvili Tbilisi State University. She has published more than 40 articles in reputed journals and has more than 25 poster presentations at various international conferences. She has been serving as Deputy Chief Editor of the journal *Gerontology and Geriatric*.

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Yubi Lin, J Clin Exp Cardiolog 2017, 8:9(Suppl)
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SCN5A mutants associated with familial cardiac sodium overlap syndrome characterized as sick sinus syndrome, atrial fibrillation, Brugada syndrome, and progressive conduction disease

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Objective: We identified familial arrhythmia in a Chinese family and investigated the genetic mechanisms.

Method: Genetic analysis was conducted in the coding and splicing regions of genes susceptible for cardiac arrhythmia diseases. A functional study of novel mutants was performed in human embryonic kidney 293 cells (HEK293).

Results: We identified a rare double mutant of SCN5A, R965C and R1309H. R965 and R1309 residues are highly conserved across all species. Furthermore, R965C is associated with Brugada syndrome. Compared to wild-type (WT) cells, Na+ current density was markedly reduced by 76% in cells carrying the R1309H mutant at membrane potentials ranging from −50 mV to −10 mV. The slope of R1309H-carrying cells was significantly less steep than that of WT cells ($P<0.001$). Steady-state inactivation of R1309H cells was significantly left-shifted from that of WT cells at test potentials of −100 mV to −80 mV. The voltage of half-maximal inactivation for R1309H cells was significantly left-shifted by ~11.22 mV from that of WT cells ($P<0.01$).

Conclusions: While the SCN5A R965C mutant appears solely related to Brugada syndrome, the R1309H mutant causes significant loss of function of the Nav1.5 sodium channel, which is potentially a key mechanism underlying familial CSCOS.

Biography

Yubi Lin has completed his PhD from Jinan University and Postdoctoral studies from Guangdong Cardiovascular Institute, Medical School of South China University of Technology. He is the Chief Expert of Guangdong Province Family Doctor Association Telemedicine and the expert committee member of CMIA Remote Heart Monitoring Professional Committee of China. He has published more than 27 papers in reputed journals and has been serving as an Editorial Board Member of repute.

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Saad Ahmad, J Clin Exp Cardiolog 2017, 8:9(Suppl)
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Assessing the reliability of the rapid access chest pain clinic in the diagnosis of patients with coronary artery disease

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Introduction: Rapid Access Chest Pain Clinic (RACPC) is a concept that has been common place all across the UK for the best part of two decades. The service is primarily aimed at facilitating the assessment of patients with a low to medium risk of coronary heart disease. Exercise tolerance testing (ETT) is deployed in this setting and is thought to be an easy and inexpensive way to investigate those not known to have coronary artery disease previously. Though not a perfect test in comparison to gold-standard angiography, it is thought to be cost-effective in early detection. The aim of this project is to assess the reliability of the service at a district general hospital.

Aim: Aim of this study is to critically analyse and assess how effective and reliable the rapid access chest pain clinic is in identifying patients with coronary heart disease.

Methods: A retrospective analysis was performed which reviewed all patients who were referred to our rapid access chest pain clinic over a six-month period, between the 1st of January to the 30th of June 2016. Individual patient journeys were then followed up to see what further tests and treatments were done. This entailed seeing which patients had angiography on the back of what sort of ETT (positive/negative/equivocal) and what the angiography showed. In the event of significant coronary artery disease, a patient's timeline was traced forward even further to assess whether or not they underwent percutaneous intervention or bypass surgery.

Results: A total of 487 patients attended the RACPC in the time period specified. 40 (8%) of these patients were thought to have a positive test in view of significant ST segment deviation on ETT. Each of these patients was then referred to a cardiologist and subsequently had coronary angiography. 331 (67%) patients had a negative ETT and were discharged back to the referring primary care doctor. 77 (16%) patients had an inconclusive test and were referred to a cardiology clinic for further evaluation and consideration of alternative investigation for coronary ischemia in the form of a myocardial perfusion scan or coronary angiogram. Of the 40 positive tests, normal coronary arteries were seen on angiography in seven cases and this equates to a false positive rate of 17.5%. Of the 331 negatives, only five ultimately had a coronary angiogram having made their way back to cardiology clinic after re-referral. Three of these patients had a significant degree of coronary artery disease whilst the remaining two didn't. This represents a false negative rate of <1% which is not bad! The majority of patients with angiographically-demonstrated CAD underwent revascularization (PCI/CABG).

Conclusion: RACPC is a hugely cost-effective service in helping filter patients with suspected coronary artery disease. It perhaps holds a superior negative predictive value considering a much lower false negative percentage on the basis of our small study. Nonetheless, the relatively high false positive rate shouldn't be too alarming considering that positive ETTs are far outnumbered by negative ones. As an initial measure to streamline coronary patients, the service is exceedingly simple and cost-effective.

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The relationship between emotional intelligence and job satisfaction in nurses of the care unit of the cardiology heart care center of Rasht in 1395

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Introduction: Heart-intensive care units are due to their special nature in stressful environments. Nurses play a vital role in providing care and treatment services at special centers and therefore their job satisfaction is very important. Many factors, including individual factors such as emotional intelligence can affect job satisfaction. Therefore, measuring this connection is necessary.

Objectives: This is a descriptive-correlational study in order to determine the relationship between emotional intelligence and job satisfaction of nurses in CCU and ICU of open heart surgery.

Materials & Methods: The research environment was Heshmat Hospital of Rasht, the CCU and ICU of the open heart surgery. Samples were all of these two units (N=99). To collect data were used from the demographic, Dunte's job satisfaction, emotional intelligence of Shinging questionnaires. The results of this study were analyzed by descriptive statistics, Spearman, Chi-square Tests was done in SPSS version 16.

Results: The results showed that the mean and standard deviation of emotional intelligence was 85.84±28.12, and job satisfaction was 198.88±30.79. Due to the lack of normal distribution of data, Spearman is used to indicate that there is a negative relationship between emotional intelligence and job satisfaction (r=-0/4 P=0.000)), which means that with increasing emotional intelligence, job satisfaction decreases.

Conclusion: According to the results, it seems that increasing the level of emotional intelligence of nurses decreases the level of their job satisfaction. Therefore, attention should be paid to organizational solutions that can be applied to their job satisfaction.

Biography

Khaleghdoost Mohamadi T has completed her MS from Shahid Beheshti University of Medical Sciences at Tehran. She is Nursing Instructor, faculty member and Social Determinants of Health Research Center (SDHRC). She has published more than 20 papers in reputed journals.

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Familial sudden cardiac death caused by DSG2 mutation as genetic backgrounds: Whole exome sequencing and valid therapy of catheter ablation

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Objective: We performed a clinical and genetic study in a family of arrhythmogenic right ventricular cardiomyopathy/dysplasia (ARVC/D) with history of sudden cardiac death (SCD).

Materials & Methods: Use emergency electrocardiograms and ICD monitoring to record. The Whole Exome and Sanger sequencing were performed using peripheral blood. The genes predisposing to cardiomyopathies and arrhythmias were screened for potential pathogenic mutations. Electrophysiological examination and catheter ablation for MVT induced repeat ICD electrical storms were performed.

Results: The patient III:1 of ARVC/D carried heterozygous mutations of DSG2 p.F531C and KCNE5 p.D92E/E93X, which were inherited from her mother (II:2) died of SCD. The carriers with DSG2 p.F531C were showed with aggravated phenotypes of ARVC/D and DCM. For III:1, there were significant epicardial and low-voltage regions in the inferior-apical, inferior-lateral and outflow tract of right ventricle. The MVT was successfully ablated with epicardial-endocardial approach targeting for late, double or fragmental potentials after ICD electrical storms, under the guidance of three-dimensional mapping system. No VT recurrence was observed during one year follow-up.

Conclusions: DSG2 pathogenic mutation detected by whole exome sequencing was found to be an important genetic background predisposing to SCD, ARVC/D and MVT, which was successfully ablated by epicardial-endocardial approach.

Biography

Yubi Lin has completed his PhD from Jinan University and Postdoctoral studies from Guangdong Cardiovascular Institute, Medical School of South China University of Technology. He is the Chief Expert of Guangdong Province Family Doctor Association Telemedicine and the expert committee member of CMIA Remote Heart Monitoring Professional Committee of China. He has published more than 27 papers in reputed journals and has been serving as an Editorial Board Member of repute.

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Atefeh Ghanbari et al., J Clin Exp Cardiolog 2017, 8:9(Suppl)
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Comparison of peripheral intravenous catheter complications during 72 and 96 hours after insertion in heart surgery ward's inpatients in Iran, 2016

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Intravenous catheterization is the most common invasive procedure among hospitalized patients that can accompany with complications. Existent evidence to assist nurses to determine exact catheter indwelling time to reduce complications is rare. This study aimed to determine peripheral intravenous catheter complications during 72 and 96 hours after insertion. This clinical trial study was conducted on heart surgery ward inpatients of DR. Heshmat educational-therapeutic center in Rasht. 123 patients with inclusion criteria were chosen by block randomization. Catheter insertion site was assessed by surgery ward nurses using Infusion Nurses Society scales on assessment of leaking, infiltration and phlebitis and also assessing signs of obstruction. If signs of complication weren't observed, catheters were assessed up to 72 hours in control group and up to 96 hours in intervention group. Data were analyzed by descriptive statistics such as frequency, mean and standard deviation and inferential statistics such as Chi square, Mann Whitney, Fisher's exact test, Kruskal Wallis and logistic regression. Data analysis was performed by SPSS version 22. There was no significant between two groups regarding prevalence level of phlebitis, infiltration, leakage and obstruction. But comparing complications in two groups of control and intervention before and after 72 hours showed significant statistical difference (phlebitis p=0.0001, infiltration and leakage p=0.014, obstruction p=0.002). This complications were less in catheters in intervention group during 72-96 hours. Result of this study indicate that catheters can keep in site if hadn't complications to 72 hours. It seems that with assessment of intravenous lines using standard scales of assessing catheter insertion site, unnecessary catheter changes can be prevented. Therefore, patients experience less pain and nurses' time and equipment will be saved.

Biography

Atefeh Ghanbari has completed her MSc in Nursing from Tehran University of Medical Sciences and PhD from Tabriz University of Medical Sciences. She has published many articles in different journals. She is Editorial Board Member in *Nursing and Midwifery Journal* in Iran.

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Activity of daily living after CABG

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Introduction: CABG and use of cardiopulmonary bypass pump and severity of surgery can effect on patient's ability to do activities of daily living.

Objective: To determine the status of activities of daily living and related factors in patient undergoing CABG.

Methods: In this cross-sectional study, 139 patients were selected by convenience sampling method and in three stages: before CABG, discharge and one month after CABG using a questionnaire including personal characteristics and related to disease, Charlson disease criteria, questionnaire of daily living activities and instrumental activities of daily living, standard questionnaire of hospital anxiety and depression and cognitive disorder questionnaire. Data were analyzed by Mann-Whitney, Kruskal-Wallis, and Wilcoxon. Logistic regression was used to determine related factors of ADL.

Results: Findings showed majority of subjects were independent to do ADL in preoperative period (99.3%), in discharge time (70.5%) and one month after that (94.3%). Majority of subjects were independent to do IADL in preoperative period too (76.3%), but after one month 88.4% of them were independent to do IADL. In addition all of the subjects had depression in discharge time. The regression showed that the activities of daily living about a month after surgery, the number of children less than 2 (OR=14.62, C.I.95%=1.76-121.37, P=0.01) and aortic clamping time less than 60 minutes (OR=0.1, C.I.95%=0.01-0.97, P=0.04) were among predictive factors.

Conclusion: Based on results most cases needed help. Thus, the rehabilitation of these people should be considered.

Biography

Ezzat Paryad has completed his MSc in Nursing from Guilan University of Medical Sciences in Iran. She is Instructor in Nursing Department and teach about cardiac surgery perioperative care. He has published more than 15 papers in reputed journals and has been serving as an Associate Editor of *Holistic Nursing & Midwifery Journal*. She wrote three books about care of the patients before and after cardiac surgery in Persian.

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An unusual case of acute stent thrombosis: A review of a rare cause of acute stent occlusion

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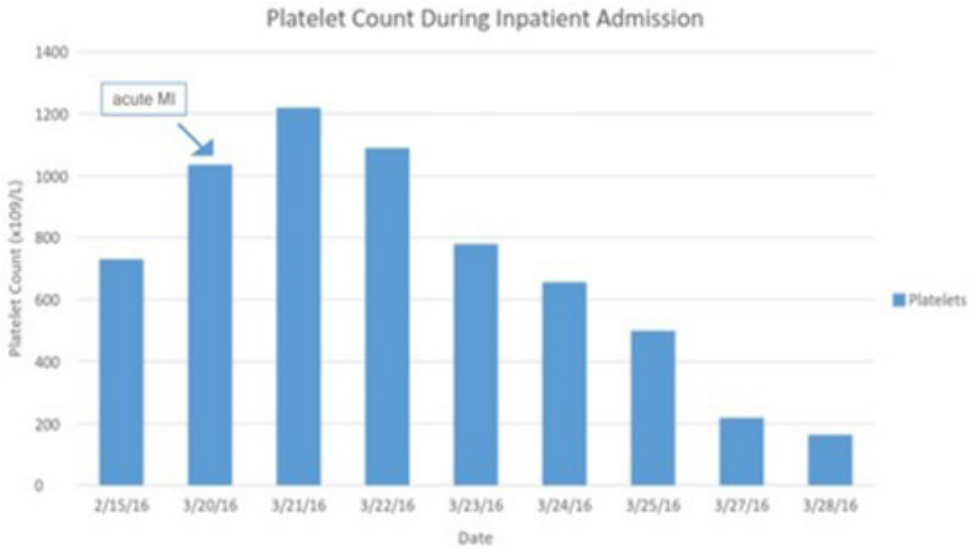
We present a case of a 55-year-old woman diagnosed with an ST-elevation myocardial infarction, on the background of receiving chemotherapy for metastatic ovarian cancer. She underwent primary angioplasty followed by a repeat angioplasty two hours later due to acute stent thrombosis. She also developed an acute ischaemic right index finger consistent with a likely embolic event. She was subsequently diagnosed to have acute severe thrombocytosis. Acute stent thrombosis is a rare complication with an incidence of between 0.1 – 0.5%. The common causes of acute stent thrombosis are suboptimal stent deployment, under-sizing of the stent or accidental discontinuation of anti-platelet treatment. In this case, our patient had no identifiable cardiovascular risk factors, and it may be possible that the initial event may also have been due to severe thrombocytosis. The systemic anti-cancer treatment she was receiving at the time was not known to be associated with increased cardiovascular risk. The recurrent stent thrombosis that occurred in this setting was, however, likely due to the significant reactive thrombocytosis. The underlying cause of the thrombocytosis is critical in determining the appropriate management of the condition. In this case, the aetiology is a subject for debate and may not be solely attributable to being secondary to the cardiac event. The observed thrombocytosis could potentially be explained by the side effect of gemcitabine-induced thrombocytosis or an inflammatory reaction from the primary cancer. This case highlights the role of exploring a broad differential diagnosis in cases of recurrent acute stent thrombosis, and is a very rare case of reactive thrombocytosis in a patient on systemic anti-cancer treatment presenting as a myocardial infarction. It highlights the benefits of inter-specialty liaison for delivering better patient care especially in complicated treatment regimes for a number of disorders in various medical specialties.



Biography

Johan Aris Chandran (MA, MB BChir) is currently a core medical trainee at the Princess Alexandra Hospital, UK and intends to pursue cardiology as a future career.

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Lysia Gressida et al., J Clin Exp Cardiolog 2017, 8:9(Suppl)
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Mineral water rich in bicarbonates reduces serum cholesterol in moderate risk cholesterol males

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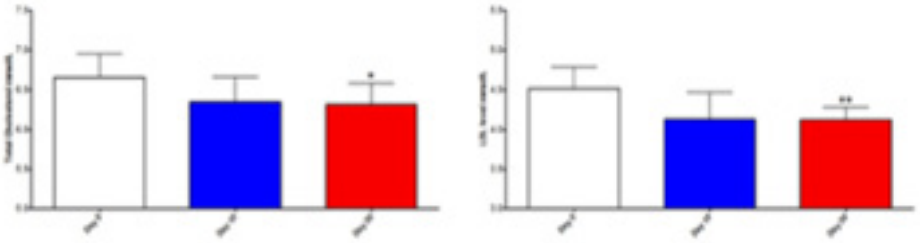
According to World Health Organization (WHO), the mortality from coronary heart disease in Indonesia reached 138,380 or 10% of total deaths per year in 2014. Dyslipidemias are disorders of lipoproteins, that can be manifested by the elevation of serum total cholesterol, low-density lipoprotein (LDL) cholesterol, and triglyceride concentrations, and a decrease in the high-density lipoprotein (HDL) cholesterol concentration. Hydropinic therapy (drinking of mineral water), in particular water that is rich in natural bicarbonate, has shown to have an effect in reducing cholesterolaemic and lipaemic levels by increasing the lipoprotein metabolism. This study compares the consumption of a mineral water that is rich in natural bicarbonate (ARDESY , France) (MWH), versus a marketed mineral water that is low in bicarbonate (MWL), and their effects in lipoprotein metabolism in high cholesterol males subjects. Twenty-two males with elevated serum total cholesterol and a mean BMI of between 23.9 (±4.4) kg/m2 were randomized into 2 groups. Each group received either (MWH) (n=14) (sponsored by ARDESY , France), or MWL (n=8). Subjects drank 1.25 liter of designated water per day for 28 weeks. Three visits were planned at the clinical center post screening, which included first day before mineral water was consumed (V1), 15th day (V2), and 29th day (V3). Results indicated that there was significant reduction in serum total cholesterol (p=0.002) and LDL cholesterol (p<0.001) in subjects drinking MWH, but not in the MWL group. There was no significant change in BMI, blood pressure, and urine pH. In conclusion, regular consumption of rich bicarbonated water can significantly lower total cholesterol and LDL-c in moderate risk cholesterol males. Validation in randomized control trials is currently underway.



Biography

Lysia Matius Gressida graduated with Bachelor of Medical Science from the Christian University of Krida Wacana, Indonesia in February 2011, and later earned her General Practitioner degree in November 2012. Dr. Lysia currently works as a General Practitioner in Primary healthcare under the Ministry of Health, Indonesia. Dr. Lysia is a registered member of the Indonesian Medical Association. Her experiences included, internship program in Tondano, North Sulawesi, certified courses in Advanced Cardiology, Trauma, and Neurology Life Support. Her primary interests are in preventive medicine and she has a personal advocacy in promoting awareness of maintaining healthy lifestyles through patients' education.

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Assessment of biventricular function in human immunodeficiency virus infection in adolescents and young adults by three-dimensional speckle tracking echocardiography

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Background: The pathogenesis of left ventricular (LV) dysfunction in HIV patients includes cardiac direct effects of HIV, the presence of autoantibodies, myocardial inflammatory response to viruses, other infections related to the immune status of patients and side effects associated with antiretroviral drugs or other drugs used for the management of HIV. The purpose of our study was to evaluate biventricular parameters of wall deformation with three-dimensional speckle tracking echocardiography (3DSTE) in HIV-infected patients on antiretroviral therapy in order to detect a possible subclinical myocardial dysfunction.

Methods: Sixteen patients aged 12 to 31years with human immunodeficiency virus infection and 16 normal controls of the same age and sex was studied with 3DSTE. All patients were stable in terms of HIV infection, with no history of heart disease or other chronic systemic disease except HIV infection. Patients were on HAART with good immunological control. Standard echocardiographic measures of LV-RV function were assessed. Tricuspid annular systolic plane excursion (TAPSE) was measured by M-mode of the lateral tricuspid valve annulus. LV global longitudinal, circumferential and radial strains were calculated. Global area strain (GAS) was calculated by 3DSTE as percentage variation in surface area defined by the longitudinal and circumferential strain vectors. Right ventricular (RV) 3D global and free-wall longitudinal strain was obtained. Data analysis was performed offline.

Results: LV global longitudinal strain and GAS were lower in HIV patients compared to normal controls (-15.9% vs -19.1%, p=0.013, and -33.9% vs -38.7%, p=0.004, respectively). There were no significant differences in ejection fractions between the groups. There was a trend toward reduced TAPSE in HIV patients compared to controls (20.2±2.3mm vs 23.4±2.6mm, p=0.08). RV free-wall longitudinal strain was significantly reduced in HIV patients when compared with the control group (-19.8% vs -23.7%, p=0.025). No patient had pulmonary systolic pressure higher than 35mmHg. There was no correlation between echocardiographic parameters and selected biomarkers and inflammatory markers.

Conclusions: Three-dimensional speckle tracking echocardiography may help to identify HIV patients at high cardiovascular risk allowing early detection of biventricular dysfunction in the absence of pulmonary hypertension.

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20th European Cardiology Conference

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e-Poster

Zarina R Khaybullina et al., J Clin Exp Cardiolog 2017, 8:9(Suppl)
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Low-density lipoproteins and triglyceride removal by plasma perfusion with active charcoal at atherosclerosis and cholestatic liver disease

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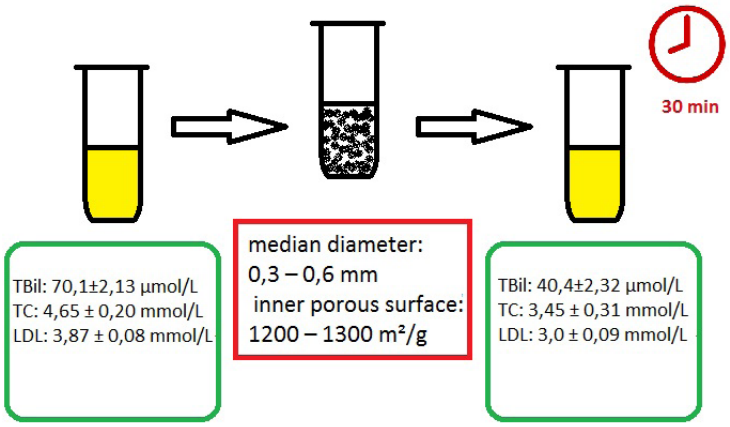
Statement of the Problem: The development of artificial organs support system remains an important issue due to a high mortality rate of multi-organ dysfunction. Atherosclerosis and chronic cholestatic liver disease is common associated with hyperlipidemia, increase of low-density lipoprotein (LDL) cholesterol level. Active charcoal (AC), a highly porous material, has been widely used for endotoxins reducing through hemoperfusion. Plasma perfusion has several advantages: less loss of blood components, less activation of the coagulation system, safety. The purpose of this study is to evaluate adsorption capacity of AC for total bilirubin (TBil), total cholesterol (TC), LDL, triglyceride (TG) and its removal.

Methodology & Theoretical Orientation: Static adsorption experiments *in vitro* was made using AC with median diameter 0.3–0.6 mm; the inner porous surface ranged between 1200–1300 m^2/g. 350 mg AC have been washed with 5 ml normal saline and then 1.0 ml of human plasma was added to AC in lab tube with diameter 1.5 cm. Adsorption lasted 30 min. Concentration of TC, LDL, TG, TBil were made before and after adsorption with AC on the automatic analyzer «VITROS-350» (USA). Statistical analysis was performed using Excel Microsoft for t-pair test. Significance was at the $P<0.05$ level.

Findings: The results of the experiment *in vitro* demonstrate high adsorption capacity of AC during static plasma adsorption. After plasma adsorption TBil decreased on 42.3%, TC – on 25.8%, LDL – on 22.48%, urea – on 49.7%%, creatinine – on 71.6% ($p<0.01$).

Conclusion & Significance: Plasma perfusion using AC may be used for the treatment of cholestatic liver failure disease and decrease a risk of cardiovascular disease among these patients.



Biography

Zarina R Khaybullina has completed her PhD and Post-doctoral studies from Biochemistry institute of Academy of Science of Republic of Uzbekistan. She is the Head of Biochemistry department at Republican Specialized Centre of surgery named after academician V. Vakhidov and Professor of Biochemistry department at Tashkent Pediatric Medical Institute. She has published more than 39 papers in reputed journals and has been serving as member of Scientific Council in Biochemistry and Biophysics. Her research field includes "Free radical biology and medicine, biochemistry of antioxidants, ultra-low concentrations of biologically active substances, biochemistry of atherosclerosis and metabolic syndrome".

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Accepted Abstracts

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A first 6-month report on VAD coordination in CHC Zagreb, Croatia- results, problems, goals

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Ventricular Assist Device (VAD) coordination in CHC Zagreb, Cardiac Surgery Dept., Croatia started with its work in April 2017. Our major responsibility is to provide clinical consultation and VAD specific education to patients, families, multidisciplinary team members, hospital staff, and community based providers as needed (EMS, Family medicine Physicians), coordinate and manage outpatient care of the VAD patient, facilitate the access and utilization of community resources and organizations to assist in patient's recovery and serve as the liaison and communication link between VAD patients and their families with community. Most important responsibility is in deciding optimal care decisions for this complex patient population, coordinating discharge plans for patients post VAD implant, deciding about driveline fixation and care and follow up after implant in patient's home. Problems that we have is in lack of staff working in VAD coordination, lack of the national database for Mechanical Circulatory Support, these patients are still invisible for most health professionals, goverment agencies, have problems with receiveing VAD dressing supplies to appropriately care for their VAD. Our goals are to expand our education and outreach from initial contact, through the work-up for implant, and during the pre-operative, peri-operative and post-operative period. The VAD Coordinator will follow-up in the outpatient/ambulatory care setting, ensuring continuity of care across the VAD/Transplant continuum. Also development of outreach programs regarding VAD is very important for health care providers, patient groups, community organizations, goverment agencies, and also general public. It is very necessary to make VAD recipients visible to general public, because congestive heart failure becomes more and more present and an increasingly important public health problem.

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Coronary heart disease and diabetes

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Coronary heart disease (CHD) is a major cause of morbidity and mortality in diabetes mellitus (DM). The development of CHD in people with DM is a progressive process, characterized by early endothelial dysfunction and vascular inflammation, over many years, most of these patients have insulin resistance or frank diabetes. Patients with diabetes have lipid-rich atherosclerotic plaque that is more vulnerable to rupture than plaque found in patients without diabetes and have a two to fourfold increase in the risk of CHD. In women Diabetes increases the risk of death after myocardial infarction more than men. In the Finnish study patients without previous myocardial infarction had as high a risk of myocardial infarction as nondiabetic. It was from this study that the concept of diabetes as a coronary heart disease risk-equivalent began. But not all individuals with diabetes should be unconditionally assumed to be a risk equivalent of those with prior CHD. The utility of screening patients with type 2 diabetes for asymptomatic CHD is controversial. Latest reviews show no evidence for a benefit of screening diabetic patients for the presence of asymptomatic CAD. Intensive blood-glucose control substantially decreases the risk of microvascular complications, but not macrovascular disease, in patients with type 2 diabetes. In fact, the use of intensive therapy to target normal glycated hemoglobin levels can increase mortality and do not significantly reduce major cardiovascular events. Multiple clinical trials have demonstrated the beneficial effects of statin, AAS, and antihypertensive medications on atherosclerotic cardiovascular disease outcomes in DM subjects with CHD. Recently empagliflozin a SGLT-2 inhibitor, showed to reduce the risk of cardiovascular death in adults with type 2 diabetes and cardiovascular disease. No difference in death from any cause or myocardial infarction was observed between optimal medical therapy with or without PCI for stable coronary disease in patients with diabetes. On the other hand patients with diabetes and CHD, CABG was superior to PCI in reducing rates of death and myocardial infarction.

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SIRS and sepsis: Differences in the inflammatory response

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The effect of sex/gender in critical illness outcomes is controversial. We aimed to systematically review evidence on the influence of sex on outcomes of adult critically ill patients with sepsis and/or multiple organ dysfunctions, as reported in published studies specifically including investigation of the effect of sex among their aims. The incidence of sepsis is lower among women in the US general population for all infection sources except the genitourinary tract. The greater immune system activity in women than in men is consistent with better survival in women with severe sepsis. Sex hormones or sex-related gene polymorphisms may protect women against sepsis and death from sepsis. Estrogens and androgens are involved in the pathogenesis of disease; both exogenous and endogenous estrogens are strong stimulators of cytokine production and disease activity. This presentation will provide insight into understanding the gender differences in SIRS and sepsis and how to administer different treatment regimens based on gender. Although results of data syntheses appear to point towards a small disadvantage for survival among women, our results suggest that data on the impact of sex/gender on ICU outcomes remain equivocal. Implications for future research include approaches to adjustment for confounders, expanded outcome measures, prospective designs and elucidation of the underlying pathophysiological framework. The relevance of this presentation to European practice is that nurses will be able to assess, identify and treat patients suffering from inflammation with focused gender care.

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One stage hybrid repair of Type-A Aortic Dissection with integrated covered stent graft of descending thoracic aorta-Our experience with modified frozen elephant trunk in a low resource setting of North-Eastern part of India

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Statement of the Problem: One stage repair of ascending aorta, arch and descending thoracic aorta though technically challenging gives an advantage of complete repair. In a low resource setting a hybrid operating room (OR) is not always available for simultaneous performance of intervention along with the operation .So we use the C-arm imaging during the operation along with the help of interventional radiologist to perform one stage complete repair of ascending aorta , arch debranching and covered stent graft to the descending thoracic aorta in few selected cases of Type-A aortic dissection .As composite graft of frozen elephant trunk was not available in this part of the region so we modified the operation by use of separate covered stent graft during the procedure.

Patients: Ten patients were operated with one stage modified frozen elephant trunk in the year 2015 -2016. All are male patients, age ranges from 57 yrs to 72yrs. All ten patients were referred to our institute from outside hospitals with a history of sudden onset chest pain duration ranging from 6days to 18days. No patients had any history of cerebro vascular accidents (CVA) or other peripheral vascular symptoms. Four patients had evidence of severe Aortic Regurgitation. After echocardiography, all the patients were evaluated with computed tomography (CT) angiography of entire ascending aorta and follow through up to femoral artery along with CT coronary angiography

Methods: After general anesthesia, a guide wire is being inserted through left femoral artery by the help of C-arm imaging so that it passes through true lumen and parked in the region of ascending aorta. This guide wire is being used to place the covered stent graft in to the descending thoracic aorta in the later stage of operation when the entire aortic arch is being opened under total circulatory arrest (TCA). Median sternotomy, Cardio pulmonary Bypass (CPB) established with Axillary artery & Right Atrial cannulation except in one case where Innominate artery cannulation was done .After cross clamp, custodial cardioplegia & Bentall procedure was performed in four cases & other two ascending aorta was replaced, after that patient cooled to 24 degree, antegrade cerebral perfusion and TCA instituted , arch excised, distal aorta prepared with teflon felt and covered stent graft placed in to descending aorta by anchoring it to the guide wire, operation completed by debranching all three neck vessels by placing a Plexus graft which is sutured distally to the proximal portion of covered stent graft and proximally to the ascending aortic graft

Results: No short-term mortality. Median hospital stays 15 days post operatively. No patient had any neurological deficit post operatively. One patient had hoarseness of voice .Maximum follow up to 9 months. No evidence of new onset renal or peripheral vascular diseases or other complication

Conclusion: One stage repair with ascending aorta, arch and integrated covered stent graft to descending aorta (modified frozen elephant trunk) is possible for Type A aortic dissection in low resource setting with the help of C-arm imaging in routine operating room (OR). The procedure is safe with improved outcome compared with conventional elephant trunk 9 month post-operatively. Patient selection and antegrade cerebral perfusion through both innominate artery and left common carotid artery helps in reducing the neurological events.

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Sleeping Pattern: It is effect on quality of life for patients with congestive heart failure

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Introduction: Awareness to assess sleeping patterns in patient with congestive heart failure became very essential nowadays. Signs and symptoms of congestive heart failure changing lead to disturbance of sleep-pattern for instance, short sleep time, and low sleep quality which is frequently reported by patients with congestive heart failure. The purpose of this is to assess the factors which affecting sleeping patterns among patient with congestive heart failure.

Methodology: this study is descriptive study. It was conducted in the ICU and medical word in one of the governmental hospital. The study group was selected by purposeful sample technique. Data collection was done through using 1) A structured interview questionnaire sheet, 2) Quality of life index, 3) The Karnofsky Performance Scale and 4) The Pittsburgh Sleeping Quality Index (PQSI). Findings: of his study showed significant positive correlation between quality of sleeping and quality of life.

Conclusion & Significant: This study concluded that that patients with congestive heart failure had a negative impact on quality of life and functional performance ability. This study recommends a counseling program for those patients to improve their sleeping patterns and enhance quality of tier life.

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Cryoablation of atrial fibrillation and antiarrhythmic drug pretreatment: A single referral center experience

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Background: Pulmonary vein isolation (PVI) ablation has emerged as the gold standard of ablative strategies to treat medically refractory paroxysmal and persistent atrial fibrillation (AF). Regardless of the superiority of catheter ablation based on PVI over antiarrhythmic drug therapy, recurrence rates of AF remain higher than desired. Our objective was to assess the safety and efficacy of cryoablation in a single referral center.

Methods: This is a retrospective analysis of results after cryoablation treatment of AF over three years. 146 patients with AF underwent a cryoablation procedure in our clinical center and were followed-up for three years after the procedure.

Results: Cryoablation was clinically successful in 90.83% of the patients with paroxysmal AF and 60% of those with persistent AF. The clinical success of cryoablation was correlated with pretreatment with amiodarone and in the case of re-ablation. With respect to postoperative complications, major bleeding was correlated with female gender, treatment with rivaroxaban and amiodarone.

Conclusion: Freedom from recurrent AF is about 65% with follow-up limited to 1 to 2 years in major trials. We present a durable event free result in most patients out to 3 years with better outcomes than previously reported.

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New expandable polyurethane stent valve for transcatheter implantation in children with heart valve disease; results of physical, hydrodynamic and experimental tests

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Introduction: Transcatheter valves manufactured using biological tissue, as the essential structural component, can be induced to: mechanical degradation after crimping and early calcification in pediatric patients.

Objectives: Manufacture and successful tests of one expandable polyurethane stent valve, may reduce the repeated operations of valve replacement, during the growing children.

Materials & Methods: I-Physical testing. Prostheses were submitted to universal testing in machine EMIC and a computer with Tesc software, able to generate graphs of force versus deformation (stretching) II-Hydrodynamic testing. Prostheses with diameters from 12 to 22 mm, were submitted to pulsatile physiological flow and stress conditions. III-Experimental implants in sheep.Ten sheep was submitted to prosthesis implant, by trans catheter technique in pulmonary position. In Group A: Four sheep w/ <20 kg, the stent was expanded up to 18mm and in Group B: Six sheep w/ > 20 kg, expanded up to 22mm.

Results: Physical and Hydrodynamic testing of Polyurethane strip removal of stent valve, before and after undergoing to 30 minutes crimping, showed preservation of properties of resistance and elasticity elongation. *In vitro* durability was proven for >15 years. Eight sheep, were submited to 3D echo study, performed in the 6th month of follow-up, showed: there was no significant transvalvular gradients and trivial regurgitation in 3 cases. Histologic, radiologic and electron microscopic study of the first prosthesis shows: integrity of structure and free of calcification. Seven survival sheep are well, after 15th months of follow-up.

Conclusion: Expandable polyurethane stent valve, with special design for implant and expansion in growing children, has experimental satisfactory hemodynamic performance and durability *in vitro* and *in vivo* tests. Calcification and structural changes were not observed. In the next step, clinical studies are be planned.

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Hypertension treatment in patients with metabolic syndrome and type 2 diabetes analysis of the therapy and the therapeutic inertia in outpatient´s study

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The subject of this thesis is to study the effectivity of hypertension treatment as for as drug choice, decrease of sBP and dBP associated with certain drug, drug combination and therapeutic inertia in patients with metabolic syndrome and/or diabetes mellitus. We have analyzed the database of 1595 consecutive patients visiting our department of cardiology and internal medicine clinic in years 2005-2014. The study included 13990 visit records, average number of visits per patient was 8,5+-7,0. Final number of patients who fulfilled inclusion criteria for interpenetration of both diagnoses was 570. By hypertension monotherapy were treated 15% patients, by 2-4 drug combination therapy 70% and by 5-6 drug combination 15% patients. The most frequent used drugs were perindopril, nitrendipine, amlodipine, telmisartan, hydrochlorothiazide, rilmenidine and nebivolol (used >100 patients). The most significant decrease of sBP was associated with treatment by nitredipine, hydrochlorotiazide, telmi and urapidil (>19mmHg).The most significant decrease of dBP was associated with treatment by nitredipine, hydrochlorotiazide, telmisartan and verapamil (>10mmHg). The most significant decrease of both sBP and dBP was associated with 3 drug combination treatment of telmisartan-hydrochlorotiazide-spironolacton (41 resp. 16mmHg), telmisartan-hydrochlorotiazide-nitredipine (34 resp.15 mmHg) and telmisartan-hydrochlorotiazide-urapidil (34 resp. 15 mmHg). At the last visit 281 from 413 patients at the first visit have had sBP >140 mmHg (68%) i.e. sBP control was 32%. At the last visit 76 patients from 217 at the first visit have had dBP >90 mmHg (35%) i.e. dBP control was 65%. The score of therapeutic inertia was counted at first 200 consecutive patients with the average value 57,30+-147,20.

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35 years of warfarin, standing the test or challenge of time?

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A 46 year old female patient, with no medical illnesses was referred to my clinic with effort intolerance , and palpitations of four years duration. Her history dates back to when she was 11 when she had an Aortic and Mitral valve replacement due to rheumatic causes, she had a size 19mm bileaflet mechanical aortic valve and a size 27mm bileaflet mechanical mitral valve. She was started on warfarin and took it for three months of her life as documented by her family members and follow up notes till she decided to stop it. She stated that she took no medications at all and was completely asymptomatic , she got married and had three children, all a normal vaginal delivery aided by a mid-wife at home! Her 2DECHO showed a grade three paraleaking aortic and mitral valves, and was referred to me for a redo AVR and MVR 35 years later, being off warfarin for all that period and was asymptomatic for 30 years and never had a stuck valve! Her coagulation profile was normal, with an INR of 1,I operated on her and found a rim of pannus surrounding the valves, but the leaflets were mobile. I replaced both valves using St Jude size 21 Aortic Valve and size 29 Mitral valves, both mechanical. There are a few cases described in literature about mechanical valves with no warfarin, but I believe this is one of those with the longest –off warfarin- history.

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