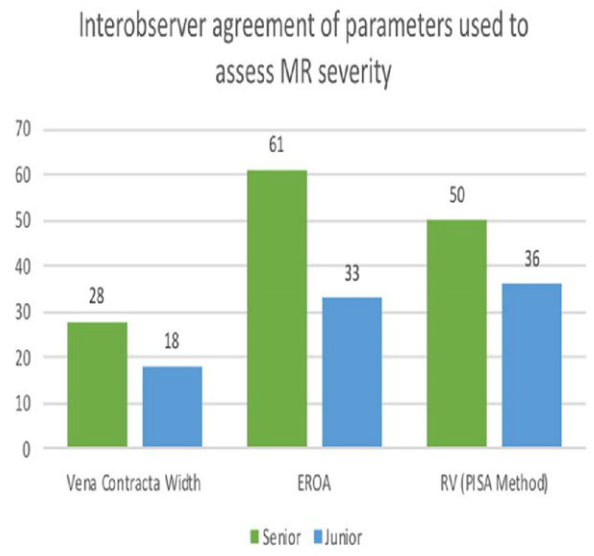

Fig. 1

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Poster n°40

Acute left ventricular mechanics changes after TAVR: The afterload concept revisited

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Introduction Recent studies have emphasized the prognostic value of mild left ventricular ejection fraction (LVEF) impairment in severe aortic stenosis. However, despite adaptive mechanisms to pressure overload, subtle impaired systolic function could be worsened by increased after load and partly reversible immediately after its correction. The aim was to evaluate the short terms effects of transcatheter aortic valve replacement (TAVR) on LV systolic function assessed by global longitudinal strain (GLS). We hypothesized that abrupt decrease of LV after load after TAVR could lead to immediate improvement of LV systolic function.
Method Patients referred to our Department for TAVR were included from January 2018 to July 2018 in this observational prospective single center study. Transthoracic echocardiography (TTE) was performed immediately before and 1—5 days after TAVR by the same operator and reviewed in a blind fashion.
Results Thirty-five symptomatic patients with severe aortic stenosis referred for TAVR (age 84 ± 5 y, 18 male, NYHA 2-3, orifice area 0.7 ± 0.2 cm^2, LVEF 66 ± 13%, GLS - 15.1 ± 4.7%) were included. Only 9/35 (26%) had a LVEF ≤ 60%. Overall, no significant change in LVEF (65 ± 14%; $P = 0.55$) or GLS (−16.1 ± 4.8%; $P = 0.11$) occurred immediately after TAVR despite a dramatic decrease in transoartic mean pressure gradient (44 ± 15 mm Hg versus 6 ± 3 mmHg; $P < 0.0001$). However in the subgroup of patients with LVEF ≤ 60%, a significant increase in GLS after TAVR was observed (−9.6 ± 4.1% versus −12.1 ± 3.3%; $P = 0.0039$).
Conclusion Following TAVR, an early improvement in LV systolic function assessed by GLS was observed only in patients with pre-existing mild LV systolic dysfunction. Further studies should evaluate whether this improvement is associated with better long term outcome.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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Poster n°41

Pericardial effusion in infective endocarditis: A Tunisian cohort

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Introduction Pericardial effusion (PE) is a frequent finding in the setting of infective endocarditis and is widely believed to signify more advanced infective endocarditis (IE) and generally worst outcomes. Our study aimed to identify clinical characteristics and outcomes of patients who had pericardial effusion.
Method This was a prospective study which included all patients diagnosed with infective endocarditis (IE) and hospitalized in the cardiology department of Monastir hospital, Tunisia, between 1983 and 2017. We included patients who were diagnosed with definite infective endocarditis based on the modified Ducke criteria.
Results Three hundred forty patients were included in this study. The mean age of the patients was 37 ± 17.92 years; 56.4% men and 33% had rheumatic heart disease. Pericardial effusion was observed in 6.35% of patients, most of them being mild or moderate (93.6%). Pericardial effusion was frequent in young patient. The presence of pericardial effusion was associated with a higher risk of heart failure during admission (60% vs. 32%, $P = 0.05$). Patients with pericardial effusion had a higher rate of early surgery (23.3% vs. 3.6%; $P = 0.02$) also. Despite these findings, the presence of pericardial effusion was not associated with a higher in-hospital or one-year mortality (16% vs. 21%; $P = 0.2$ and 25% vs. 37.3%; $P = 0.70$ respectively).
Conclusion Pericardial Effusion was not an independent predictor of mortality. Its presence is associated with the development of heart failure during hospitalization, frequent surgery, probably reflecting indirectly mechanical complication.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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Poster n°42

Infective endocarditis: A changing epidemiological profile over the years: A prospective cohort study

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Introduction Epidemiological features of infective endocarditis have changed during the last decades because of an increase in degenerative valvular disease in the elderly, placement of prosthetic valves, and exposure to invasive procedures. Although lower mortality rates have been observed over the last decades, overall mortality remains high.
Method This was a prospective study which included all patients diagnosed with infective endocarditis (IE) and hospitalized in the cardiology department of Monastir hospital between 1983 and 2017. We included patients who were diagnosed with definite infective

endocarditis based on the modified Ducke criteria. And the aim was to analyse epidemiology, and predictors of 6-month mortality in infective endocarditis.
Results A prospective observational cohort study included 240 patients with definite IE. Thirty-two percent of episodes involved prosthetic valves. Thirty percent of episodes were nosocomial. Thirty-three percent included staphylococci, 22% streptococci, and 10% enterococci. At least one complication occurred in 59% of the episodes and 43% had surgical intervention. Six-month mortality was 20%: 29% for staphylococci, 19% for enterococci, and 9% for streptococci. Seventy-one percent of patients with a contraindication to surgery died when compared with 7% with medical treatment without a contraindication and 13% with surgical treatment. In multivariable logistic regression, predictors of 6-month mortality were age ($P = 0.04$), the causative microorganism ($P = 0.03$), and treatment group ($P = 0.03$).
Conclusion Compared with older series, we observed more prosthetic valve IE, nosocomial IE, and surgery. Staphylococcus aureus was the predominant microorganism. Age, staphylococci, and the contraindication to surgery were the main predictors of 6-month mortality.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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Poster n°43

Early predictors of poor outcome in infectious endocarditis: A Tunisian cohort

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Introduction Despite all improvements in diagnostic imaging modalities and therapeutic regimens, Infective endocarditis remains a lethal disease which is associated with a high mortality rate. The early identification of patients at risk of infective endocarditis complications is essential to improve prognosis. We aimed at identifying the predictive factors at admission for poor outcomes in infective endocarditis patients.
Method This was a prospective study which included all patients diagnosed with infective endocarditis (IE) and hospitalized in the cardiology department of Monastir hospital between 1983 and 2017. We included patients who were diagnosed with definite infective endocarditis based on the modified Ducke criteria.
Results Three hundred forty patients were included in this study. The mean age of our patients was 37 ± 17.92 years. There were 56.4% men and 43.6% women. The third of the population had rheumatic heart disease. Cardiac surgery was performed in 76 patients (22.3%), and the overall in-hospital mortality rate was 25%. In the multivariable analysis, the independent predictors of death were: age > 60 years (odds ratio (OR) 1.13, 95% confidence interval (CI) 1.02—1.13), C-reactive protein (CRP) at hospital admission (OR 1.12, 95% CI 1.04—1.21), and the vegetation length on diagnosis (OR 1.15, 95% CI 1.03—1.28). Also, heart failure, cardiogenic shock and embolic events during hospitalization were associated with a poor prognosis.
Conclusion Age, C-reactive protein, and the vegetation size were independent factors associated with and in-hospital mortality. Identifying the predictive factors of mortality in infective endocarditis may improve outcomes.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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Poster n°44

Neurological events in children's infective endocarditis: A prospective cohort

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Introduction Despite all improvements in diagnostic imaging modalities and therapeutic regimens, Infective endocarditis remains a lethal disease especially in children. Stroke is an uncommon complication of endocarditis in children but it is an important cause of acquired brain injury which is associated with a higher mortality rate.
Method This was a prospective study that included all children diagnosed with infective endocarditis (IE) and hospitalized in the cardiology department of Monastir hospital between 1983 and 2017. We included patients who were diagnosed with definite infective endocarditis based on the modified Ducke criteria.
Results Forty children with infective endocarditis were identified, including 19 boys and 21 girls aged Twelve months to eighteen years sixteen (40%) of these individuals had congenital heart disease. Left-sided endocarditis occurred in 33 patients (82.5%), and vegetations were found in 33 individuals (82.5%). The most often encountered micro-organisms in our population were Streptococcus viridans and Staphylococcus aureus, which were identified in five and four patients, respectively. Postendocarditis stroke occurred in 9 patients, including five with cerebral infarction, three with intracerebral hemorrhage and one with pulmonary infraction. The incidence of stroke in children with left-sided endocarditis was significantly higher than those with right-sided endocarditis (17.5% versus 2.5%, $P < 0.01$). The most common manifestation of stroke was hemiparesis (63%). The mortality in children with endocarditis was important (50%). The mortality rate in patients who had stroke was significantly higher than those who had not (75% versus 35%, $P < 0.05$).
Conclusion Our study indicates that stroke is common among children with infective endocarditis, especially in those with left-sided endocarditis, and major stroke may increase their risk of death.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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Poster n°47

Right sided infective endocarditis: About 9 cases and review of literature

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Introduction The right sided infective endocarditis is a rare disease, it represents 5—10% of the total number of Infective endocarditis events, mainly occurring in patients with congenital heart disease, patients carrying intravascular catheters or intracardiac