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ABSTRACTS

01—Coronary artery disease

JE19-116

Comparison of the GRACE, HEART and TIMI scores to predict one-year mortality in NSTE-ACS Algerian patients

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Background The risk stratification in NSTE-ACS is the primordial step of the management.
Purpose The performance of the GRACE, HEART and TIMI scores were compared in predicting one-year mortality in NSTE-ACS patients presenting at our cardiology department, in particular their ability to identify patients at low-risk.
Methods NSTE-ACS patients presenting at our cardiology department were included. The primary outcome was mortality within one year. The GRACE, TIMI and HEART score were calculated based on prospectively collected data. Performance of the scores was compared by calculating AUC curves. Additionally, the number of low-risk patients identified by each score was compared at a fixed level of safety of at least 95% sensitivity.
Results In total, 296 patients were included. The AUC of GRACE, TIMI, and HEART were 0.76 (95% CI: 0.68—0.85), 0.78 (95% CI: 0.67—0.89) and 0.79 (95% CI: 0.69—0.89), respectively (all differences in AUC highly statistically significant) (Fig. 1). At an absolute level of safety of at least 95% sensitivity, the GRACE score identified 83 patients as ''low-risk'' in which mortality was zero; the TIMI score identified 56 patients as ''low-risk'' with 1.8% one year mortality. The HEART score identified 4 patients as ''low-risk'' in which mortality was zero.
Conclusions The Grace, TIMI and HEART scores were similar in discriminating between those with and without one-year mortality in NSTE-ACS patients, but the Grace score identified the largest group of low-risk patients at the same level of safety.

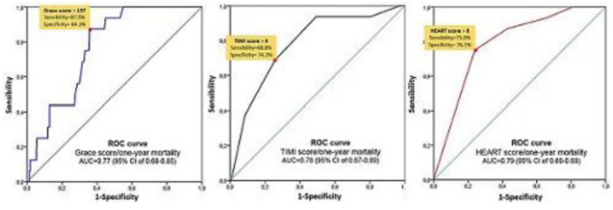

Fig. 1 Risk scores/one-year mortality.

Disclosure of interest The authors declare that they have no competing interest.

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JE19-167

OCT analysis of early endothelialization of the Synergy stent in young non-ST segment elevation acute coronary syndrome. The OCT EROS study

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Introduction Early healing of the struts is a major challenge to reduce the risk of late stent thrombosis (LST), and for decreasing the duration of dual antiplatelet therapy (1 or 3 months), in patients high risk of bleeding. The bioresorbable polymer everolimus eluting stent (EES) SYNERGY, new generation of stent, has biocompatibility and mechanical properties, allowing complete strut coverage throughout the entire length of the stent at 3 months, in humans, resulting in a low rate of LST. Optical Coherence tomography analysis (OCT), which provide the best spatial resolution, is the method of choice to evaluate early healing of the strut.
Purpose To estimate the early healing of the strut at 1 month after implantation of the EES, using OCT analysis, in patients admitted for acute coronary syndrome without ST segment elevation.
Material and methods This was a prospective and mono-centric study performed at the university hospital the North of Marseille. The patients eligible had to benefit from complementary angioplasty at 1 month after implantation of the EES for the culprit lesion of the acute coronary syndrome. An OCT of EES implanted was performed.
OCT analysis and proofreading of coronary angiography were achieved by 2 physicians practicing these tests on daily basis.
The primary study endpoint was the percentage of uncovered struts in OCT imaging, at 1 month (Fig. 1).
Results Twenty-four patients were included between December 2016 and February 2018. The percentage of uncovered struts was $21{,}48 \pm 10\%$ of 3849 struts analyzed.
The neointimal thickness facing covered struts was $0{,}0508 \pm 0{,}016$mm.
At follow-up, no ischemic event was reported, however, one death by hemorrhagic stroke was identified.

Conclusion The percentage of uncovered struts of the SYNERGY stent was 21,48% at 1 month post angioplasty in the context of ACS. This result provides a logical rationale for decreasing the duration of dual antiplatelet therapy at 1 month in patients at high risk of bleeding.

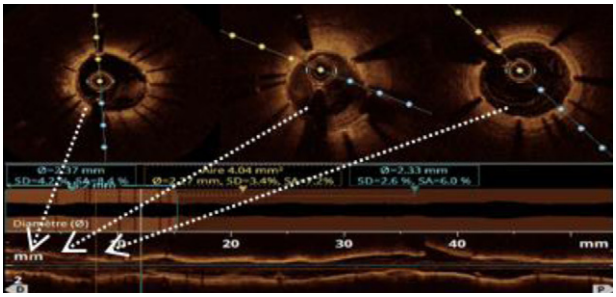

Fig. 1 OCT at 1 month of DES SYNERGY implantation, on the proximal, intermediate and distal portions, attesting well endothelialization.

Disclosure of interest The authors declare that they have no competing interest.

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JE19-168

Thrombolysis Versus Primary Percutaneous Coronary Intervention For ST-segment Elevation Myocardial Infarction In Elderly Patients

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Background Only few studies reported the outcomes of thrombolysis among elderly patients with ST-segment elevation myocardial infarction (STEMI), which results in a controversial benefit-risk ratio and a lower usage rate of thrombolysis in this population.
Objectives The aim of the present study was to compare efficacy and safety of thrombolysis therapy with primary percutaneous coronary intervention (p-PCI) in patients aged $\geq$ 70 years old.
Methods Data from 2841 patients (mean age: 78.1 $\pm$ 5.6 years, female: 36.1%) included in a prospective multicenter registry, and who underwent either thrombolysis therapy (N = 269) or p-PCI (N = 2572), were analyzed. The primary endpoint was in-hospital major adverse cardio-vascular events (MACE) defined as the composite of all-cause mortality, non-fatal MI, stroke and definite stent thrombosis (ST). Secondary endpoints included all-cause death, BARC 3 or 5 major bleeding, net adverse clinical events (NACE) and the development of in-hospital Killip class III or IV heart failure. Propensity-score matching and conditional logistic regression were used to adjust for confounders.
Results Within the matched cohort, rates of MACE was not statistically different between the thrombolysis (N = 247) and pPCI (N = 958) groups, (11.3% vs. 9.0% respectively, OR: 1.25, 95% CI: 0.81—1.94; P = 0.31). Secondary endpoints were comparable between groups at the exception of a significant difference for the development of Killip class III or IV heart failure in favor of the thrombolysis group (3.3% vs. 9.3%, OR: 0.38, 95% CI: 0.18—0.79; P = 0.01) (Fig 1).
Conclusion Thrombolysis may be a safe and effective strategy in selected elderly patients, which may reduce the development of severe heart failure without a higher major bleeding rate.

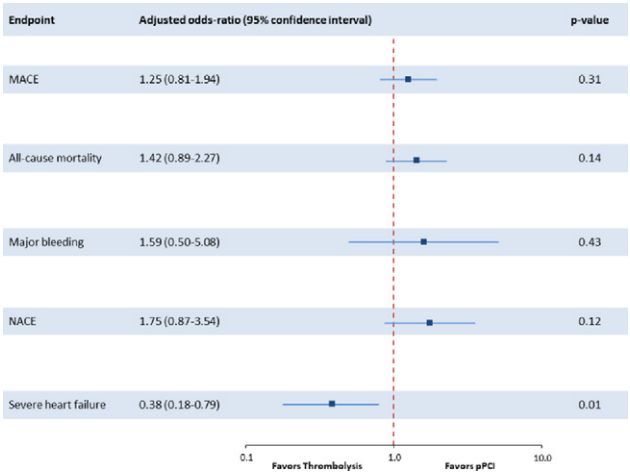

Fig. 1 MACE: Major adverse cardio-vascular events; NACE: Net adverse clinical event; pPCI: Primary percutaneous coronary intervention.

Disclosure of interest The authors declare that they have no competing interest.

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JE19-274

Relationship between aortic calcifications and coronary stenosis

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Background Aortic sclerosis is an active phenomenon, significantly associated with vascular and coronary atherosclerosis and shares the cardio-vascular risk factors.
Purpose Correlation between the presence of aortic button calcifications on chest X-ray, Calcifications of the ring and aortic sigmoids on transesophageal echocardiography (TOE) and angiographic coronary stenosis.
Methods Prospective Study: 150 patients (male-female sex ratio: 0.89, mean age 53 $\pm$ 2 years) were randomly recruited with the only requirement the need for a coronary assessment. The maximum delay between chest x-ray, TOE and coronarography was 1 month.
Results Chest aortic button calcifications were found in 44.66%, calcifications of the ring and aortic sigmoids at ETO in 44%. Eighty patients had coronary artery stenosis. Among them: ''single-vessel'' 25%, 35% ''two-vessel'' and 40% ''Triple vessel''. There is a significant relationship between the presence of Chest aortic button calcifications coronary stenosis with OR = 7.85 (CI = [3.51 - 17.85]). And a significant relationship between the presence of calcifications of the ring and aortic sigmoids and the existence of coronary stenosis with OR = 7.85 (CI: [3.70 - 16.50]).