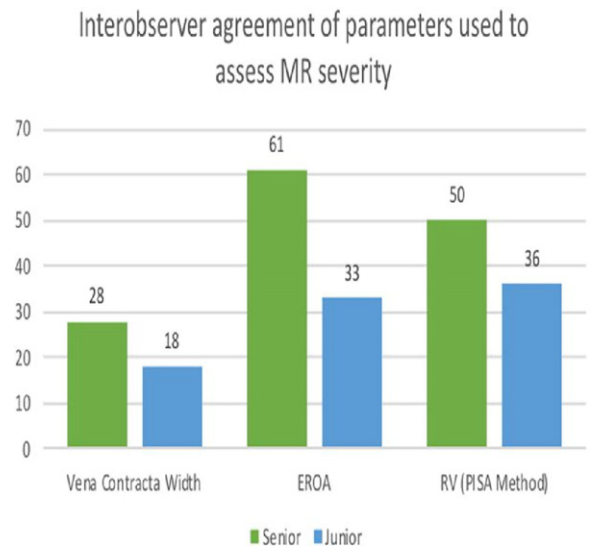

Fig. 1

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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