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.

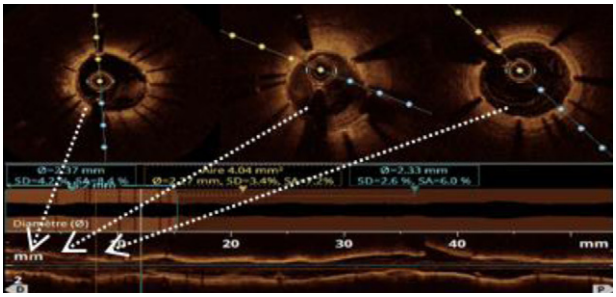

Fig. 1 OCT at 1 month of DES SYNERGY implantation, on the proximal, intermediate and distal portions, attesting well endothelialization.

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

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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.

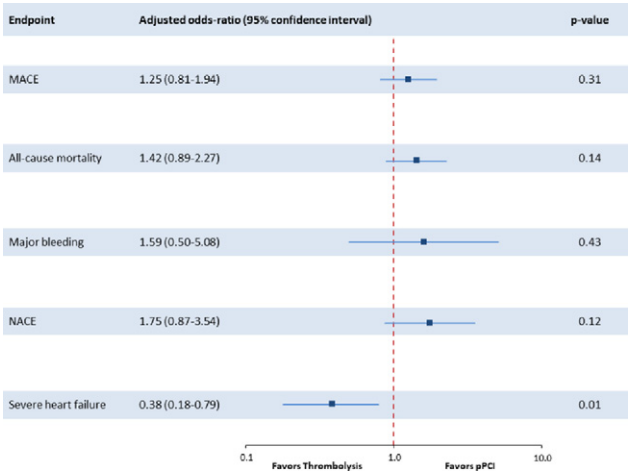

Fig. 1 MACE: Major adverse cardio-vascular events; NACE: Net adverse clinical event; pPCI: Primary percutaneous coronary intervention.

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

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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]).