

Method: We identified 492 patients who had undergone PCI in a tertiary hospital in Singapore and randomised them into the intervention or control arms. Patients in the intervention arm were recruited into either the Post-Elective PCI or the Post-Acute Coronary Syndrome SCORE protocols. Patients were excluded if they had any of the following: planned for a staged PCI, left ventricular ejection fraction \leq 40%, atrial fibrillation, ventricular tachycardia, renal failure, anaemia or other co-morbidities that precluded discharge to primary care. The primary outcomes measured were discharge to primary care within 1 year, and achievement of low-density lipoprotein (LDL) level of $<$ 2.6mmol/L within 1 year.

Results: Among the intervention group, 215 out of 395 were discharged to primary care within 1 year, compared to 7 out of 99 in the control group (54.4% vs 7.1%, $p<$ 0.001). Furthermore, 328 out of 386 patients in the intervention group achieved the LDL target within 1 year, compared to 63 out of 89 in the control group (85.0% vs 70.8%, $p=$ 0.002). After multivariable analysis, inclusion in the SCORE program was still independently associated with a higher chance of discharge to primary care and achieving the LDL target.

Conclusion: SCORE improved the rate of discharge of post-PCI patients to primary care, and also improved the achievement of LDL targets. These findings support the implementation of a standardised follow-up protocol in patients who have undergone PCI.

Disclosure of Interest: None Declared

Keywords: Protocol

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Vascular Complications After Detachment of Femoral Cannulation for Venoarterial Extracorporeal Membrane Oxygenation Support Caused by Limb Ischemia Reperfusion Injury

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49-year-old male had complained persistent chest pain and was admitted to a nearby hospital. The electrocardiogram showed ST segment elevation in the II III aVF leads. Thus He was diagnosed as ST elevated myocardial infarction, and immediately transferred to our hospital by ambulance. On the way to our hospital, ventricular tachycardia occurred, and electrical shock was undergone with automatic external defibrillator. He recovered own beats and sinus rhythm on the electrocardiogram monitor, but his consciousness level was still unclear (Glasgow Coma Scale: E3VTM3) on arrival at our hospital. We conducted emergent coronary angiography, which showed mid right coronary artery occlusion. In parallel with percutaneous coronary intervention, venoarterial extracorporeal membrane oxygenation (V-A ECMO) was started through right femoral cannula for therapeutic hypothermia and for treatment of sustained ventricular tachycardia. After that his dynamic state was stable, and V-A ECMO was removed on 3 days after admission. The next day, however, right lower limb was swelling rapidly and creatine kinase level elevated up to 59000mEq/l. We diagnosed compartment syndrome due to ischemia reperfusion injury by measurement of pressure within limb muscles and enhanced computed tomography, and surgical decompression was conducted emergently. Postoperative course was good. It was followed by skin grafting operation on 36 days after admission, and he discharged from our hospital on 55 days after admission. In this case, he had no peripheral artery disease and no ischemic features (e.g. Doppler was heard normally) on his right limb during V-A ECMO support. But ischemic reperfusion injury occurred unexpectedly. Very rare complication as it is, to predict ischemia reperfusion injury is very difficult.

Disclosure of Interest: None Declared

Keywords: None

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Synergic Effects of Levamlodipine and Bisoprolol on Blood Pressure Reduction, Organ Protection and Stroke Protection in Rats

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Aims: The objective of this work was to study the synergic effects of levamlodipine and bisoprolol on blood pressure reduction, organ protection in spontaneously hypertensive rats (SHR) and test the effects of combination with levamlodipine and bisoprolol on stroke in rats.

Methods: For acute study, a single dose of drugs was administrated via an intragastric catheter. For chronic study (4 months), drugs were delivered via rat chow. Systolic blood pressure (SBP) and heart period (HP) were monitored in conscious rats before and after drug administration. To observe the protection of drugs against ischemic cerebral injury, rats were subjected to middle cerebral arterial occlusion half an hour after drug administration; 24 h later, the infarct size were measured. For long-term treatment study, drugs were delivered via rat chow in stroke prone-spontaneously hypertensive rats (SHR-SP). The survival time of each rat was recorded.

Results: A single dose of levamlodipine (from 1 mg/kg), bisoprolol (from 0.125 mg/kg), and their combinations significantly decreased blood pressure. Neutralization on heart rate was observed in combination. Upon chronic treatment, this combination also decreased blood pressure variability and reduced organ damage. SBP was significantly reduced by combination therapy with levamlodipine and bisoprolol both in SHR-SP and SAD rats. In SHR-SP, BRS was enhanced in levamlodipine alone and combination. In SAD rats, reduction of SBPV was observed only in combination. In long term treatment study, the lifespan of SHR-SP in combination was notably longer than that in other groups. The infarct areas were the smallest in combination.

Conclusion: Levamlodipine and bisoprolol produce synergic effects on blood pressure reduction and organ protection in SHR, combination of levamlodipine and bisoprolol has a better protection on stroke.

Disclosure of Interest: None Declared

Keywords: Levamlodipine, Bisoprolol, Combination Therapy, Hypertension, Stroke

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Left Floating Left Atrial Mass in a Patient With Sinus Rhythm

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A 69-years old man who was suffered from the shortness of breath with effort for two months, and admitted to our hospital with worsening of breath difficulties.

Transthoracic echocardiograms revealed a large floating left atrial mass and pulmonary hypertension, and it was difficult to diagnose clearly either thrombus or tumor.

For as the cause of a variety of symptoms such as general fatigue and dyspnea, left atrial mass has been diagnosed, this case was underwent emergency surgery.

Myxoma was suspected from the intra-operative findings, but was identified as thrombus by pathological findings.

Without sufficient anti-coagulation therapy a left atrium thrombus has been recurred at the site of thrombus attachment before operation.

To correct diagnosis of left atrial mass, especially thrombus or myxoma, is sometimes very difficult by pre-operative assessment, and is a clinically important question that influences decision making and patients' prognosis. The large left atrium mass introduce various symptoms, such as congestive heart failure, general fatigue, dyspnea, body weight loss, and distal embolism, regardless of thrombus or myxoma.

It is said that many of the left atrium thrombus is to be complicated with atrial fibrillation, but it was a case that did not recognize the atrial fibrillation that was very rare in this case.

A large left atrium thrombus with sinus rhythm constitute a high risk group characterized by specific structural cardiac abnormalities.

For diagnosis for floating left atrium mass in a sinus rhythm of symptomatic, we needed surgical treatment in this case. It is very difficult to diagnose the left atrium mass from clinical course and preoperative image in many cases.

Disclosure of Interest: None Declared

Keywords: Left Atrium Mass, Sinus Rhythm, Thrombus

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Prognostic Implications of Age and Gender in Patients With Normal Dobutamine Stress Echo (DSE)

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Aim: 1. To determine the one year cardiac mortality and cardiac event rates in a population with normal DSE. 2. Assess the impact of age, gender and menopausal status in event rates in the study population.

Method: Patients who had a normal DSE examination between April 2011 and December 2012 were studied retrospectively, looking at one year cardiac mortality and morbidity. The study population was further interrogated according to age, gender and menopausal age (defined as $>$ 51 years).

Results: 211 patients were identified with normal DSE over the 18 month period. One year all cause mortality was 4. There was no cardiac mortality over the 12 month period. Of the normal patients 115 were female and 96 were male. 5 patients suffered a myocardial infarction within the one year period and all events were non ST myocardial infarction (NSTEMI).

The mean age in the NSTEMI group was 72.3 (SD of 14.7) and Mean age in normal group was 62.1 years (SD of 12.9). There was a difference of 10.2 years (95% CI of 8.4 - 12) ($p=$ 0.06).

3 Females suffered an NSTEMI, whilst 2 males suffered a MI.

Menopausal status confers a relative risk of 2 (95% CI 0.107-37.49) ($P=$ 0.64) in females.

Conclusion: 1. Normal DSE examination confers, good one year prognostic outcome, in terms of cardiac mortality and morbidity. 2. The prognostic outcome of a normal DSE is reduced by advancing age. 3. Menopausal status increases the likelihood of cardiac event rates in females. 4. Large sample studies are required to confirm these findings.

Disclosure of Interest: None Declared

Keywords: Dobutamine Stress Echocardiography

Female cardiac events	3/115	2.6% one year cardiac event rate
Female Pre menopausal cardiac event (<51)	0/25	0% one year cardiac event rate
Female post menopausal cardiac event (\geq 51)	3/90	3.3% one year cardiac event rate
Male cardiac events	2/96	2.1% one year cardiac event rate
Male patients cardiac event \geq 51	2/82	2.4% one year cardiac event rate
Patients <50 with MI	Patients 50-70 with MI	Patients >70 with MI
0 / 39	3/110	2/62