

**Conclusion:** after a first acute coronary syndrome, family history, NSTEMI as first cardiac event and multivessel coronary disease were independently associated with early symptomatic evolution of coronary disease.

## 022

### Primary percutaneous coronary intervention of bifurcation lesions

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**Introduction:** There are little data regarding the outcomes of bifurcation stenting during the acute phase of stemi, because this group of patient is usually excluded from trials.

**Methods:** In 139 patients who underwent bifurcation stenting, the clinical characteristics, procedural success, and in-hospital cardiac events were compared retrospectively between the patients with and without stemi. The pci strategy was at the discretion of the operator.

**Results:** 41 patients (29, 4%) were hospitalized for stemi and underwent a bifurcation stenting during a primary pci. Tabagism was significantly more frequent in patients with stemi. The remaining baseline clinical characteristics between the 2 groups were similar. The majority of bifurcation lesions (71%) were seen in the left anterior ascending (lad) artery. The provisional stenting was more performed in patients with stemi than in the others patients but without significant difference ( 95,1%vs 83,7%, p=0,06) there were no difference in the procedural success and the final timi-3 flow, and also in the 1 month, 6 months and 1 year mace between the 2 groups.

**Conclusions:** Bifurcation lesions are relatively common in emergent pci for stemi involving especially the lad. It can be safely treated with a provisional stenting approach, and the immediate and long term outcomes are similar to those of stable patients.

## 023

### Percutaneous coronary intervention in Senegal: indications, techniques and results about 34 cases

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Percutaneous coronary intervention with stent introduced by Sigwart et al in 1986, remains the treatment of choice for coronary atherosclerotic disease in its different presentations. However, it is still widely practiced in sub-Saharan Africa. The aim of this study is to describe the indications, techniques and results of percutaneous coronary intervention in Senegal.

**Methods:** We prospectively included all patients who underwent percutaneous coronary intervention with or without stent implantation between July 2012 and January 2013. We evaluated the indications of procedures, technical procedures and results of percutaneous coronary intervention performed in our center.

**Results:** During the period covered by our work, 34 percutaneous coronary intervention were performed in 31 patients. The average age of patients was 60.33±10.8 years. Three patients had underwent coronary angioplasty in France. The indications of the procedures were dominated by acute coronary syndromes without ST segment elevation in 19 patients foun. The arterial acces was radial or femoral respectively in 5 and 29 cases . During the coronary angiography lesions were type B2 / C in 19 patients with TIMI 0 in 9 patients. Procedures were successful in 31 cases with implantation of bare metal stents and drug-eluting stents in respectively 30 and 2 cases. A moderate bleeding was found in one patient.

**Conclusion:** Percutaneous coronary intervention in low income sub-saharian country is feasible with high success rate and very low complication despite difficult lesion. Our problems are the availability of a good heart surgery team and the consumables.

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## 024

### Determinants of improved one-year survival in non-ST-segment elevation myocardial infarction patients: insights from the French FAST-MI program over 15 years

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**Background.** Improved prognosis in non-ST elevation myocardial infarction (NSTEMI) patients has been mainly attributed to the invasive strategy but the long-term benefits are more uncertain.

**Objective:** To assess the determinants of improved one-year survival in NSTEMI patients.

**Methods:** Four 1-month French nationwide registries, conducted 5 years apart (between 1995, 2000, 2005, 2010), including a total of 3,903 with elevated cardiac markers participated NSTEMI patients admitted to intensive care or coronary care units. We evaluated changes over time in crude 1-year mortality and determinants of long term survival.

**Results:** From 1995 to 2010, no major change was observed in patients' characteristics in NSTEMI population. Early use of antiplatelet agents,  $\beta$ -blockers, ACE-I and statins increased gradually (P<0.001); use of anticoagulants over then unfractionated heparin (LMWH, bivalirudine or fondaparinux) increased from 40.8% in 2000 to 78.9% in 2010 (p<0.001); and, percutaneous coronary intervention (PCI)  $\leq$ 3 days of admission rose from 7.6% to 48.1% (P<0.001). One-year death decreased from 20% to 9.8%: adjusted HR for 2010 vs 1995: 0.49 (0.38-0.63). Early PCI (HR 0.70; 95%CI 0.55-0.90), use of anticoagulants over then unfractionated heparin (HR 0.61; 95%CI 0.50-0.74) and appropriate early medical therapy (HR 0.56; 95%CI 0.44-0.72) were predictors of improved survival.

**Conclusion:** One-year mortality of NSTEMI patients has decreased by a spectacular 50% in the past 15 years in France. An increased use of invasive strategy, together with change in type of anticoagulants and appropriate early medical treatment were the determinants of improved one-year survival.

## 025

### Prevalence, clinical profile and 3-year outcomes of acute myocardial infarction patients with and without obstructive coronary lesions: The FAST-MI 2005 registry

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**Objectives:** our aim was to describe the clinical profile and to evaluate the 3-year outcome of patients admitted for acute myocardial infarction (AMI)