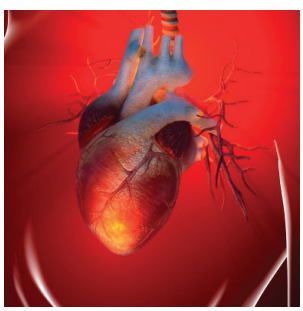
Scientific Tracks & Sessions
December 02, 2019

Heart Congress 2019 & Cardiac Surgery 2019







Joint event on

10th WORLD HEART CONGRESS

&

6th International Congress on

CARDIOLOGY AND CARDIAC SURGERY

December 02-03, Dubai, UAE

Sessions on

December 02, 2019

Cardiovascular Surgery | Cardiac Diseases | Cardiovascular Diseases | Diabetes, Obesity and Stroke

Chair
Suresh Vatsayayann
ourDoctor | India

Session Introduction

Title: Minimal Access Aortic Arch Surgery
Petar Risteski | Johann Wolfgang Goethe University | Germany

Title: Syntax score as a predictor of no reflow in patients presented with STEMI treated by primary PCI
Ibrahim Mahmoud Mohamed | Cairo University Hospital| Egypt

Title: Sens a heart vs hs-cTnI for rapid diagnosis of ACS
Nikola Bakracheski | Institute of Cardiovascular Diseases | Macedonia
Elena Kovacheska Bashuroska | Institute of Cardiovascular Diseases | Macedonia

Title: Recent advancement in cholesterol management
Haroon Aziz Khan Babar | Nishtar Medical University | Pakistan

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Minimal Access Aortic Arch Surgery

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Introduction and Aim: Reports of minimal access aortic arch surgery are scarce. We review our experience with minimally invasive aortic arch surgery performed through an upper mini-sternotomy, with emphasis on details of operative technique, early and late outcomes.

Material and Methods: The medical records of 123 adult patients (mean age 66±12 years) who underwent minimal access aortic arch surgery in two aortic referral centers were reviewed. Most common indication was degenerative aortic arch aneurysm in 92 (75%) patients. Standard operative and organ protection techniques were used in all patients and included an upper mini-sternotomy, uninterrupted antegrade cerebral perfusion and moderate systemic hypothermia (27.4±1°C).

Results: A partial aortic arch replacement was performed in 68 (55%) patients; the rest 55 (45%) patients received total arch replacement, further extended with either a frozen elephant trunk in 43 (35%) patients, or a conventional elephant trunk procedure in 9 (7%) patients. No conversion to full sternotomy and no wound dehiscence were observed. New permanent renal failure occurred in 1 (0.8%) patient, stroke in 2 (1.6%) and spinal cord injury in 4 (3.3%) patients. Early mortality was observed in 4 (3.3%) patients. Survival was 91 ± 6 % at 4 years and freedom from reoperations was 96 ± 3 % at 4 years.

Conclusion: Minimally invasive aortic arch repair through an upper mini-sternotomy can be performed safely, with early outcomes well comparable to series performed through a standard median sternotomy. The less invasive incision does not adversely influence the extent and the durability of aortic arch repair.

Biography

Petar Risteski is the lead consultant aortic surgeon with the Thoracic Aortic Surgery Unit, Department of Thoracic and Cardiovascular Surgery, Johann Wolfgang Goethe University in Frankfurt am Main, a position he has held since 2016. He completed his training at the University Hospital Frankfurt under Prof. Dr. Anton Moritz. Since 2012 he is German board certified cardiac surgeon, and in 2014 he was admitted as a Fellow of the European Board of Thoracic and Cardiovascular Surgeons. His clinical focus covers a wide range of contemporary, interventional, hybrid and minimally invasive treatments for aortic diseases. His academic interest focuses on organ protection during primary and reoperative aortic procedures, hybrid treatment of extensive aortic pathologies and minimally invasive approach for aortic and valvular procedures, where he published extensively. He has authored or coauthored more than 70 original articles (43 Pubmed-indexed publications) that have been cited over 620 times.

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Syntax score as a predictor of no reflow in patients presented with STEMI treated by primary PCI

Ibrahim Mahmoud Mohamed
Cairo University Hospital, Egypt

Objectives: The SYNTAX score (SXscore) has emerged as a reproducible angiographic tool to quantify the extent of coronary artery disease based on the location and complex-ity of each lesion. The aim of this study was to evaluate whether the SXscore is an independent predictor of no-reflow phenomenom and long-term cardiovascular outcomes in patients presented with acute ST-segment elevation myocardial infarction (STEMI) treated with primary percutaneous coronary intervention (pPCI).

Methods: A total of 760 patients with acute STEMI who were subjected to pPCI. Patients were categorized according to their TIMI flow grade into: normal flow (TIMI 3) 657 patients (86.4%) and noreflow (TIMI 0,1,2) 103 patients (13.6%) and according to Syntax scores into: mild (0-22) ➔ 292 patients who constituted 38.4% of the study group, moderate (23-32) ➔ 338 patients who constituted 44.5% of the study group, severe (>32) ➔ 130 patients who constituted 17.1% of the study group.

Results: There were significant differences among the normal flow and noreflow groups with respect to age, basal glucose levels, and the incidences of diabetes mellitus, Killip class, onset of presentation, TIMI risk score and previous use of statins. There were increasing rates of culprit left anterior descending lesion (P < .001). No-reflow phenomenon was correlated to SYNTAX score, (r value .682, P value <.001). At longterm follow-up, all-cause mortality, non-fatal myocardial infarction, stroke, rehospitalization due to heart failure, and the need of revascularization were significantly more frequent among the patients in the noreflow group and highest SXscore. In multi-variate analysis, after including the SXscore as a numerical variable into the model, every point of increase was determined as an independent predictor for long-term mortality (hazard ratio [HR] 1.8, 95% confidence interval [CI] 1.139-2.95, P .013) and for overall major adverse cardiac events (MACEs; HR 1.44, 95% CI 1.33-1.56, P < .001).

Conclusion: The SXscore is an independent predictor of noreflow and MACE in patients with acute STEMI undergoing pPCI.

Biography

Ibrahim Mahmoud Mohamed is recently working at Critical Care Department, Cairo University Hospital, Egypt. He completed his Bachelor of Medicine & Surgery (MBBCh), (Excellent with Honors) from Cairo University 2007 Cairo, Egypt. After that he completed his master's degree and M.D. Degree in Critical Care Medicine from Cairo University 2016 Cairo, Egypt. Recently working in Critical care department, Cairo University. Provided clinical care to patients at the Critical Care Centre (52 beds), including on-call commitment. Weekly follow-up clinic for critical care patients post-discharge. Weekly educational meetings included: Joint Critical Care and Cardiothoracic Surgery Conference; Critical Care Journal Club. Comprehensive Critical Care Training Program. Covered Emergency Department on-call team for physiologically unstable patients. It consists of a 3-year program; residents acquire clinical, procedural, and decision-making skills from senior residents and staff members through attending daily clinical rounds and CME program. Every year he is evaluated by a written, oral, and clinical exam. By the end of the program, resident becomes responsible of the admission and management of patients, conducting evening clinical rounds, supervision and education of junior staff, and directly involved in scientific and clinical activities. Previously he worked in Elsalam International Hospital in medical and surgical ICU for 3 years from 2012 to 2015. Observership for one-month duration from 01/09/2014 to 30/10/2014 in Royal Free Hospital in London. UK. Saudi German Hospital in Cairo for 2 years from 2015 to 2017 and still working there as senior registrar.

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Sens a heart vs hs-cTnI for rapid diagnosis of ACS

Nikola Bakracheski, Elena Kovacheska Bashuroska
Institute of Cardiovascular Diseases, Macedonia

Sens a heart is a unique, novel ultra-sensitive immunoassay for the rapid diagnosis of myocardial infarction (myocardial injury) in early phase of ischemic coronary cascade and in the lates stage of development of myocardial necrosis. The test is qualitative lateral flow immunochromatographic assay for the rapid detection of Cardiac Troponin I (cTnI) and Heart Fatty Acid Binding Protein (H-FABP), which in combination can detect early signs of AMI (ACS) as soon as 30 minutes after symptom onset, as compared to the 4 hours wait time of hs-cTnI.

The most significant advantage of Sense-a Heart, compared to hs-cTnI is its simplicity and easy to use 10 minute test, taken in the early period of ACS, require no measurement instruments and it can be easily deployed at the bedside, at the point of patient care, in physician office, emergency service areas, ambulances without any laboratory equipment. It requires only a single droplet of blood (30µL), and it has prominent diagnostic sensitivity and specificity in patients with ACS.

Biography

Nikola Bakracheski is the head of Interventional Cardiology Department and Coordinator of Scientific club and CME at the Institute of Cardiovascular Diseases – Ohrid, Macedonia. He has completed his PhD studies in 2016 at University Ss Cyril and Methodius-Skopje. He is a coauthor of several books and scientific papers in the field. He is a member of ESC, EAPCI, Macedonian Society of Cardiology and the Macedonian Medical Association.

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Recent advancement in cholesterol management

Haroon Aziz Khan Babar
Nishtar Medical University, Pakistan

Guidelines on the management of Cholesterol, Top Ten Message to reduce the risk of ASCVD, Overview of Primary & Secondary ASCVD Prevention (Four Benefits Group), Treatment Considerations, Special Populations & Modern Approaches for the management of Cholesterol.

Biography

Haroon Babar have Fellowship from Royal College Edinburgh, He is the Professor of Cardiology of Nishtar Medical University, Pakistan. He is a pioneer in Primary Catheterization at Nishtar University alongwith the erection of Cath Lab as well. He has a vast experience in intervention cardiology. Several papers published in renowned journals, while heads several research programs. He is elected as the president of Pakistan Cardiac Society.

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