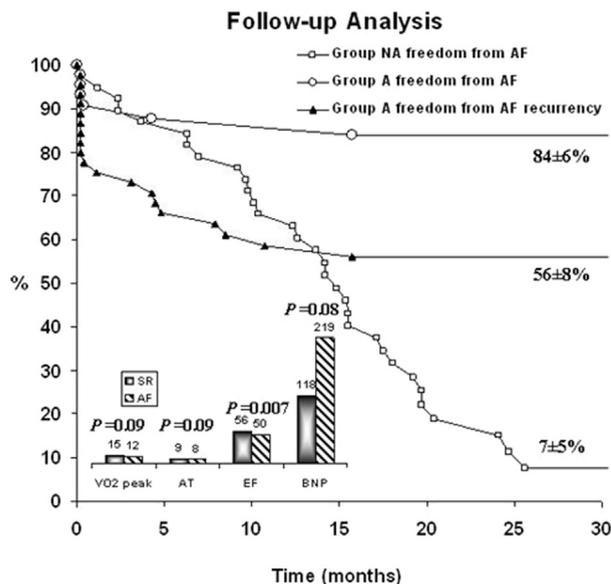


follow-up which would support the role of the autonomic nerve regenerative (or re-establishment) activities for the incidence of the recurrence of atrial arrhythmias (ex. persistent atrial fibrillation). Furthermore, the recurrence degree of AF is high to all currently used catheter methods. Atrial Fibrosis as defined by Delayed Enhanced Magnetic Resonance Imaging (DEMRI) is associated with slower and more organized electrical activity but with lower voltage compared to the healthy sites of the atrium. 90 % of continuous Complex Fractionated Atrial Electrograms (CFAE) sites occurs at non-DE and patchy DE of the Left Atrial (LA) sites. These findings are important to determine a strategy for catheter ablating procedure during the treatment of persistent AF. MRI combined to FFT - software enabling the physician to distinguish between fibrosis and Ganglionated Plexi (GP) sites for the treatment of sustained AF. Previous investigators have shown relationship between fibrosis imaged by DEMRI and atrial electrograms during persistent atrial fibrillation episodes used MRI & NavX algorithm that quantify EGM fractionated. Several studies have showed that the activation of the autonomic ganglia in the atrium could lead to sustained AF. Therefore, using an approach of combined MRI - NavX to detect the ganglia site will represent an optimum target for the catheter ablation procedure and for the atrial site for ICD / device sensing/stimulating. Furthermore, by using a 'neurostimulator' device to detect whether the complete GP atrial autonomic insulation is achieved would prevent the early recurrence of AF episodes. These findings are important when choosing the ablation strategy in persistent AF. In addition, this study would reveal major scientific and genetic discoveries such as the relation between GP - induced AF, the risk of ischemic stroke, the large artery stroke and CAD. Those new findings would also be useful for advanced development of pharmacogenetics drugs for the treatment of cardiovascular and neurovascular diseases such as GP-induced AF and CAD. Thus, it would also be used as a combined treatment to the existing antiarrhythmic drugs, anti-thrombotic agents, beta-blocker agents, statins, angiotensin-converting enzyme inhibitor.

■ OP-023

**Left Atrial Radiofrequency Ablation During Mitral Valve Surgery Improve Functional Capacity and the Clinical Outcome.**

A.D. Alfonso<sup>1</sup>, J. Alfonsi<sup>2</sup>, G. Rescigno<sup>1</sup>, S. Matteucci<sup>1</sup>, L. Torracca<sup>1</sup>.  
<sup>1</sup>Cardiac Surgery Unit, Ancona Hospital, Italy; <sup>2</sup>Cardiac Surgery Unit, Bologna Hospital, Italy.



**Objective:** Aims of this study were to report sinus rhythm restoration and to determinate functional capacity and clinical outcome at follow-up after concomitant left atrial radiofrequency ablation (RFA) during mitral valve surgery.

**Methods:** Between December 2008 and December 2011, 83 patients with AF underwent mitral valve surgery at our institution. Forty-five (54%) patients (Group A) received concomitant left atrium RFA and 38 (46%) patients did not (Group NA). All patients were evaluated 18±8,6 months after surgery. In each group clinical evaluation, cardiopulmonary exercise testing, two-dimensional echocardiography, 24 ECG Holter monitoring, and BNP level were compared during follow-up.

**Results:** Group A showed a significant improvement in SR rates at 6 and 18 months compared to group NA (29/45 versus 6/38 and 36/45 versus 5/38; p<0,01 respectively). Freedom from AF at follow-up and functional analysis are reported in the picture.

**Conclusions:** Concomitant left atrium RFA during mitral valve surgery significantly increases SR restoration and patient exercise capacity at follow-up. Our findings suggest that the use of left atrial RFA during mitral valve surgery is justified.

**Cardiovascular Risk in Different Geographies**

Thursday, March 13, 2014

5:00 PM ~ 6:30 PM, Hall 6

(Abstract nos. OP-024 ~ OP-032)

■ OP-024

**Risk Factors Associated With Early Symptoms of Acute Coronary Syndrome in Elderly.**

H. Asgar Pour<sup>1</sup>, R. Norouzzadeh<sup>2</sup>, M. Heidari<sup>2</sup>.  
<sup>1</sup>Department of Surgical Nursing, Aydin Health School, Adnan Menderes University, Turkey; <sup>2</sup>Department of Medical-Surgical Nursing, Faculty of Midwifery and Nursing, Shahed University, Iran.

**Objective:** Determine risk factors associated with early symptoms of acute coronary syndrome in elderly.

**Methods:** This Cross-sectional analytic study was performed on 446 patients who admitted at the coronary care units of eight affiliated teaching hospitals in Tehran, Iran. The early symptoms of patients with acute coronary syndrome were assessed. Acute coronary syndrome symptoms are categorized by typical and atypical symptoms. To determine risk factors related to early symptoms of acute coronary syndrome multivariate logistic regression analyses were used.

**Results:** Older and younger patients had a statistically significant difference in chest pain, arm pain, jaw/neck pain and dyspnea (P<0.05). Multivariate logistic regression showed that older patients with a history of hypertension (OR 0.43, 95% CI 0.25-0.73, P=0.002), smoking (OR 0.51, 95% CI 0.30-0.89, P= 0.019), and obesity (OR 0.69, 95% CI 0.51-0.10, P=0.011) have less chance to experience the early symptoms compared to younger patients, respectively.

**Conclusions:** It seems early symptoms of acute coronary syndrome is affected by risk factors. Obesity, hypertension and smoking were risk factors which reduce the initial symptoms of acute coronary syndrome in the elderly. Nurses and physicians should be careful in history taking of older patients suspected to acute coronary syndrome.