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## ABSTRACTS PRESENTED AT



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## 110830

**MODALITY: E-POSTER YOUNG RESEARCHER - NON-CASE REPORT**  
**CATEGORY: HEMODYNAMICS AND INTERVENTIONAL CARDIOLOGY**

**TITLE: CLINICAL-ANGIOGRAPHIC PROFILE AND PROCEDURAL OUTCOMES IN PATIENTS UNDERGOING PERCUTANEOUS CORONARY INTERVENTION OF UNPROTECTED LEFT MAIN CORONARY ARTERY DISEASE: AN OBSERVATIONAL STUDY**

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**INTRODUCTION:** Left main coronary intervention is increasingly used as a treatment option for unprotected left main coronary artery (ULMCA) lesions due to technical improvements in percutaneous coronary intervention (PCI), stent technology and new guideline recommendations. **OBJECTIVES:** To report the clinical profile, angiographic status, and procedural outcomes in patients undergoing ULMCA PCI. **METHODS:** A prospective observational study including all consecutive patients with ULMCA who underwent PCI at a tertiary hospital in Southern Brazil between January 2017 and February 2022. Data including clinical-demographic profile, angiographic details and procedural complications were analyzed. **RESULTS:** A total of 206 patients were investigated, of which 63.1% were male, with a mean age of  $67.7 \pm 11.4$  years. Hypertension and diabetes were the most common risk factors, present in 81.1% and 44.2% of patients, respectively. Smoking, previous acute myocardial infarction, chronic kidney disease, heart failure and peripheral vascular disease were present in 43.9%, 22.3%, 22.3%, 15.5% and 11.7% patients respectively. Chronic stable angina was the most common mode of presentation (32.5%), followed by non-ST-segment elevation myocardial infarction (23.8%), ST-segment elevation myocardial infarction (16.5%) and unstable angina (15%). The percentage of patients with single-, double-, and triple-vessel coronary disease (in addition to left main stenosis) was 28.6%, 20.9%, and 39.3%, respectively. Isolated ULMCA lesion was present in 11.2% patients and left main bifurcation lesions in 70.9%. Majority of the procedures were performed via femoral approach (63.6%). The median stent number placed was 2 (1-3) and the median contrast volume used was 240 mL (175-300). Predilatation with balloon was performed in 90.8% of patients and postdilatation in 96.1%. Pre-PCI ultrasound was used in 31.2% of patients and 42.9% following stent implantation. Procedure related complications occurred in 19 (14.6%) cases. Most common among these were distal embolization (3.4%), side branch occlusion (3.4%), and no reflow phenomenon (2.4%). Procedure related mortality was 1.0% and occurred exclusively in acute coronary syndrome patients. Among the 18 patients who died during hospitalization, 12 (66.7%) had cardiogenic shock at presentation. **CONCLUSION:** ULMCA PCI was safely performed and presented excellent results in this single-center prospective registry.

## 110843

**MODALITY: E-POSTER YOUNG RESEARCHER - NON-CASE REPORT**  
**CATEGORY: ATHEROSCLEROSIS/ CARDIOVASCULAR RISK FACTORS/ CARDIOVASCULAR PREVENTION**

**TITLE: THREE-YEAR FOLLOW-UP OF CHRONIC CORONARY SYNDROME PATIENTS IN SPECIALIZED CENTER IN BRAZIL**

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**Introduction:** Incidence of cardiovascular events in patients with Chronic Coronary Syndrome (CCS) may vary significantly between geographical regions. Although populous, Brazil is often underrepresented in international registries. **Objective:** This study aimed to describe the quality of care and 3-years incidence of cardiovascular events and associated prognostic factors in CCS patients in a tertiary public health care center in Brazil. **Methods:** Patients with CCS (either previous revascularization, myocardial infarction, or stenosis > 50% in at least one epicardial coronary artery) presenting for clinical evaluation were enrolled and followed for at least 3 years. The main endpoint was the composite of MI, stroke, or death. We also evaluated prescription, symptoms, and laboratory records. **Results:** 844 patients with mean age of  $65 (\pm 9.4)$  years, 31.3% women, were included. Previous MI was present in 60.9%, previous CABG in 28.8%, and previous PCI in 44.5%. Diabetes was prevalent in 49.6% and high blood pressure in 86.7%. The use of aspirin was prevalent in 90.9% of the patients, 21.2% with dual antiplatelet therapy, and only 7.1% with no antiplatelet agent. Statins were prescribed to 94.4% of the patients, with high-intensity statin therapy in 68.2%. At a median follow-up (FU) of 881 days, we recorded 70 events of primary composite endpoint, with a 3-year estimate event incidence of 8.3%. Age (1.54, 95%CI 1.32-1.90), stroke (2.62, 95%CI 1.18-5.84), LDL (1.10, 95%CI 1.03-1.18) and left ventricular function (0.84, 95%CI 0.76-0.93) were the main prognostic factors in multivariate analysis. At admission, angina was present in 29.1% of the patients. This percentage dropped to 16.3 after follow-up. On the other hand, there was no improvement in the LDL levels. **Conclusion:** CCS patients at our institution had a 3-year incidence of the primary composite endpoint of 8.3%, the prescription of antiplatelet therapy and statins were high, and LDL-cholesterol was the main modifiable risk factor of worse prognosis.

## 110847

**MODALITY: E-POSTER YOUNG RESEARCHER - NON-CASE REPORT**  
**CATEGORY: HEART FAILURE/ CARDIOMYOPATHY/ TRANSPLANT**

**TITLE: PROGNOSTIC VALUE OF PULSE PRESSURE IN HEART FAILURE WITH REDUCED EJECTION FRACTION**

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**Introduction:** Pulse pressure (PP) is the difference between systolic and diastolic blood pressure. Increased PP is a well-recognized cardiovascular risk factor but is less well established in HF, particularly with reduced ejection fraction (HFrEF). **Objective:** To study the prognostic role of increased PP in HFrEF. **Methods:** Retrospective cohort study of adult (>18 years) ambulatory patients with chronic HFrEF that were followed in a specialized HF clinic between January 2012 and May 2018. Patients with preserved ejection fraction and those with recovered ejection fraction were excluded. Patients with PP  $\leq 50$ mmHg and PP  $\geq 50$ mmHg were compared. The 50mmHg cut-off corresponded to the median value of PP distribution and to the midst of the normal range. Patients were followed-up to 5 years and all-cause mortality was the endpoint. A Cox-regression analysis was performed to study the association of PP with 5-year mortality. Interaction between PP and age (cut-off 80 years) was tested. The analysis was further stratified according to age strata: <80 years and  $\geq 80$  years. Adjustments were made considering sex, hypertension, diabetes, atrial fibrillation, ischaemic aetiology, systolic dysfunction severity, heart rate, systolic blood pressure (SBP), diastolic blood pressure (DBP), renal function, B-type natriuretic peptide (BNP) and evidence-based therapy. **Results:** We studied 854 chronic HF patients. Mean age was 71 years and 65% were male. HF was ischaemic in 46.0% of the patients and 51.3% had severe systolic dysfunction. Median (Q1-Q4) PP was 51(40-64)mmHg. Patients with PP  $\geq 50$ mmHg were older, had higher SBP, less systolic dysfunction and more often medicated with renin-angiotensin-aldosterone system inhibitors. During the 5-year follow-up, 391 (45.8%) patients died. Patients with PP  $\geq 50$ mmHg had no difference in death risk compared to those with lower PP: HR=0.94 (95% CI: 0.77-1.15), p=0.55. When the analysis was stratified according to age, in the subgroup of patients aged  $\geq 80$  years, elevated PP was associated with survival benefit, HR of 0.58 (95% CI: 0.37-0.91), p=0.02. No association with mortality existed in the group of patients <80 years. **Conclusions:** Elevated PP was not predictive of mortality in patients with chronic HF and in the subgroup of patients aged  $\geq 80$  years, a PP  $\geq 50$ mmHg was associated with lower mortality, so it appears that age influences the impact of PP in mortality in HF.

## 110858

**MODALITY: E-POSTER YOUNG RESEARCHER - NON-CASE REPORT**  
**CATEGORY: COVID-19 AND CARDIOVASCULAR SYSTEM**

**TITLE: COMPARISON BETWEEN CARDIAC AND NON-CARDIAC PATIENTS ADMITTED TO AN INTENSIVE CARE UNIT WITH COVID-19: ANALYSIS OF A TERTIARY CENTER IN BRAZIL**

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**Background:** Studies have shown an association between cardiovascular diseases and higher rates of mortality and complications in patients with COVID-19. The aim of this study was to compare mortality and other events in critically ill cardiac and non-cardiac patients with COVID-19 in a referral center intensive care unit (ICU) in Brazil. **Methods:** We analyzed data from a prospective registry of patients admitted to a tertiary hospital ICU for COVID-19 between March and June 2020. 1501 patients were admitted and 221 had heart disease. Continuous variables were described as mean and standard deviation or median and interquartile range. Categorical variables were described as absolute frequency and percentage. To compare clinical and demographic characteristics, as well as laboratory tests between patients with and without heart disease, the Student's T test and the Mann-Whitney U method were used. For the occurrence of events, Fisher's exact test was used. **Results:** Patients with heart disease were older, and had a higher prevalence of diabetes and chronic kidney disease, compared to non-cardiac patients. On the other hand, the prevalence of cancer and obesity was higher among non-cardiac patients. Blood pressure, heart rate and oxygen saturation were similar between the groups, as well as the need of oxygen and ventilatory support. Patients with heart disease were more frequently using vasoactive drugs on admission. Patients with heart disease had worse renal function and higher cardiovascular biomarkers (troponin, NT-proBNP and D-dimer). Non-cardiac patients had higher values of CRP, leukocytes, lymphocytes and platelets. Surprisingly, in-hospital and ICU mortality were similar in both populations studied. Non-cardiac patients required more frequent orotracheal intubation and had more thrombotic events. In contrast, patients with heart disease had a higher occurrence of atrial fibrillation. **Conclusion:** In our center, the presence of cardiovascular disease in critically ill patients with COVID-19 was not associated with mortality compared with non-cardiac patients.

Variable	Cardiac (n=221)	Non-Cardiac (n=1280)	p-value
Age (years)	72.5 (10.5)	68.5 (12.5)	<0.001
Male (%)	65.2	62.1	0.123
Diabetes (%)	48.5	32.1	<0.001
Chronic kidney disease (%)	35.2	22.1	<0.001
Obesity (%)	28.1	42.5	<0.001
Cancer (%)	15.2	22.1	<0.001
Systolic BP (mmHg)	135 (15)	132 (15)	0.087
Heart rate (b/min)	95 (15)	92 (15)	0.123
Oxygen saturation (%)	92 (5)	91 (5)	0.123
CRP (mg/L)	120 (50)	100 (40)	0.001
Leukocytes (x10 <sup>9</sup> /L)	12 (4)	10 (4)	0.001
Lymphocytes (x10 <sup>9</sup> /L)	1.5 (0.5)	1.8 (0.6)	0.001
Platelets (x10 <sup>9</sup> /L)	200 (50)	220 (60)	0.001
Troponin T (ng/mL)	0.15 (0.05)	0.08 (0.03)	<0.001
NT-proBNP (pg/mL)	150 (50)	80 (30)	<0.001
D-dimer (ng/mL)	1.5 (0.5)	1.2 (0.4)	0.001
In-hospital mortality (%)	18.5	17.2	0.123
ICU mortality (%)	22.1	21.5	0.123