Diagnostic value of eocfree space around the aortic prosthesis for infective endocarditis.

A. Salas 2, M. Sebastiá 2, R. Dominguez 2, J. Soler-Soler 2. 1Hospital valle de afective endocarditis on aortic prosthesis and haemodinamic significant paravalvular ecofree space revealed by transoesophageal ecography and annular abscess con-

3. There was shown a significant correlation between the presence of extralumenal ecofree space and the other patients we have revealed extralumenal ecofree space. Among patients without ecofree space around the aortic prosthesis, only one patient was diagnosed with infective endocarditis according to the 4 equations y=1.7x+5.2, p<0.001, R²=0.71.

3. There was a significant correlation between the presence of extralumenal ecofree space revealed by transoesophageal ecography and annular abscess con-

firmed intraoperatively in patients who underwent aortic valve replacement for in-

fective endocarditis on aortic prosthesis and haemodinamic significant paravalvular leak (R²=0.28, p<0.0001).

Conclusions: 1. The circular ecofree space is frequently revealed by transoe-

sophageal ecography around the aortic prosthesis and it has a low specificity for in-

fective endocarditis. 2. The extralumenal ecofree space has an important diagnostic value and an increased specificity for abscess of the aortic root, its presence being an indication for early surgical intervention in these patients.

Role of transoesophageal echocardiography in the differential diagnosis of aortic ulcers.

Z. Gomez Bosch 1, A. Evangelista 2, G. Avegliano 2, M.T. Gonzalez-Alujas 2, A. Salas 2, M. Sebastia 2, R. Dominguez 2, J. Soler-Soler 2, 1Hospital valle de hebron, Cardiologia, Barcelona, Spain; 2Hospital Valle de Hebron, Cardiologia, Barcelona, Spain

Prognosis and therapy of penetrating aortic ulcers (PAU) vs ulcer-like images (ULI) differ greatly, however, the differential diagnosis between both entities by imaging techniques is not well established. The aim of the present study was to assess the role of TEE in the differential diagnosis of aortic ulcers (AU) defined by CT or MRR. Twenty-five patients (23 men, 2 women; age range: 50-82y), were free of rheumatic diseases and underwent TEE to investigate different clinical incidents, transient ischemic attacks, or major/minor bleeding complications were not noticed.

Conclusions: TEE is highly useful in the differential diagnosis of penetrating aortic ulcers and ulcer-like images diagnosed by CT or MRR. Some penetrating aortic ulcers remained undetected by conventional CT; thus, TEE is mandatory in aortic ulcer assessment.

Transoesophageal echocardiographic study in 50 patients affected by rheumatoid arthritis.

M. Turie 1, G. De Blasio 2, M. Uberto 2, L. Della 2, G. Bigatti 2, D. Ali Youssef 1, F. Azem 2, P. Sarzi-Puttini 3, 1Istituto Galeazzi University of Milan, Servizio di Cardiologia, Milan, Italy; 2Istituto Galeazzi, Servizio di Cardiologia, Milan, Italy; 3Hospital L.Sacco, Rheumatology Unit, Milan, Italy

Objectives: To determine the incidence and type of heart lesions in rheumatoid arthritis (RA), we coupled transthoracic (TTE) with transoesophageal echocardiogra-

phy (TEE), which is more sensitive and more accurate.

Methods: 50 unselected RA patients (41 F and 9 M aged 25 to 73 years, with a mean age of 54 ± 14 years) free of known progressive heart disease underwent a chest radiography, an electrocardiogram, laboratory tests, and TTE coupled with TEE. Results were compared with those in age and sex-matched patients which were free of rheumatic diseases and underwent TEE to investigate different clinical disorders.

Results: Mitral regurgitation (MR) was evidenced in 40 cases (80%). Among the controls, only 15 (30%) had MR (p<0.01). Aortic regurgitation was found in 15 cases (30%), versus 2 controls (10%). Thromboembolic events occurred in 4 patients (7.9%) had tricuspid valve abnormalities (NS). Mitral valve prolapse (MVP) was ob-

served in 10 patients (4 of posterior leaflet and 6 of anterior leaflet).

Pericardial effusion was found in 39 cases (78%) and in none of controls. Six patients evidenced diastolic dysfunction. Two patients presented interstitial sepal aneurism. Twenty patient (40%) had fibrosis and/or calcifications of the aortic valve, and 10 patients of the mitral valve. Echo-generating nodules were seen on a mi-

tral valve in 5 cases and on an aortic valve in 2. No significant correlations linking cardiac lesions to clical or laboratory features of RA was observed.

Conclusions: Cardiac involvement, particularly of the mitral valve, was extremely common in RA patients. Diastolic dysfunction was rarely observed but systolic func-

tion was normal. No correlation was observed between cardiac abnormalities, dis-

ease severity and treatments. TEE was useful to identify echo-generating nodules and calcifications of cardiac valves.