the first three months (range 35–66 days) after DES implantation, and group 2 (47 pts) in whom test was performed in the period from 3rd to 6th months after DES implantation.

**Results:** there were no differences between groups according to the sex, age, diabetes mellitus status, hypertension, hyperlipidemia, smoking status, and left ventricular dimension.

**Conclusion:** our data suggest that SECT could be a safe method for evaluation of pts 2 months and later after DES implantation. Nevertheless, one case of stent thrombosis that occurs at the same day when the test was performed suggests that further data are needed for more precise evaluation of the safety of the test.

### 1145

**Inducible ischemia, ejection fraction and age as prognostic determinants in a population affected by stable coronary artery disease**


**Purpose:** Aim of the present study was to compare prognostic value of rest left ventricular (LV) systolic function and presence of inducible ischemia in a population of patients affected by coronary artery disease (CAD), in a large majority recently revascularized, in stable clinical conditions.

**Methods:** Main clinical data were retrospectively collected for 340 subjects (mean age 60±12 years, 74% at the beginning of a cardiac rehabilitation program), indication for such a treatment was a recent myocardial infarction in 281 patients, treated with a primary PCI in 195, a recent percutaneous or surgical revascularization procedure in 45 and severe LV dysfunction in 9. All patients underwent dobutamine stress-echo (DSE), conducted according to standard protocol, and 320 subjects underwent also ergometric test (ET), according to standard protocol and 25 Watts for 2 minutes, increased of 25 Watts every two minutes, until reaching predicted heart rate or developing ischemia or other complications.

After at least six months from the acute event, a telephone interview was performed to check the occurrence of new major adverse cardiovascular (CV) events (cardiac death, myocardial infarction, new revascularization procedures, signs of development and symptoms of heart failure).

**Results:** 204 patients (61%) were hypertensive and 91 (24%) diabetics. In the whole population, baseline echocardiogram showed LV dimension in the upper normal limits (end-diastolic diameter 55±7mm, volume 126±61ml), with global systolic function slightly reduced (ejection fraction, EF, 47±2%; 228 patients assessed both blocks). ET was positive for ischemia in 33 (10%) subjects, negative in 36 (11%) and non diagnostic in 236 (69%); DSE was positive for ischemia in 135 (40%) patients, negative in 67 (20%), non diagnostic in 61 (18%) and stopped (because of complications in 17 (5%) of patients, and Kaplan-Meier method showed that only reduced EF (<55%) was associated with increased CV morbidity and mortality, while age (cut-off: 75 years) and presence of ischemia at ET and DSE were not; when subjects were subdivided in 4 groups based on ischemia at DSE and dobutamine stress test, old ischemic subjects tended to have a higher CV mortality than non-ischemic ones (p=0.057).

**Conclusions:** EF is the most powerful CV prognostic determinant in a population affected by CAD in stable clinical conditions, while age and inducible ischemia have only a marginal role: this underlines the importance to use every possible tool to prevent EF deterioration, whatever the age of the patient.

### 1146

**Diagnostic aspect of trimelazidine using**


**Purpose:** To assess by SECT with new (diagnostic!) purpose viable myocardium and defining the diagnostic efficiency of acute trimelazidine test.

**Materials and methods:** 13 men with a history of myocardial infarction (Q-wave), 127 preoperatively asymptomatic coronary artery disease (CAD) in stable clinical conditions were enrolled. The trimelazidine test was performed at rest (TR) and two hours after oral consumption of the drug. Stent thrombosis occurred on day of SECT in 1/47 pts (2.12%) in group 2, and there were no differences between groups according to the sex, age, diabetes and indicators to SE. Aim of the study is to assess by SECT the pulmonary pressure (PP) trend during exercise in pts (p) affected by systemic sclerosis (SS), a pathology in which the pulmonary involvement represents the most frequent cause of death.

**Methods:** Twenty p (mean age 52±17 yrs, 18 females) was assessed by SE without clinical or instrumental signs of pulmonary disease (normal chest X-ray, respiratory function tests and thoracic CT scan) underwent a rest echocardiogram, followed by a SE, performed using a sitting echoAMERA with increasing loads of 25 watt every 3 minutes.

**Results:** Basal echocardiographic findings, including right ventricle dimension and left ventricle systolic function were normal, b200 p (60%) had mild tricuspid regurgitation (TR) with normal PP (27±4 mmHg). During exercise 1920% (16) showed mild TR, among those only 4 p who didn't have TR at rest echo. PP increased from 27±4 to 65±4 mmHg (p=0.001). 3 p showed an exercise PP higher than 45 mmHg (cut off for normality in healthy subjects). Mean exercise time and functional capacity were respectively 8±3 minutes and 65±13%.

**Conclusions:** No incident affected by SS and signs of pulmonary involvement, SE is able to unmask pulmonary hypertension during exercise. This finding could be a consequence of initial impairment of pulmonary circulation and could predict the development of late stages of PPH. Further studies on larger populations with an adequate follow-up are necessary to assess the clinical relevance of these findings.

**Summary:** Acute trimelazidine test helps to identify viable myocardium in patient with myocardial infarction history (Q-wave). The diagnostic AT accuracy has been comparable to ILDT accuracy for detection of a viable myocardium. The invention patent number 2195179 (27.12.2002) "The method of diagnostic of a viable myocardium" was received in Russia.