and 6-months two-dimensional echocardiographic follow-up in order to as-
sess end diastolic volume (LVEDV) and LV contractility. Of the 30 pts, 20
(67%) had RPSI mean 1.6±0.5, EF increased from 44±5% to 58±7%,
LVEDV decreased from 93.2±25 ml to 91±22 ml while remaining 10 pts (33%;
Group 2) had unfavourable remodeling with RPSI mean 0.9±0.7. Both EF
increased from 37.8±4 to 49.5±9%, and LVEDV from 113±3 to 163±22ml after
6-months. The Group 1 had lower Troponin I peak (2317 vs 44±1ng/ml,
p<0.1) and higher EF ona admission (44±5% vs 37±8, p<0.01). No signifi-
cant difference in pain onset-PCI time, final eTFC and MBG was found be-
tween groups. We found Spearman correlation between postprocedural eTFC
and RPSI (R=-0.9, p<0.002), MBG and RPSI (R=0.96, p<0.04). The best cor-
relation was detected between eTFC and MBG (R=0.6, p=0.001) but in logis-
tic multivariable regression only RPSI determined remodeling.

Conclusions: Despite modern therapy of myocardial infarction remodeling
develops in significant number of patients. MCE as non-invasive method is
superior than angiographic parameters in prediction of LV remodeling.

SOURCE OF EMBOLISM

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Left ventricle mural thrombus early after acute myocardial infarction
in the era of primary percutaneous intervention and glycoprotein IIb/IIIa
inhibitors
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Background: Before the widespread use of primary percutaneous inter-
vention (PCI) and glycoprotein IIb/IIIa inhibitors (GP IIb/IIIa) the left ventricular
thrombus (LVT) was reported to complicate up to 20% of acute myocardial
infarctions (AMI). It still remains unknown how these modern therapies im-
pact on LV thrombus. We tried to define the frequency of LV thrombus among
the patients (pts) who underwent successful primary PCI and received aggres-
sive antiplatelet therapy at the same time. We also wanted to assess the
clinical and echocardiographic predictors of LVT formation.

Material and methods: 3,158 pts who had underwent successful primary
PCI within 12 hours from onset of AMI were retrospectively analyzed. Two-
dimensional and Doppler echocardiographic examinations were performed
in all these pts within three to four days after the PCI. LV thrombus was defined as
an echodense mass with definite margins, distinct from the endocardium and
adjacent to an area of hypo- or akinetic myocardium. Baseline demographic
characteristics, angiographic findings, type of intervention and medical treat-
ment were analyzed.

Results: LVT was detected in 79 pts (2.5%). Pts with LVT and ones without
it were the same age (61.2±11.4 vs 61.8±12.8 years) and suffered from hy-
pertension (62.0% vs 51.5%), diabetes mellitus (29.1% vs 22.5%), lipid disor-
ders (46.6% vs 42.7%) at the same frequency. Percentage of smokers was
similar in both groups (48.7% vs 54.5%).
PMT pts had a history of prior embolic events (3.9 vs 5.1%) more frequently.
There were more men in LVT group (82.3% vs 69.9%). It included also more
patients with normal TroponinT level and non-diagnostic ECG. ROC analysis revealed significantly
different diagnostic value of SRI than 2D in prediction of CAD or MACE. (AUC:
0.74 vs 0.86 for CAD and 0.76 vs 0.86 for MACE, p<0.05).

Conclusion: Assessment of LV deformation abnormalities at rest or during
low level exercise by SRI may further increase the diagnostic accuracy of
echocardiography to define high risk CAD among the patients admitting to
department with acute chest pain.

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Value of echocardiography for the detection of left ventricular outflow
tract obstruction in Tako-Tsubo syndrome
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Background: Tako-Tsubo (TT) syndrome is a clinical entity mimicking acute
coronary syndrome (ACS). Some cases have reported TT syndrome associ-
ated with left ventricular outflow tract (LVOT) obstruction. The aim of our
study was to determine the prevalence and the features of this syndrome in
large population presenting with ACS.

Material and methods: Among 8,705 pts referred to 2 catheterization labo-
ratories, this study consisted of 2726 pts who underwent coronary arteriog-
raphy for suspicion of ACS. All pts underwent an echocardiography, a coro-
nary arteriography and a LV angiogram <48 hours after the symptom onset.
We defined TT syndrome as (1) an acute chest pain during stressful incident
associated with ST-segment abnormalities and/or increased serum troponin
level, (2) regressive systolic dysfunction, and (3) no coronary lesions. In ho-
spital mortality and follow-up (21±12 months) was collected in all patients.

Results: Among the 2726 pts, 23 pts (mean age: 68±13 yr) presented with
a TT syndrome. The prevalence of TT syndrome in our population was 0.8%.
Five patients (22% of TT syndrome) exhibited significant LVOT obstruction.
This finding was performed using Doppler 2D echo. The mean peak of plasma
creatinine kinase and of troponin I was respectively 301±263 UI/l and 5.6±5.2
µg/l. Mean LVEF by LV angiorography and by 2D echo was respectively 45±5% and
37±5%. Twenty-one pts presented a typical pattern of TT syndrome with akinesia of the mid and distal segments of all walls, with compensatory
hyperkinesia of the base. Two pts presented a partial and circular pattern of
TT syndrome. No patient with dynamic intraventricular pressure gradient
received inotropic agents, avoiding to increase the degree of obstruction,
but these 5 patients received beta blockers. All pts with TT syndrome had
a recovery of wall motion abnormalities and LVEF was rapidly improved, as
observed with echocardiographic follow-up. No pts with TT syndrome died
or presented a major adverse cardiovascular event.

Conclusion: Our study suggests that 22% of TT syndrome exhibited LVOT
obstruction. Echocardiography should be systematically performed, allow-
ging to guide treatment and to prevent adverse effect of the use of inotropic
agents in this population of TT syndrome.