and aneurysmal contraction, whereas only in 17 patients (61%) with normal contraction (p<0.01). (4) Both the maximum ST depression and depth of negative T waves were smaller in patients with aneurysmal contraction than those in other 2 groups. (5) The presence of LGE was associated with both increased apical contraction (hypokinetic and aneurysmal contraction) and apical LGE (OR=7.9 and 13.5, p<0.01).

Conclusions: CMR is superior to TTE for the detection of functional and morphologic abnormalities of the apex. The lack of typical ST-T changes or the presence of IQRS can be an index of apical injury.

P2999 | BEDSIDE
Cardiac involvement in systemic sclerosis and the value of Late Gadolinium Enhancement (LGE) in Cardiac Magnetic Resonance (CMR)
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Background: Cardiac involvement in systemic sclerosis (SSc) affects the prognosis of the disease, but the early diagnosis is difficult due to the subclinical manifestation. We assessed the cardiac involvement in SSc using CMR, bio-markers and other imaging modalities.

Methods: Thirty eight consecutive patients with SSc (58±13 years, MF: 5/33, limited/diffuse: 23/15, disease duration: 5-516 (mean, 107) months) underwent CMR, 12-lead ECG, and echocardiogram.

Results: (1) Fourteen patients were symptomatic (NYHA class II-IV), and 3 showed low left ventricular ejection fraction (LVEF <50%). Eight patients had conduction disturbance (3 atrio-ventricular block and 6 bundle branch block) and 3 had pulmonary arterial hypertension (PAH). The serum NT-pro BNP level ranged from 5 to 9506 pg/ml (mean 447 pg/ml), and the troponin I level was high in patients with PAH. The serum NT-pro BNP level was lower in patients with PAH (p<0.015) and higher tricuspid regurgitation pressure gradient (33.3±7.1 vs. 23.0±5.4 mmHg, p<0.05).

Conclusions: Cardiac involvement in SSc was considerably frequent, and the presence of LGE correlated well with conduction disturbance, LV and RV functional impairment, and PAH. When a patient was symptomatic or showed a high NT-pro BNP level, CMR should be examined for the early detection of cardiac involvement.

P3000 | BEDSIDE
Arrhythmic risk and echocardiographic correlation of increased QTc interval in patients with hypertrophic cardiomyopathy

Background: Due to the underlying muscle disease, patients with hypertrophic cardiomyopathy (HCM) have a high risk for life-threatening arrhythmias and may have an increased QT interval. However, the independent contribution of the long QT interval to the arrhythmic risk in this population is not well known.

Purpose: The purpose of this study was to investigate the role of increased long QT corrected (QTc) interval in the development of malignant arrhythmias in a population of patients with hypertrophic cardiomyopathy (HCM), and also the relationship between QTc and clinical and echocardiographic variables in these patients.

Methods: We studied 312 patients with HCM (118 females, age at diagnosis 47±19, maximal left ventricular wall thickness (MLVWT) 19±6mm). A clinical, an electrocardiographic and an echocardiographic evaluation were carried out in each of them.

Results: In this group of patients, 31% (n=96) had prolonged QT interval in the echocardiogram, defined as QTc value >460ms, being the mean value of the QTc in this population of 447±32ms. Of these patients, 244 (78%) underwent to 24-hours electrocardiogram monitoring, presenting 23% of them (n=58) at least one episode of non-sustained ventricular tachycardia (NSVT) on Holter. However, no significant differences in QTc interval between both groups were shown (446±34ms in patients with documented NSVT vs 445±30ms in individuals with no evidence of NSVT on Holter; p = 0.6). There were no statistically significant differences between the presence/development of atrial fibrillation or syncope and prolonged QTc interval. Finally, there was a weak but significant direct linear relationship between QTc and maximal left ventricular wall thickness (MLVWT) (r2=0.07 p<0.001).

Conclusions: QT prolongation was present in 31% of the patients with HCM studied. This study corroborates the findings of previous publications that the QTc interval is related with the degree of cardiac hypertrophy, and adds that there is no significant relationship with the presence of NSVT on 24h Holter, atrial fibrillation or syncope.

P3001 | BEDSIDE
Not such a rarity: takotsubo cardiomyopathy as a mimic of ST elevation myocardial infarction
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Purpose: Takotsubo Cardiomyopathy (TTC) was initially thought to be a rare disorder predominantly presenting like ST elevation myocardial infarction (STEMI). However, recent data suggests that TTC may occur relatively commonly, especially among ageing women, and STEMI-like changes may not represent the major mode of presentation of TTC. We therefore sought to evaluate: (1) the incidence of STEMI-like TTC among women > 50 years (2) the proportion of recognized TTC cases presenting as STEMI?

Methods: Four years' data from 2 major tertiary referral hospitals were audited. Diagnosis of TTC was based on (1) typical left ventricular wall motion anomalies (2) exclusion of myocardial infarction, and (3) demonstration of typical inflammatory changes.

Results: During the period concerned 1,426 patients presented as STEMI, including 343 women of whom 98% were >50 years old. TTC was diagnosed in 9.3% of women older than 50 years presenting with STEMI. Of the total TTC cases over four years, 29 women (26%) presented as STEMI. Despite the relatively stable prevalence of TTC, the proportion of TTC cases mimicking STEMI increased over the evaluation period (Figure). Presentation with STEMI-like TTC was also associated with marginally greater extensive wall motion anomalies (p=0.07) and similar NT pro BNP release.

Conclusion: (1) Presentation of TTC occurs more frequently without ST elevation.

(2) Among women >50 years presenting with "STEMI", TTC accounts for approximately 9.3% of cases. Therefore improved diagnostic algorithms for earlier diagnosis of the subset are required.

P3002 | BEDSIDE
Comparative study of the timing of left ventricular reverse remodeling on prognosis in patients with nonischemic dilated cardiomyopathy
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Purpose: Although identification of left ventricular reverse remodeling (LVRR) has been demonstrated to have prognostic value for the stratification of long-term