AVCVR(AVCVR-II,-III) atrial fibrillation(AF), SVT(all except AF), VT and ventricular fibrillation(VF).

Results: SND, SDF, AF, VT, VF and AVCVR emerged most often novo postope- ratively and frequently developed after surgery. Coexistence of multiple arrhyth- mias was present in 60 patients(36%), including SND, SDF and AF(N=37, 22%), VT and VF(N=4, 2%) or both atrial and ventricular arrhythmias(N=19, 12%). SDF and AF or VT and VF coexisted in respect 20(13%) and 5 patients(3%). SND and SDF or AF occurred in 34 patients(20%). SND preceded or followed SDF/VF in respect 17(10%) and 13 patients(8%); in 4 patients(2%) they occurred approximately simulta- neously. Ventricular tachyarythmias(4-23) were most often preceded by atrial arrhythmias(N=17, 74%).

Conclusion: The appearance of arrhythmias follows a general pattern: regu- lar arrhythmias usually precede irregular arrhythmias and atrial arrhythmias precede ventricular arrhythmias. Regular surveillancy by 24-hour Holter recordings is Ap-�ورا裘أ روثمنة تاكرم تاياءارجأ تاساردلةمو، تاصوليبور لابلا تاكرم تاياءارجأ تاساردلةمو، تاصوليبور لابلا 0017 ؛ undergone pre-implant PCI representing those with more complex coronary disease and other serious comorbidities. New-onset conduction disorders (atrioventricular blocks, left and right bundle branch blocks) occurred in 6.69% of STEMI patients, 2.63% of STEMI patients requiring temporary reverse pacing and 1.39% of patients requiring temporary or even permanent cardiac pacing. In patients with STEMI, creatinine clearance on admission predicted new-onset conduction disorders and the need for cardiac pacing. Estimating creati- nine clearance values < 60 ml/min could help identifying a high-risk patient subgroup that may require temporary or even permanent cardiac pacing.

Methods: We evaluated data from 418 consecutive patients admitted for STEMI. Admission serum creatine was obtained for all patients and creatinine clearance was calculated using the Cockcroft-Gault equation. New-onset conduction disorders and the need for temporary or permanent cardiac pacing were assessed as main outcomes.

Results: New-onset conduction disorders (atrioventricular blocks, left and right bundle branch blocks) occurred in 6.69% of STEMI patients, 2.63% of STEMI patients requiring temporary or permanent cardiac pacing. Creatinine clearance was significantly lower (72.1±33.1 vs. 87.7±35.2 ml/min; p=0.01) in patients with new-onset conduc- tion disorders, and even lower in patients requiring cardiac pacing (51.9±24.5 vs. 87.6±34.9 ml/min; p<0.001). Between-groops differences remained significant even after excluding the patients with chronic kidney disease. In multiple regression analy- sis including age, gender, chronic kidney disease, SYNTAX score, Killip class, and left ventricular ejection fraction, lower creatinine clearance remained an independent predictor of new-onset conduction disorders (p=0.01) and cardiac pacing (p=0.001).

Conclusions: In patients with STEMI, creatinine clearance on admission predicted new-onset conduction disorders and the need for cardiac pacing. Estimating creati- nine clearance in all STEMI patients could help identifying a high-risk patient subgroup that may require temporary or even permanent cardiac pacing.

P470
Syntax score as a potential predictor tool for ventricular events in ischermic dilated cardiomyopathy
A. Viggiano; C. Carella; A. Rapacciuolo
Federico II University Hospital, Advanced biomedicale sciences, Naples, Italy

Background/Introduction: The SYNTAX score is an angiographic grading tool to determine the complexity of coronary artery disease and to select the optimal revas- cularization strategy (PCI vs. CABG). The Syntax II score is a further development cause it adds clinical characteristics to the anatomical data. Despite advances in med- ical therapy and revascularization strategies, ischemic heart disease is still the most frequent cause of death and need of heart failure treatment. However, many patients are candidates to implant an implantable cardioverter debrillators (ICD). Purpose: The aim of this study is to test the hypothesis of a potential correlation between Syntax I and II scores and ventricular arrhythmical events (VAs) in a cohort of patients with ischemic dilated cardiomyopathy.

Methods: From January 2012 to February 2016, 84 patients with ischemic disease and known coronary anatomy were enrolled. Among them 36 underwent percutaneous coronary intervention (PCI) and 48 underwent ICD implantation. For each patient Syntax I and II score have been calculated. All enrolled patients underwent a six-month follow-up at our device clinic. During follow-up, 12 patients experienced VAs, properly recognized and treated by the ICD. Indeed we correlated the timing of VAs and the Syntax score.

Results: Our data showed that patients with early VAs (within the first two months from the implant) had a higher score compared to those who developed late VAs (after the first two months) (34 vs 16, p = 0.07). Among the 36 patients undergone PCI prior to implantation 7 experienced VAs. We found a statistically difference in the score Syntax I and II between patients with and without VAs at follow up (34.1 vs 22 for Syntax I group (p = 0.03); 63.7 vs 47.7 for Syntax II group (p = 0.004).

Conclusions: Patients undergone pre-implant PCI representing those with more severe coronary artery disease as evidenced by a higher Syntax Score developed more VAs, these results suggest a potential role for the Syntax score I and II as pre- dictors of VAs. These data are very interesting because it could open up a different scenario and implant an ICD without waiting for 40 days, as established by the current guidelines.