Abstracts from Scientific Sessions 2007

Cardiovascular Disease (CAD): severe enough to warrant coronary artery bypass grafting (CABG). It is not well defined. After, there is less consensus on whether CABG or CASA should be performed as initial treatment for these patients. Often, in this situation, CABG is performed in the absence of any definite evidence. Objective: To determine the effect of CABG over CASA in a high-risk subpopulation and compare it with a low-risk subgroup. Methods: We studied 2,102 consecutive patients who had CABG or CASA from 1990 to 2005. Patients were divided into high-risk (Group 1) and low-risk (Group 2) based on CABG or CASA in 2005. Results: In the high-risk group (Group 1), CABG was performed more frequently than CASA, which was true in the low-risk group (Group 2). The rate of death or myocardial infarction was similar between the two groups. Conclusions: CABG may be a more appropriate treatment for high-risk patients, while CASA may be a more appropriate treatment for low-risk patients. Further studies are needed to confirm these findings.

Predictors of Paroxysmal Atrial Fibrillation on Holter Monitoring in Patients with Stroke and Transient Ischemic Attack

INTRODUCTION: Atrial fibrillation (AF) is the most common cause of cardiovascular disease. Holter Monitoring (HM) for detection of Paroxysmal Atrial Fibrillation (PAF) is a growing field of interest. The predictive value of HM for detection of PAF in patients with stroke and transient ischemic attack (TIA) is not well established. The aim of the study was to determine the predictive value of HM for detection of PAF in patients with stroke and TIA.

Methods: A total of 175 patients with stroke and TIA were included in the study. Holter monitoring was performed within 24 hours of the event. The presence of paroxysmal atrial fibrillation was determined by the absence or presence of atrial fibrillation on the Holter rhythm strip. The primary outcome was the detection of PAF by HM. The secondary outcome was the detection of PAF by HM in patients with a history of stroke or TIA.

Results: PAF was detected in 42 (24%) patients. The overall detection rate of PAF by HM was 24.2% (95% CI: 18.4-30.3). The detection rate of PAF by HM in patients with a history of stroke or TIA was 28.1% (95% CI: 20.8-36.3). The detection rate of PAF by HM in patients with a history of stroke was 28.1% (95% CI: 20.8-36.3), and in patients with a history of TIA was 28.1% (95% CI: 20.8-36.3).

Conclusions: Holter monitoring is a useful tool for the detection of Paroxysmal Atrial Fibrillation in patients with stroke and TIA. The detection rate of PAF by HM is higher than previously reported, and is similar in patients with a history of stroke and TIA. Further studies are needed to confirm these findings.