

patient had hemoptysis. The procedure had a mortality rate of 2.63% and a morbidity of 2.63%.

Conclusion: This is an effective technique for the treatment of acute pulmonary embolism reproducible high-risk low-cost and reestablished blood pressure, oxygen saturation and right ventricular function and struck morbidity significant.

Renal Denervation

CRT-132

Catheter-based Renal Denervation Lowers Blood Pressure in Obese, Hypertensive Canines

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Obesity is associated with significant increases in arterial blood pressure, heart rate, and glomerular filtration rate (GFR). Previous studies have shown that obesity-induced hypertension is due, in part, to increased renal sympathetic activity which causes sodium and water retention. Recently, catheter-based renal denervation (RD) has been reported to lower arterial blood pressure in humans with 'resistant' hypertension. The current study was designed to test if RD lowers arterial blood pressure in obese, hypertensive canines. Obesity hypertension was created in mongrel hounds by feeding them a high fat diet for five weeks. Blood pressure and heart rate were measured 24-hours per day using arterial catheters and GFR with ¹²⁵I-iothalamate clearance. After two weeks of control (Con) measurements, bilateral RD was performed in nine canines by radiofrequency ablation from within the renal arteries using the St. Jude Medical EnligHTN™ renal denervation system. Following RD, blood pressure was measured continuously for eight weeks and GFR was measured bi-weekly for six weeks. At the end of the eight-week period, both left and right renal arteries were collected for histological analysis, and kidney samples were obtained for renal catecholamine evaluation. Mean arterial pressure decreased from 109 ± 2 mmHg in the Con period to 99 ± 2 mmHg after RD (p<0.01). The largest change was seen in systolic blood pressure which fell from 157 ± 5 mmHg during the Con period to 132 ± 2 mmHg after RD (p<0.01). RD lowered diastolic blood pressure from 89 ± 2 mmHg to 85 ± 2 mmHg (p<0.01). There were no significant changes in heart rate (Con 96 ± 3 vs. RD 103 ± 6 beats per minute) or GFR (Con 90.5 ± 5.3 vs. RD 90.3 ± 3.6 mL/min). RD caused injury in at least 42% of the renal nerves observed and reduced renal tissue catecholamine by 47% (p<0.01). Histological examination of the renal arteries revealed minor endothelial and medial fibrosis in areas of the lesions and no signs of renal arterial stenosis were observed. Thus, catheter-based renal denervation lowers blood pressure in obese canines without compromising renal function or vascular integrity.

VALVE & STRUCTURAL HEART

Aortic Valve

CRT-133

Predictor That Influence The Degree Of Severity Of Mitral Regurgitation Post Transcatheter Aortic Valve Replacement Using Edward Sapien Valve

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Background: Mitral Regurgitation (MR) is frequent finding in patient (Pt.) with Aortic stenosis (AS). The study objective is to know the predictor that influences the change in degree of MR severity post Transcatheter Aortic Valve Implantation (TAVI).

Method: Between April 2009 - January 2012, 50 consecutive patients with Aortic Stenosis underwent (TAVI) procedure with Edward-Sapien Valve in PSCC. MR assessed by visual mapping flow.

They were divided into two groups G1 (MR improved after TAVI) G2 (MR did not improved after TAVI).

Results: Procedural success 96%

Character of patient and Hemodynamic and Echocardiography finding

CHARACTER	G1	G2	P.V
Age			
Gender F	78.1 ± 10	77 ± 9	
M	15	10	NS
EPIIOLOGY OF MR	12	13	NS
FUNCTIONAL	13	11	NS
ORGANIC	12	9	NS
MEDICAL HISTORY	11	19	(S) (0.030)
HYPERTENSION	14	21	NS
DM	12	17	NS
CAD			
PROCEDURE APPROACH	17	11	NS
TF - FEMORAL	10	12	NS
TA - APICAL	50	48	NS
PRE-MEAN AV GRADIENT	10+2	12+3	NS
POST-MEAN AV GRADIENT	40±	37.6+6	NS
DEGREE OF MEAN AVERAGE CHANGE	53+5	54+6	NS
PRE LV EJECTION FRACTION	54+6	50+7	NS
POST LV EJECTION FRACTION	44+6	40±10	NS
PRE PULMONARY ARTERY PRESSURE	37±5	39±11	NS
POST PULMONARY ARTERY PRESSURE(PAP) DEGREE OF PAP CHANGE	8.3±10	1±8	S.041