■ S-249 ■

Tooth extractions in coronary stenting patients without stopping multiple antiplatelet agents

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Purpose: The risk of excessive bleeding prompts physicians to stop multiple antiplatelet agents before minor surgery, which puts coronary stenting patients at risk for adverse thrombotic events. We hypothesized that most tooth extractions can be carried out safely without stopping multiple antiplatelet agents. **Patients and Methods:** All tooth extraction patients who had undergone coronary stenting and who were also on oral multiple antiplatelet agents therapy, were included. Patients underwent dental procedures under local anesthesia on an outpatient basis. All wounds were sutured and followed up at 24 hours, 1 week, and 1 month after the procedure. The primary outcomes were excessive intra-extraction blood loss, transfusion and re-hospitalization for bleeding, and the secondary outcomes were rates of death, stent thrombosis, myocardial infarction, and stroke within 1 month after the procedure. **Results** The study included 100 patients (72 males, 28 females), ranging in age from 46 to 88 years. There were two excessive intra-extraction bleeding cases that oozed at the extraction site for 4 and 5 hours respectively. There were no cases of transfusion, re-hospitalization for bleeding, or major cardiovascular events. **Conclusions** We conclude that most tooth extractions in coronary stenting patients can be carried out safely without stopping multiple antiplatelet agents.

■ S-250 ■

Echocardiographic left atrial volume index correlates with systolic blood pressure profile in ambulatory blood pressure monitoring

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Background: LA volume index (LAVI) is a representative factor of LV diastolic dysfunction. There are scarce data about the relationship between the diastolic function and blood pressure (BP) profiles on ambulatory blood pressure monitoring (ABPM). **Methods:** We recorded ABPM results including systolic blood pressure (SBP) and diastolic blood pressure (DBP), heart rate (HR), mean arterial blood pressure (MAP) and analyzed the echocardiographic parameters including E/A ratio, E/E', LAVI, LV mass index (LVMI), ankle-brachial index (ABI), pulse wave velocity (PWV) including ejection time (ET), pre-ejection period (PEP) and PEP/ET ratio in 129 anti-hypertension medication naïve patients. **Results:** 129 subjects were included in this study (Male:Female=79:50, mean age: 51.3±11.4 yrs). The average value of BMI was 25.2±2.6 kg/m^2. In echocardiographic results, mean value of each parameter were follows; LV ejection fraction (69.1±7.5%), E/A ratio (0.93±0.30), E/E' (11.58±5.61), LAVI (25.6±7.5mL/m^2), LVMI (101.1±24.9 g/m^2), ABI/PWV and ABPM value were showed as following results; right PWV (1555.8±228.9 cm/sec), left PWV (1572.5±232.1 cm/sec), right ABI (1.13±0.096), left ABI (1.12±0.08), PEP (99.4±13.2 msec), ET (274.9±25.5 msec), PEP/ET ratio (0.36±0.05) and 24hrs-mean-SBP (136.1±12.7 mmHg), day-time-mean-SBP (139.9±12.5 mmHg), night-time-mean-SBP (125.6±14.9 mmHg), 24hrs-mean-DBP (88.8±10.3 mmHg), day-time-mean-DBP (91.7±10.4), night-time-mean-DBP (80.7±11.0 mmHg), 24hrs- MAP (101.8±10.3 mmHg), day-time-MAP (105.1±10.4 mmHg), night-time-MAP (93.3±11.2 mmHg), 24hrs- HR (71.6±8.5), day-time-HR (74.81±8.85), night-time-HR (63.24±7.97). LAVI was significantly correlated with 24hrs-mean-SBP (p<0.001), day-time-SBP (p=0.035) and night-time-SBP (p=0.001), PEP (p=0.039), ET (p<0.001) and has moderate positive correlation with LVMI (p<0.001, Pearson correlation coefficient=0.573), but no statistical significance with DBP, MAP, HR and PEP/ET (p=0.559). Conclusion;LAVI has statistical correlation with 24hr-mean-SBP, day-time-SBP, night-time-SBP, LVMI, and ET & PEP. SBP is considerable as a predictive factor of diastolic dysfunction, but large-scale study is needed.