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## ABSTRACTS PRESENTED AT



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109798

MODALITY: E-POSTER YOUNG RESEARCHER - NON-CASE REPORT  
CATEGORY: CARDIOVASCULAR SURGERY

TITLE: SYSTEMATIC REVIEW OF TRANSCATHETER VERSUS SURGICAL AORTIC VALVE REPLACEMENT IN HIGH-RISK PATIENTS WITH SEVERE AORTIC STENOSIS: THE CHOICE OF TREATMENT INFLUENCES MORTALITY RATES OVER THE YEARS?

LEONARDO TORREÃO BEZERRA CAVALCANTI<sup>1</sup>, GLAUDIR DONATO PINTO JUNIOR<sup>1</sup>, ANA KAROLINA BENTO DA SILVA<sup>1</sup>, LÍVIA FARIAS DE HOLANDA FURTADO<sup>1</sup>, MANASSÉS ALMEIDA DO NASCIMENTO<sup>1</sup>, GUSTAVO GOMES SANTIAGO<sup>1</sup>, LUCAS CAETANO DA SILVA<sup>1</sup>, ANDRESSA ALVES DE CARVALHO<sup>1</sup>, WANESSA ALVES DE CARVALHO<sup>1</sup>, DAVID CESARINO DE SOUSA<sup>1</sup>, MARCELA LUKERLI ARAUJO PAULINA DA SILVA<sup>1</sup>, EVELLYN PEREIRA DE MELO<sup>1</sup>

(1) FEDERAL UNIVERSITY OF PARAÍBA, UFPB

Introduction: Transcatheter aortic valve replacement (TAVR) has emerged as an alternative treatment for patients with aortic stenosis, especially at high surgical risk (HSR). However, the procedure is not always available at lower complexity health centers. Further, controversies remain regarding the impact of TAVR on mid- and long-term mortality compared to surgical aortic valve replacement (SAVR). Aims: To compare TAVR versus SAVR mortality over the years after the procedure from randomized clinical trials (RCT) with patients at HSR. Methods: We searched Medline, Embase, LILACS and SciELO on March 27th, 2022, for TAVR versus SAVR RCTs. We included studies that provided mortality data in follow-up for both interventions performed in HSR patients. We excluded duplicates and studies that did not meet the inclusion criteria. An independent review was performed by two authors following the PRISMA protocol. Results: After applying the eligibility criteria, 20 studies remained to be reviewed. These studies included follow-ups from days up to 5 years. Considering mortality within 30 days, there was no significant difference between patients undergoing TAVR or SAVR. However, some studies marked a greater association of perioperative complications, such as bleeding and atrial fibrillation, linked to SAVR invasiveness. Still, major vascular events and even intraoperative deaths were seen in TAVR intervention. Regarding mortality from 1 to 3 years after the procedure, the studies diverged: while some showed no difference, others reported a reduction in mortality in the TAVR group. This result was also found in studies evaluating patients with diabetes and patients with chronic lung disease. Moreover, prosthesis-patient mismatch (PPM) was significantly lower in TAVR compared to SAVR, which in severe PPM was related to increased risk of death at 2 years. Nevertheless, paravalvular regurgitation was found to be more frequent in TAVR, which was associated with lower survival rates. Overall, at follow-ups of more than 3 years, there was no significant mortality difference between the groups. Conclusions: For 1 to 3 years follow-ups, it was outlined an advantage for TAVR, especially in the groups with diabetes and chronic lung disease. However, the complications arising from both interventions do not seem to be associated with statistically different mortality rates, especially at longer periods of follow up.

109984

MODALITY: E-POSTER YOUNG RESEARCHER - NON-CASE REPORT  
CATEGORY: ATHEROSCLEROSIS/ CARDIOVASCULAR RISK FACTORS/ CARDIOVASCULAR PREVENTION

TITLE: CARDIOVASCULAR RISK ASSOCIATED WITH ANABOLIC STEROID USE: A SYSTEMATIC REVIEW

EDUARDO FRANCO CORREIA CRUZ FILHO<sup>1</sup>, EDUARDO FRANCO CORREIA CRUZ FILHO<sup>1</sup>, ANA CAROLINA SOUZA DINIZ<sup>2</sup>, FERNANDO DE PAIVA MELO NETO<sup>1</sup>, EMANUEL FRANCISCO DE CARVALHO PINTO<sup>3</sup>, LUCAS VINICIUS RAFAEL FIGUEIREDO<sup>1</sup>, LORENA SOUZA DOS SANTOS LIMA<sup>1</sup>, LAÍS NÓBREGA DINIZ<sup>1</sup>, GUSTAVO NÓBREGA DE MELO<sup>2</sup>, GUSTAVO SOARES FERNANDES<sup>1</sup>

(1) CENTRO UNIVERSITÁRIO DE JOÃO PESSOA - UNIPÊ; (2) FACULDADE DE CIÊNCIAS MÉDICAS DA PARAÍBA - FCM; (3) FACULDADE DE MEDICINA NOVA ESPERANÇA - FAMED

Introduction: Anabolic androgenic steroids (AAS) are widely used for cases of osteoporosis, hypogonadism, Turner syndrome, hormone therapy in climacteric women, and are even used without indication as a form of treatment to increase physical performance. However, its use has several important adverse reactions in the cardiovascular system, often fatal to the individual, which make its use controversial and in most cases contraindicated. Objective: The present study aims to evaluate the cardiovascular risk of AAS use. Methods: A systematic literature review study, based on the PRISMA methodology, conducted with published articles on the Virtual Health Library and the United States National Library of Medicine (PubMed), between 2017 and 2022. The descriptors utilized were "Cardiovascular Disease" and "Anabolic Agents", and their variations, associated with the Boolean operators "AND" and "OR". Results: Initially, 57 articles were selected, which were chosen for manual selection based on their abstracts. In this way, duplicated articles and whose themes did not fit the objectives of the work were excluded, thus, 07 articles were chosen for the present work. Of the 07 articles involved, 05 are literature reviews, 01 meta-analysis and 01 case report. Among the studies evaluated, 100% highlighted the negative cardiovascular effects of steroid use, of which 85% evaluated these risks in the general population, while 15% focused on the risks for postmenopausal women using hormone therapy. As for the substance's manifestations, the main alterations presented were: dyslipidemia (86%), coronary heart disease (86%), arterial hypertension (57%), cardiomyopathy (42%) and arrhythmia (42%). The meta-analysis that specifically evaluated the woman, compared tibolone with placebo and no treatment, especially evaluating its impact on lipoprotein (a) and the overall lipid profile. Conclusion: It is important to have well elucidated the cardiovascular risks due to the indiscriminate use and in supraphysiological doses of AAS, which in the long term can lead to negative and more severe outcomes. Furthermore, in order to evolve in this topic, more evidence-based therapeutic approaches are important, with clear objectives on the use of AAS and the risks of atherosclerosis, infarction and myocardial spasms and arrhythmias.

110051

MODALITY: E-POSTER YOUNG RESEARCHER - NON-CASE REPORT  
CATEGORY: CARDIOVASCULAR PHARMACOLOGY

TITLE: CARDIOVASCULAR IMPACT GLP-1 RECEPTOR AGONIST IN PATIENTS WITH DIABETES MELLITUS TYPE II USING GLP-1 RECEPTOR AGONIST

EDUARDO FRANCO CORREIA CRUZ FILHO<sup>1</sup>, EDUARDO FRANCO CORREIA CRUZ FILHO<sup>1</sup>, CAMILA ARAÚJO NOVAIS LIMA<sup>1</sup>, ANNA JULIE MEDEIROS CABRAL<sup>1</sup>, GABRIEL LUCENA DE CARVALHO SOARES<sup>1</sup>, WANESKA LUCENA NÓBREGA DE CARVALHO<sup>2</sup>

(1) CENTRO UNIVERSITÁRIO DE JOÃO PESSOA - UNIPÊ; (2) UNIVERSIDADE FEDERAL DA PARAÍBA

INTRODUCTION: Diabetes Mellitus (DM) type II is a metabolic disease with a high incidence, affecting 370 million people worldwide. DM II generates systemic changes, allowing a series of secondary disorders, among them, the increase in cardiovascular risk. Adequate therapeutic management is relevant, mainly related to cardiovascular protection. In this context, the use of agonists of the peptide similar to Glucagon I (GLP-1) has been increasingly highlighted, both in diabetics and in patients with heart disease. OBJECTIVES: To analyze major cardiovascular events in patients with type II DM using GLP-1 agonists. METHODOLOGY: This is a systematic review. The searches were performed using the PubMed database with works published in the last five years. The Health Sciences Descriptors used in the searches were: "Glucagon-Like Peptide-1 Receptor", "Diabetes Mellitus, Type 2" and "Cardiovascular Diseases", linked to the Boolean operator "AND". To ensure a better structuring and organization of the results, the PRISMA recommendation was used. Initially, 116 articles were selected, which were manually selected based on their abstracts, excluding duplicate articles and whose themes did not fit the objectives of the work. This final selection resulted in 02 articles. RESULTS: A meta-analysis using 360 articles and 56004 patients with type II DM evaluated the occurrence of non-fatal myocardial infarction, non-fatal stroke and death from cardiovascular or undetermined causes (Major Cardiovascular Adverse Effects - MACE). In that study, a significant 12% reduction in MACE was found for patients using GLP-1 receptor agonists. In addition, another cross-sectional study with 4076 patients with type II diabetes, which assigned patients to the use of efglignanide (2717) or placebo (1359), showed that major adverse cardiovascular events occurred in 189 patients (7.0%) using of efglignanide and in 125 patients (9.2%) on placebo. CONCLUSIONS: In summary, GLP-1 agonists are currently widely studied, with effects in more than one area of interest and no longer a gluco-centric perspective. Therefore, the most recent studies have shown an important application of this drug in patients not only with diabetes, but also with heart disease. The main point of attention is the reduction of MACE, as it represents a reduction in cardiovascular risk in patients with type II DM.

109884

MODALITY: E-POSTER YOUNG RESEARCHER - NON-CASE REPORT  
CATEGORY: CARDIAC ARRHYTHMIAS/ ELECTROPHYSIOLOGY/ ELECTROCARDIOGRAPHY

TITLE: QT INTERVAL AND ASSOCIATED MEASURES PREDICT PROGNOSIS OF PATIENTS WITH ACUTE STROKE?

CATARINE BENTA LOPES DOS SANTOS<sup>1</sup>, CATARINE BENTA LOPES DOS SANTOS<sup>1</sup>, MARCELO BENDER ANGST<sup>1</sup>, SERGIO FERREIRA DE FERREIRA<sup>1</sup>, SHEILA OURIQUES MARTINS<sup>1</sup>, MAURICIO PIMENTEL<sup>1</sup>

(1) HOSPITAL DE CLÍNICAS DE PORTO ALEGRE

Background: The stroke is a relevant cause of mortality and disability around the world. Electrocardiogram is part of the clinical examination of patients with stroke and its alterations are used for the etiological and prognostic evaluation of the patients. Changes in ventricular repolarization assessed by measuring the QT interval and its associated variables have been recently studied in stroke patients. Objectives: To evaluate the association of measures of the corrected QT interval (QTc), QTc dispersion, Tpeak-Tend dispersion (Tpe-d) and ratio Tpe/QT with mortality and neurologic disability (Rankin Scale) in ischemic stroke patients in the hospital discharge and within 3 months. Methods: Retrospective cohort study including patients admitted with acute ischemic stroke in a tertiary university hospital. The measurements of the QTc, QTc-d, Tpe-d and Tpe/QT intervals were performed by experts physicians. The outcomes evaluated were: total mortality and the Rankin Scale at hospital discharge and within 3 months. The comparison between groups was performed using the Kruskal-Wallis test. Results: A total of 170 patients were included, predominantly female (53%), with a mean age of 64.4±12.4 years. The length of hospital stay was 14±21 days. Mortality during hospitalization was 11.17% and the total at 3 months was 14.1%. The results are shown in the table in milliseconds. Conclusion: This cohort showed that QTc was higher in stroke patients who died within 3 months and those with worse Rankin at hospital discharge. The ratio Tpe/QT was lower in those patients who died during hospitalization. The assessment of ventricular repolarization expressed by the QTc interval and associated measures can identify more severe patients who need implementation of optimized treatment.

