ANAIS DO CONGRESSO

XIV CONGRESSO
PORTUGUÊS DE
TRANSPLANTAÇÃO

XVII CONGRESSO
LUSO BRASILEIRO
DE TRANSPLANTAÇÃO

COMUNICAÇÕES ORAIS (CO)
COMUNICAÇÕES BREVES (CB)

SUMÁRIO

Nº Ref.	CORAÇÃO - Comunicação Oral	Pag.
CO04-001	**TRANSPLANTE HEPÁTICO EM HEPATITE FULMINANTE DECORRENTE DE FEBRE AMARELA - RELATO DE CASO** Victor Hugo; Lucas Demétrio; Lucio Filgueiras Pacheco Moreira; Elizabeth Balbi; Thiago Bellinha; Laura Cristina Machado Pinto; Luciana Carius; Renato Toledo; Lucio Auler; Bianca Guaraldi; Livia Victor; Joyce Roma; Cristiani Carius	34
CO04-002	**TRANSPLANTE AUXILIAR NA FALÊNCIA HEPÁTICA AGUDA: A PROPÓSITO DE UM CASO** Patrícia Paiva; Dulce Diogo; José Ferrão; Ricardo Martins; Pedro Oliveira; Marco Serôdio; Guilherme Tralhão; Carlos Bento; Carlos Seco; Emanuel Furtado	34
CO04-003	**VALIDAÇÃO DE UM NOVO MODELO DE RECORRÊNCIA DO CARCINOMA HEPATOCELULAR APÓS TRANSPLANTE DE FÍGADO (MORAL) EM UM GRANDE CENTRO BRASILEIRO** Jose Huygens Parente Garcia; Mayara Magry Andrade da Silva; Paulo Everton Garcia Costa; Gustavo Rego Coelho; Vitor Texeira Holanda; João Ivo Xavier Rocha	34
CO04-004	**SOBREVIDA A LONGO PRAZO (20 ANOS) APÓS TRANSPLANTES DE FÍGADO EM UM CENTRO UNIVERSITARIO** Ilka de Fatima S F Boin; Elaine Cristina de Ataide De Ataide; Simone Reges Perales; Maria Fernanda Chaim Correia; Catherine Reigada; Cristina Aparecida Caruy; Derli Minhoz; Adilson Cardoso	34
CO04-005	**PERFIL EPIDEMIOLÓGICO DE CLIENTES EM PRÉ-TRANSPLANTE NO ESTADO DO AMAZONAS** Vanessa Saraiva; Eliziete Cardoso; Larissa Guimarães; Ana Araújo	
CO04-006	**LIVER TRANSPLANTATION FOR BILE DUCT INJURY AFTER CHOLECYSTECTOMY: A SINGLE CENTER EXPERIENCE** Jose Huygens Parente Garcia; Jose Francisco Rego E Silva Filho; Marcos Aurelio Pessoa Barros; Gustavo Rego Coelho	
CO04-007	**HEPATOBLATOMA: ANÁLISE DO RESULTADO DO TRATAMENTO CIRÚRGICO EXPERIÊNCIA DE CINCO ANOS** Lucas Demétrio; Victor Vieira; Lucio Pacheco; Elizabeth Balbi; Thiago Bellinha; Daniela Pestana; Mariana Schul; Renato Toledo; Lucio Auler	
CO04-009	**EXTENSIVE SURGERY AS AN ALTERNATIVE TO HEPATIC TRANSPLANTATION IN ADVANCED HEPATOBLASTOMA** Guilherme De Freitas Paganoti; Ana Cristina Aoun Tannuri; Nelson Elias Gibelli; Uenis Tannuri	
CO04-010	**FATORES PREDITIVOS DO SÍNDROME DA ARTÉRIA ESPLENICA PÓS TRANSPLANTE HEPÁTICO: EXPERIÊNCIA DE UM CENTRO** Liliana Domingos; Dulce Diogo; Paulo Donato; Francisco Pereira da Silva; Ricardo Martins; Pedro Oliveira; Emanuel Furtado	

Nº Ref.	CORAÇÃO - Comunicação Breve	Pag.
CB07-001	**EXPERIÊNCIA DO ENFERMEIRO PERFUSIONISTA NA MÁQUINA DE PERFUSÃO PULSÁTIL EM UM CENTRO TRANSPLANTADOR BRASILEIRO** Rita Monica Borges Studart; Tomaz Edson Henrique Vasconcelos; Tamizia Cristino Severo de Souza; Deivis Rogério Mirkai; Clarissa Ferreira Lobo; Ana Carine Goersch Silva; Celi Melo Girão	
CB07-002	**EDUCAÇÃO PERMANENTE NO AVANÇO DA DOAÇÃO DE ÓRGÃOS EM UMA ORGANIZAÇÃO SOCIAL DE SAÚDE DO ESTADO DE SÃO PAULO** Maria da Paz Vasconcelos Amorim; Deyvid Fernando Mattei da Silva; Aline Corrêa de Araújo; Janine Schirmer; Bartira de Aguiar Roza	
CB07-003	**AVALIAÇÃO DE ADERÊNCIA DE DOADORES DE RIM AO ACOMPANHAMENTO CLÍNICO, INCIDÊNCIA DE HIPERTENSÃO ARTERIAL E DE DIABETES MELLITUS APÓS A DOAÇÃO: EXPERIÊNCIA DE CENTRO ÚNICO EM SEGUIMENTO GERENCIADO DE LONGO PRAZO.** Paula Rebelo Bicalho; Lúcio Requião-Moura; Milton Borrelli Jr; Maurício Fregonesi R. Silva; Alvaro Pacheco-Silva	
CB07-004	**NECESSIDADES DOS PAIS DA CRIANÇA SUBMETIDA A TRANSPLANTE CARDÍACO: INTERVENÇÃO DE ENFERMAGEM** Joana Silva; Fátima Matoso; Clara Vital	
CB07-005	**ANSIEDADE E DEPRESSÃO NA TRANSPLANTAÇÃO CARDÍACA** António José Ferreira; Paula Cristina Madeira; Emília Sola	
CB07-006	**PANORAMA GERAL DE PROTOCOLOS ABERTOS PARA DOAÇÃO DE ÓRGÃOS EM UM HOSPITAL PÚBLICO** Valesca Paes de Albuquerque Vieira Paes de Albuquerque Vieira; Aglauvanir Soares Barbosa; Rita Mônica Borges Studart; Ana Carine Goersch Silva; Isakelly de Oliveira Ramos; Isabela Melo Bonfim; Susana Beatriz de Souza Pena; Clarissa Ferreira Lobo	
CB07-007	**REGRESSO AO TRABALHO DO DOENTE SUBMETIDO A TRANSPLANTE HEPÁTICO** Rafaela Santa Clara Costa	
CB07-008	**O CONHECIMENTO DE FAMILIARES DE ENFERMEIRAS ESPECIALIZANDAS EM NEFROLOGIA SOBRE A DOAÇÃO DE ÓRGÃOS** Ivonei Bittencourt; Annie Dotto; Carla Silveira; Danielle Hermógenes; Lilian Klabunde	
CB07-009	**IMPACTO DA ATUAÇÃO DE UM PROJETO DE DOAÇÃO DE ÓRGÃOS NA CONSTRUÇÃO DA CULTURA DOS PROFISSIONAIS DE SAÚDE EM UM HOSPITAL PUBLICO NO ESTADO DE SÃO PAULO-BR** Dayana Aparecida Martins Correa Calado; Roberta Cardoso; Clayton Gonçalves Almeida; José Maria do Nascimento; Felipe Alves Moreira; André Ramos Carneiro; Renata Fabiana Leite; Maria Valeria Athayde; Marli Marcos; Guilherme Ono; José Eduardo Afonso Junior	

Nº Ref.	IMUNOLOGIA - Comunicação Oral	Pag.
CO04-001	**TRANSPLANTE HEPÁTICO EM HEPATITE FULMINANTE DECORRENTE DE FEBRE AMARELA - RELATO DE CASO** Victor Hugo; Lucas Demétrio; Lucio Filgueiras Pacheco Moreira; Elizabeth Balbi; Thiago Bellinha; Laura Cristina Machado Pinto; Luciana Carius; Renato Toledo; Lucio Auler; Bianca Guaraldi; Livia Victor; Joyce Roma; Cristiani Carius	

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- Coração
- Imunologia

CO09-001

A QUALIDADE DE VIDA EM PACIENTES TRANSPLANTADOS CARDÍACOS: REVISÃO INTEGRATIVA

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A insuficiência cardíaca é uma síndrome complexa e progressiva resultante de anormalidades na estrutura e/ou função cardíaca, culminando em limitações às pessoas acometidas. O transplante cardíaco persiste como tratamento eficaz para esta síndrome em seu estágio final. Para o sucesso do transplante são necessários cuidados rigorosos e excessivos, alterando o estilo de vida da pessoa transplantada, tais modificações podem interferir de forma significativa na qualidade de vida do indivíduo. Objetivo: Avaliar as evidências disponíveis na literatura sobre o conhecimento científico produzido relacionado aos fatores que podem interferir na qualidade de vida de pessoas submetidas ao transplante cardíaco. Método: Estudo do tipo revisão integrativa. As bases de pesquisa utilizadas foram: PUBMED, MEDLINE e SCIELO. Critério de inclusão dos artigos para seleção: estudos que abordaram a temática proposta, artigos publicados entre os períodos de 2013 a 2017, trabalhos disponíveis on-line na íntegra em português, inglês e espanhol. Resultados: Foram encontrados 238 artigos nas bases de pesquisa, mas apenas 7 atenderam aos critérios de inclusão. Conclusão: O transplante cardíaco melhora a qualidade de vida das pessoas transplantadas, porém as mudanças decorrentes deste tratamento alteram a percepção da qualidade de vida. Os domínios da qualidade de vida que mais sofreram impactos foram: físico, psicológico, nível de independência e relações sociais. Fatores que mais interferiram negativamente nos domínios da qualidade de vida foram: mudanças no estilo de vida e baixa sobrevida após o transplante cardíaco. Fatores que mais interferiram de forma positiva nos domínios da qualidade de vida foram: trabalho e intervenções da equipe multiprofissional, redes de apoio e formas de enfrentamento.

Palavras-chave: Cardiologia, Qualidade de Vida, Transplante Cardíaco

CO09-002

PERFIL DOS DOADORES DE CORAÇÃO DO INSTITUTO NACIONAL DE CARDIOLOGIA - BRASIL

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INTRODUÇÃO: Apesar da melhora da expectativa de vida na Insuficiência Cardíaca (IC) com o tratamento clínico, o transplante cardíaco (TX) ainda persiste sendo o melhor tratamento para a IC refratária. O Brasil tem ocupado a cada dia mais espaço no campo de transplante e no Rio de Janeiro vem crescendo cada vez mais o número de transplantes cardíacos. Embora, a experiência dos especialistas na seleção de doadores de coração seja fundamental para a decisão de aceitar ou não o enxerto ofertado, a utilização de ferramentas que possam classificar o risco destes doadores pode auxiliar no julgamento e aceitabilidade de um doador de qualidade. OBJETIVO: Descrever o perfil dos doadores de coração a partir da avaliação do Heart Donor Score. MÉTODO: Estudo retrospectivo referente ao período de 2012- Jun/2018. Foram coletados os dados do banco de dados do serviço de IC/TX cardíaco. O Heart Donor Score já é aplicado em registro de transplante europeu (Eurotranplant) para a avaliação de risco de doadores de coração. Este escore é utilizado no momento da avaliação do doador e o classifica em baixo risco com pontuação menor ou igual a 16 e alto risco com maior ou igual a 17 pontos. Neste estudo serão analisadas as seguintes variáveis: sexo, período de internação, causa mortis, função ventricular, sódio, uso de noradrenalina, parada cardíaca, história sorológica pregressa do doador. A análise foi descritiva em forma de frequência em percentual. RESULTADOS: O Heart Donor Score foi aplicado em 64 doadores de coração. O sexo prevalente entre os doadores foi de 75% de homens. O período de internação variou entre 3-7 dias- 43,1%, sendo menor que 3 dias - 36,4%. Trauma foi a causa mortis como maior frequência (77,3%). A função ventricular foi avaliada pelo ecocardiograma com medidas da fração de ejeção do ventrículo esquerdo (FE) e nesta população de doadores a FE > 55 % foi mais prevalente correspondendo a 79,5% dos casos. Observou-se que entre os doadores avaliados 31,8% apresentavam nível sérico do sódio alto (maior ou igual a 160mEq/L). A Noradrenalina foi utilizada em 38,7% dos casos em dose entre 0,1 – 0,8 mcg/kg/min e 38,6% não estavam em uso. O evento de parada cardíaca foi registrado em 9,1% dos doadores. Com relação a história sorológica dos doadores 6,8% apresentaram histórico comprometido. Foram classificados como baixo risco 56,8% e com alto risco 43,2% dos doadores avaliados. CONCLUSÃO: O escore nos permitiu classificar os doadores entre baixo e alto risco, permitindo um cuidado direcionado no pós operatório para os receptores que receberam doadores classificados de alto.

Palavras-chave: Coração, Doador, risco, brasil

CO09-003

SUCCESSFUL PREGNANCY USING IN VITRO FERTILIZATION 11 YEARS AFTER HEART TRANSPLANTATION AND 4 YEARS AFTER POST-TRANPLANT LYMPHOPROLIFERATIVE DISEASE (PTLD): CASE REPORT.

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INTRODUCTION: The number of young females among heart transplantation (HTx) recipients at a reproductive age is increasing. There are many risks associated with pregnancy after HTx including graft rejection, infection, hypertension, preeclampsia and fetal abnormality or death. Pregnant HTx recipients experience higher acute graft rejection (21%) compared with other solid organ transplant recipients. The management of pregnancy after HTx is challenging and should be monitored carefully by a multidisciplinary team. Pregnancy after HTx patients is a rare event and we found no previous reports of pregnancy after PTLD in HTx patients. CASE REPORT: A 24-year-old female with dilated cardiomyopathy had received heart transplantation in our center in 2006 and was followed prospectively by a multidisciplinary team. She received induction immunosuppression with basiliximab, the post-HTx procedure was uneventful with the standard immunosuppressant therapy consisting of tacrolimus, mycophenolate mofetil (MMF), and prednisolone. During the next following 7 years she had no rejection episodes, major infections, cardiac allograft vasculopathy and maintain a good graft function. In 2013, 7 years after transplantation she was diagnosed with PTLD. MMF was stopped and switched to an mTOR inhibitor, Everolimus, with tacrolimus minimization. Before she went on chemotherapy, ovules were harvested and frozen. Remission was achieved and since she desired to conceive, after careful counseling, in 2017 she was submitted to in vitro fertilization (IVF). Three months before IVF we stopped Everolimus and restarted prednisolone and soon before IVF she was submitted to EKG, Transthoracic echocardiography, Cardiac catheterism and endomyocardial biopsy (EMB) that revealed no abnormalities. She was carefully followed-up as an outpatient by a multidisciplinary team and routine blood and urine tests, EKG and echocardiography revealed no abnormalities and abdominal ultrasonography showed no complications like fetal growth retardation or morphological changes. Anti-HLA were not found during pregnancy. After 38 weeks, cesarean delivery with epidural anesthesia was performed. She delivered a normal female infant (3100 g, APGAR score 10) without any complications. No graft dysfunction or infection was observed during the puerperal period and she was discharged 7 days later. Although careful counseling, she desires to breastfeed, at least for 6 months, so we keep her with tacrolimus and prednisolone with careful monitoring. Six months after delivery we performed a routine catheter study. Cardiac function and intra-cardiac pressures were normal and EMB showed no cellular rejection. She and her child experienced no complications and she resumed her previous immunosuppressive regimen (tacrolimus and everolimus). CONCLUSIONS: Pregnancy is possible after HTX, even after chemotherapy for PTLD using IVF techniques, with carefully follow-up by a multidisciplinary team but we should educate HTx recipients that pregnancy itself may enhance their own risk of cardiac dysfunction, graft rejection, infection, hypertension, preeclampsia and fetal abnormality or death. Preconception counseling and appropriate evaluation of graft function are mandatory in HTx recipients who desire to conceive, and a close monitoring of both mother and fetus are necessary after that.

Palavras-chave: Heart transplantation, Pregnancy, Post-transplant lymphoproliferative disease

CO09-004

VENO-ARTERIAL EXTRACORPOREAL MEMBRANE OXIGENATOR IN PATIENTS UNDERGOING TO URGENT HEART TRANSPLANTATION

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Introduction: Veno-arterial extracorporeal membrane oxygenation (VAECMO) is one of the methods of mechanical circulatory support in patients in cardiogenic shock who need urgent heart transplantation (HT). We aimed to show the center experience in heart recipients with preoperative VAECMO. Methods: From November-2003 to December-2017, 353 patients were consecutive submitted to HT. From those 34% (n=121) had an urgent INTERMACS classification (1 to 3) and 66% (n=232) of the patients had an INTERMACS classification of 4 to 7. Four percent of the adult patients were in pre-transplantation VAECMO (n=14). Indication for VAECMO implantation was level 1 or 2 by the INTERMACS scale. Results: Mean age of the recipients was 48±14.6 years, 57.1% were female, 35.7% were diabetic and 14.3% had peripheral vascular disease. The ischemic etiology accounted to 21.4% and dilated etiology to 42.9% of the patients. Mean pre-HT left ventricle ejection fraction was 21.9±9.1% and mean pulmonary vascular resistances were 2.4±1.7 WU. The duration of VAECMO prior to HT was from 8 hours to 42 days (mean of 10.6±10.5) and continuous hemofiltration was present in 28.6% of patients. Intraoperative weaning of VAECMO was only achieved in 14.3% of the patients and the majority of patients (64.3%) required prolonged inotropic support (>48h) after HT. A half of the patients died during hospitalization after HT with 3 (21.4%) of them died from multiorgan failure and 4 (28.6%) from infection. Survival at 1 and 3 years was similar and poor (40±13.9% and 40±13.9%, respectively). Conclusion: with this study we show that the weaning proportion of VAECMO after HT is very low and in-hospital mortality was very high due multiorgan failure or infection. Long-term survival was also poor. Then, the decision to rescue the patient with VAECMO as a bridge to transplantation must be taken in highly selected cases.

Palavras-chave: VAECMO; Heart Transplant

CO09-005

MARGINAL DONORS: FIVE YEAR RESULTS OF 15 CASES OF MITRAL AND/OR TRICUSPID VALVE SURGERY BEFORE HEART TRANSPLANTATION.

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INTRODUCTION: The waiting list for heart transplantation (HTx) is growing, leading many centers to expand the donor pool by liberalizing donor criteria, and performing "minor" surgical techniques on the heart, such as valve repair. OBJECTIVES: We aim to present our center experience of 15 cases of on bench mitral and/or tricuspid valve surgery before heart transplantation. MATERIAL AND METHODS: From Nov2003 to May2018, 358 patients were submitted to HTx in our center and all were prospectively followed by a multidisciplinary team. Fifteen (4,2%) patients had a mitral and/or tricuspid valve surgery during HTx (Group 1), and the others constitute de Group-0. We present the recipients and donors demographic data, waiting list time (WLT), myocardiopathy etiology, surgical data, rate of complications, hospital stay, mortality and survival data. In Group 1, data from transthoracic echocardiography evaluation performed 1 month and 1, 3 and 5 years after HTx, are presented. RESULTS: Recipients: Both Groups (1 vs 0) were comparable in male sex predominance (73,3%vs77,4%)(p=0,712), but mean age was higher in Group-1 (60,26±6,02vs53,35±12,41 years)(p=0,033). No difference was found in WLT (43,92±34,35vs48,14±56,52 days)(p=0,42). Cardiovascular risk factors were comparable between groups: Dyslipidemia (66,7vs50,1%)(p=0,210), Smoking (66,7vs42,8%)(p=0,06), Hypertension (40,0vs39,0%%), Diabetes (33,3vs29,3%)(p=0,73) and Family history (13,3vs15,0%)(p=0,86). The most frequent etiologies were ischemic (40,0vs39,3%)(p=0,95) and dilated (33,3vs35,5%)(p=0,86) myocardiopathy. Priority level for HTx were similar, but Group-1 had more patients in level VI (93,3vs63,3)(p=0,017). Both Groups were comparable for previous cardiac surgery (33,3vs27,0%)(p=0,58), peripheral arterial disease (26,7vs31,1%)(p=0,71), carotid disease (53,3vs39,0%)(p=0,26), ICD implantation (53,3vs50,7%)(p=0,84), Pulmonary vascular resistance (2,94±1,07 vs 4,19±1,6WU)(p=0,67), PSAP (49,33±15,05 vs 48,32±15,75 mmHg)(p=0,59), Transpulmonary gradient 9,26±3,97vs9,63±4,50mmHg(p=0,68), and Hemoglobin under 10 mg/dl (28,6vs16,6g/dl)(p=0,24). Donors: All donors were brain-dead. Group 1 had more local donors (60vs40%)(p=0,139) and a higher median age (42,13±11,07vs36,55±11,77 years)(p=0,073), more female donors (53,3vs21,4%)(p=0,004), more hemorrhagic stroke (66,7vs37%)(p=0,02) and less brain trauma (20vs50%)(p=0,01). Surgical data: Bicaval technique was used in all patients. Associated valve surgeries were (N/%): Posterior mitral annuloplasty (10/66,6), mitral valvuloplasty (3/20) in one case associated with CABG, and mitral and tricuspid valvuloplasty (2/13,3). Cold ischemic time (CIT), total ischemic time (TIT) and cardiopulmonary bypass (CPB) time in Group-1 vs Group-0, were, respectively: 37,06±29,03 vs 54,51±37,18 min (p=0,26), 82,93±34,42 vs 90,56±37,89 min (p=0,26), 116,33±40,23 vs 98,47±40,83 min (p=0,53). Mechanical ventilation (MV) time was 39,93±56,30 vs 27,11±61,0 hours (p=0,39). The need for inotropics for less than 24h was (53,3vs62,5%)(p=0,47). Perioperative complications occurred in 33,3vs17,9%(p=0,13). Five (33,3%) patients from Group-1 had complications: biventricular dysfunction (2, that need ECMO, one died and the other was re-HTx), left ventricular dysfunction (1), Bleeding (1) and cardiac tamponade (1). Hospital stay in Group-1 vs Group-0 was 23,80±43,86 vs 16,45±16,46 (p=0,13). Echocardiography data at 1 month and 1, 3 and 5 years after HTx, in Group-1, were as follows: Left ventricular ejection fraction: 70,42±6,9, 72,09±5,5 (p=0,311), 69,01±7,7 (p=0,118), and 71,85±3,1% (p=0,774). Right ventricular function (s'): 0,11±0,005, 0,11±0,0004(p=0,058), 0,09±0,012(p=0,103) and 0,12±0,001m/s (p=0,248). Mitral regurgitation (MR): 1 month (8 mild MR), 1 y (6 mild MR), 3 y (4 mild and 1 moderate MR) and 5y (4 mild and 1 moderate MR). Tricuspid regurgitation (TR): 1 month (5 mild and 1 moderate TR), 1 y (5 mild TR), 3 y (5 mild TR) and 5y (5 mild TR). Mortality: In Group 1, two patients died during the hospital stay (graft dysfunction with pulmonary hypertension (1) and hemorrhagic stroke (1)). Until now 3 other patients died from Endocarditis (1), Pneumonia (1) and Stroke (1). Survival: median survival was 1982,26±1527,41 days (9-5173) and the Six-month, 1y, 3y and 5y survival, in Group-1 vs Group 0, were, respectively: 86,7 vs 89,5, 80 vs 82,1, 73 vs 79, 72,5 vs 75%. CONCLUSIONS: In our cohort of patients, on bench mitral and tricuspid valve surgery before htX does not have significant impact on total ischemic, CPB and mechanical ventilation times, although some serious perioperative complications occurred. Patients showed good graft function with good functional result of valve procedures with no cases of severe regurgitation. In an era of organ shortage, the use of marginal donors with mild to moderate mitral and tricuspid regurgitation can expand the donor pool for listed HTx patients.

Palavras-chave: Heart transplantation, Valve repair, Marginal donors, Expanded criteria

CO09-006

EPICARDIAL VERSUS SUBCUTANEOUS FAT MITOCHONDRIAL BIOENERGETICS AND OXIDATIVE STRESS IN HEART FAILURE PATIENTS WITH AND WITHOUT DIABETES

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Ischemic heart diseases are the leading cause of death worldwide and can result in cardiomyocytes loss and subsequent adverse cardiac remodelling. Mitochondrial function disruption is involved in the development of cardiovascular diseases (CVD), a leading cause of death resulting from diabetes (DM). Furthermore, CVD and heart homeostasis is regulated by adipose tissue, in particular the epicardial adipose tissue (EAT), an active fat depot that surrounds the heart and considered a brown-like fat depot. Brown adipose tissue has increased mitochondria respiration due to uncoupler protein 1 (UCP1) presence. However, there are no studies that have evaluated EAT's mitochondrial function and oxidative stress in patients with DM. The main and novel purpose of this study was to evaluate mitochondrial respiration and oxidative stress markers in EAT compared to subcutaneous adipose tissue (SAT), collected from the same heart failure (HF) patients with or without diagnosed DM. Our results show that UCP-1 expression is increased in EAT compared to SAT. The overall mitochondrial respiration is decreased when comparing diabetes status. However, it is significantly increased in EAT compared to SAT, as well as complex I respiration and protein levels. This significance disappeared in the presence of GDP, an UCP1 inhibitor. Nevertheless, EAT has decreased mitochondrial complex II respiration compared to SAT independent of UCP1 inhibition. Moreover, EAT has decreased anti-oxidant enzymes and increased oxidative stress. Concluding, mitochondrial bioenergetics is decreased in diabetic compared to non-diabetic patients and it is higher in EAT than in SAT with increased respiration of complex I. The differences between tissues disappear when UCP-1 is inhibited. Moreover, EAT has more oxidative stress due to decreased levels of anti-oxidant enzymes and increased mitochondrial respiration. These results emphasize potential mitochondrial differences between both fat depots in the presence of HF and highlight EAT as a possible therapeutic target in the cardiac microenvironment.

Palavras-chave: epicardial adipose tissue, heart failure, mitochondrial respiration, oxidative stress

CO08-007

MIDTERM OUTCOMES OF CORONARY ALLOGRAFT VASCULOPATHY AFTER CARDIAC TRANSPLANTATION

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Introduction: Coronary allograft vasculopathy (CAV) is still a serious long-term complication after cardiac transplantation. Purpose: To evaluate the prevalence of CAV in a single institution, its impact on survival and to explore associated risk factors. Methods: From November-2003 through June-2016, 316 patients were submitted to cardiac transplantation. After excluding those with paediatric age (n=8), those with previous renal or hepatic transplantation (n=2) and those who didn't survive the first year after cardiac transplantation (n=40), the study population resulted in 266 patients. Forty two patients (15.7%) with CAV, diagnosed by a new >50% coronary artery stenosis in any vessel during follow-up, were compared with a non-CAV group. Results: Both groups share de same median age (54+10years). Recipient male sex predominated in the CAV group (93% vs. 74%, p=0.017), as did ischemic etiology (52% vs. 37%, p=0.032). Although not reaching statistical significance, CAV patients also had more dyslipidemia (60% vs. 50%, p=0.368), history of smoking (52% vs. 44%, p=0.227) and peripheral vascular disease (45% vs. 29%, p=0.071). Prolonged use of inotropic support and mechanical assistance after cardiac transplantation were comparable between groups. The incidence of celular acute rejection 1R is more present in CAV group (69% vs. 60%) such as 2R or 3R (29% vs. 27%, p=0.452). We observed a slight increase in incidence of malignancy in the group without CAV (67.3 ± 3.6 vs. 82.3 ±6.6, p=0.096). Survival between CAV and non-CAV group was comparable at 5-year (91% vs. 85%) but tended to be lower for CAV patients in 10-year interval (52% vs. 73%, p=0.727). Conclusion: This data confirms CAV as a common long-term complication following cardiac transplantation. Although short to mid-term survival seems not to be affected by CAV, long-term survival appears lower, hence a longer follow-up is needed.

Palavras-chave: Coronary allograft vasculopathy

CO08-008

008 - (3849) - CARACTERÍSTICAS CLÍNICAS E PERFIL EPIDEMIOLÓGICO DE PACIENTES SUBMETIDOS A TRANSPLANTE CARDÍACO EM UMA INSTITUIÇÃO PÚBLICA DO BRASIL

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Introdução: a insuficiência cardíaca apresenta altas taxas de mortalidade. Em seu estágio final, a única terapia disponível para os pacientes do Sistema Único de Saúde no Brasil é o transplante cardíaco. Para desenvolver estratégias de melhoria do prognóstico após o transplante cardíaco é necessário conhecer as características clínicas e epidemiológicas dos pacientes operados. Objetivo: Descrever as características clínicas e epidemiológicas dos pacientes submetidos a transplante cardíaco em uma instituição pública do Brasil. Materiais e Métodos: Avaliação de banco de dados de pacientes submetidos a transplante cardíaco no período de dezembro de 2016 a dezembro de 2017. Resultados: 30 pacientes foram transplantados no período, sendo 11 (36,7%) do sexo feminino e idade média de 47,7 anos (DP±12,4). Quatro (13,4%) eram diabéticos, 15 (10%) tinham diagnóstico de fibrilação atrial, 1 (3,3%) teve parada cardiorrespiratória antes do procedimento, 2 (6,7%) estavam com balão intra-aórtico e 4 (13,3%) em hemodiálise. Vinte e cinco (83,3%) estavam aguardando transplante em prioridade devido à dependência de inotrópico, com mediana de 31,8 dias (IQ 41,7). Onze pacientes (36,7%) tinham miocardiopatia chagásica, 7 (23,3%) idiopática, 3 (10%) valvar, 3 (10%) isquêmica e 2 (6,7%) miocardite. A mediana da fração de ejeção foi 25% (IQ 25,0). O tempo de circulação extracorpórea foi de 103 minutos (IQ 26,25), anóxia de 80 (IQ 24,75) e o tempo de isquemia médio de 149,8 (DP±8,5). Seis pacientes (20%) evoluíram a óbito no pós-operatório durante a internação. Conclusão: Os pacientes relatados apresentam características clínicas distintas das habitualmente relatadas na literatura. Em sua maior parte são chagásicos e mais de 80% estão em prioridade, com dependência de inotrópicos (INTERMACS 2 e 3) e internados há vários dias, com grande predisposição a complicações clínicas como infecções. Apesar disso, a mortalidade apresentada pode ser comparada a alguns centros europeus com maior volume cirúrgico.

Palavras-chave : Transplante Cardíaco, Insuficiência Cardíaca

CO08-009

ONE YEAR RESULTS OF IVABRADINE TREATMENT IN A COHORT 48 HEART TRANSPLANTED PATIENTS: EFFECTS ON HEART RATE, BLOOD PRESSURE, LEFT VENTRICLE MASS AND GRAFT FUNCTION.

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INTRODUCTION: Patients after heart transplantation (HTx) present with sinus tachycardia due to graft denervation. Ivabradine, an If channel antagonist, regulates pacemaker activity in the sinoatrial node, without the systemic side effects of beta-blocker therapy. Data on Ivabradine use in HTx patients are scarce. OBJECTIVES: The aim of this study was to analyze the effects, in HTx patients, of Ivabradine on heart rate (HR), systolic and diastolic blood pressure (systBP, dyastBP), left ventricular mass (LVM) and LVM indexed (LVM-Index) to body surface area (LVM-Index), Relative wall thickness (RWT), left ventricle ejection fraction (LVEF) and right ventricle function (s') at baseline and after one year treatment. MATERIAL AND METHODS: From Nov2003 to May2017, 336 patients were submitted to HTx in our center and all were prospectively followed by a multidisciplinary team. Forty-eight patients (14,2%) with symptomatic sinus tachycardia were treated with Ivabradine. Patient characteristics and post-transplant medication were investigated. HR, systBP, dyastBP, LVM, LVM-Index, RWT, LVEF and s' were investigated at baseline (time 0) and 12 months (time 12) after Ivabradine treatment. Side effects were registered. RESULTS: Thirty patients (77,1%) were male, with a mean±SD age of 54,08±12,49 years. The main causes of myocardiopathy were: ischemic (37,5%) and dilated (33,3%). One third (31,3%) had previous cardiac surgery and 47,9% had ICD implantation prior to HTx. After HTx, almost 100% of patients were on statins, hypertension was present in 64,6% and diabetes in 39,6%. 45,8% had ACEI/ARB, 10,4% had insulin and 91,7% had antiplatelet therapy, manly acetylsalicylic acid. MMF, Cyclosporine, Tacrolimus and everolimus were present, respectively, in 60,4, 79,2, 22,9 and 27,1% of patients. Most patients had small doses of prednisolone (95%). Ivabradine was started 1529,41±1271,66 days (min 115, max 4668) (4,1±3,4 years) after HTx. We found significant reduction in HR after one year of treatment (HR0 vs HR12): 104,73±10,61 vs 76,40±7,8 bpp (p<0,0001) and in dyastBP0 vs dyastBP12 82,40±10,37 vs 78,75±9,32 mmHg (p=0,019). We could not find any significant difference in all the other evaluated baseline and 12 month measures, namely: systBP 129,48±24,85 vs 131,62±18,35 mmHg (p=0,54); LVM, 180,13±51,42 vs 179,00±44,73 g (p=0,86); LVM-Index 94,88±24,69 vs 95,00±21,70 g/m2(p=0,97); RWT 0,35±0,10 vs 0,38±0,08 (p=0,15); LVEF 65,36±11,61 vs 67,24±5,25% (p=0,28), and s'0,10 vs 0,11 m/s (p=0,91). Nine patients (18,7%) had side effects (diarrhea (4), dizziness (2), tremor (2) and syncope (1). In the last one the drug was stopped. CONCLUSIONS: Symptomatic sinus tachycardia treatment with Ivabradine is effective and safe in stable HTx patients. After one-year treatment we could not find any significant impact on systBP, LVM, LVM-Index, RWT and graft function (FEVE and s').

Palavras-chave : Heart transplantation, Ivabradine, Heart rate, Left ventricle mass, Graft function

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CB06-001

UTILIZAÇÃO DE TECNOLOGIA DE EDUCAÇÃO NUTRICIONAL NA ASSISTENCIA DO PACIENTE SUBMETIDO AO TRANSPLANTE CARDÍACO

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O transplante cardíaco é uma especificidade terapêutica capaz de otimizar e reverter danos causados por uma miocardiopatia dilatada. Após o processo de transplantação, os pacientes são submetidos às limitações que restringem escolhas pessoais, promovem o afastamento de atividades pertencentes ao seu cotidiano e mudanças de hábitos alimentares. A utilização de uma tecnologia de educação em saúde justifica-se pela complexidade da assistência nutricional ao paciente transplantado cardíaco, visto a necessidade de reforçar ou dar novas informações nutricionais ao paciente referente à alimentação saudável. O trabalho teve por objetivo descrever a utilização de tecnologia de educação nutricional na assistência do paciente submetido ao transplante cardíaco. Trata-se de pesquisa do tipo estudo de caso único, vivenciado em um hospital de referência para tratamento de afecções cardíacas na região nordeste do Brasil, com um paciente transplantado cardíaco que possui sequelas de acidente vascular cerebral isquêmico. Foi escolhido o jogo da memória no ambiente intra-hospitalar por ser considerada uma metodologia simples, bastante dinâmica e com caráter educacional. Observou-se o impacto positivo da ação empreendida, constatada pelo entendimento do paciente, que foi possível demonstrar imagens de alimentos saudáveis e não saudáveis como forma de melhorar nas suas escolhas alimentares e conseguir dá maior autonomia ao paciente. Em parceria com a equipe multidisciplinar a inserção e uso de uma tecnologia de educação nutricional do paciente transplantado cardíaco auxiliou na percepção de opção de uma escolha mais saudável de alimentos para o cotidiano do paciente. Os resultados corroboram com a importância da inserção de tecnologias educativas em saúde de forma que ampliem o conceito de cuidado terapêutico no espaço intra-hospitalar e que ofereçam educação em saúde mais prazerosa ao paciente submetido ao transplante cardíaco utilizando para tais meios de estratégias simples como um jogo da memória que, assim, favoreça sua aprendizagem e consequentes mudanças de comportamento.

Palavras-chave: Transplante Cardiaco, Tecnologia, Educação, Nutrição

CB06- 002

UTILIZAÇÃO DE TECNOLOGIA CUIDATIVA NA ASSISTENCIA DO PACIENTE SUBMETIDO AO TRANSPLANTE CARDÍACO

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O transplante cardíaco é uma especificidade terapêutica capaz de otimizar e reverter danos causados por uma miocardiopartia irreversível. Após o processo de transplantação, os pacientes são submetidos a limitações que restringem escolhas pessoais e promovem o afastamento de atividades pertencentes ao seu cotidiano. A utilização de uma tecnologia cuidativa justifica-se pela complexidade da assistência ao paciente transplantado cardíaco e do respeito as circunstâncias do cuidado holísticocom o propósito dealívio do sofrimento psíquico. Fez-se objetivo descrever a utilização de tecnologia cuidativa da horticultura na assistência do paciente submetido ao transplante cardíaco.Trata-se de pesquisa do tipo estudo de caso único, vivenciado em um hospital de referência para tratamento de afecções cardíacas na região nordeste do Brasil, com um paciente transplantado cardíaco que apresentou quadro psicótico grave e baixo interesse sobre as ações de autocuidado, com prejuízo importante em sua evolução clínicapós-transplantação. A escolha da horticultura no espaço intra-hospitalar justifica-se pelo reconhecimento das necessidades específicas do paciente que era agricultor antes da ocorrência do adoecimento cardíaco.Observou-se o impacto positivo da ação empreendida, constatada na fala do paciente com a expressão de alívio encontrado na ação terapêutica; com a prática da horticultura foi possível o resgate de ações prazerosas pertencentes a rotina anterior ao transplante. Em parceria com a equipe multidisciplinar a inserção e uso de uma tecnologia cuidativa no acompanhamento do paciente transplantado cardíaco auxiliou na percepção da natureza complexa do procedimento e de seu significativo impacto no cotidiano dos pacientes. Os resultados ratificam a importância da inserção de tecnologias outras que ampliem o conceito de cuidado terapêutico no espaço intra-hopitalar e que ofereçam um ambiente mais humanizado ao paciente submetido ao transplante cardíaco utilizando para tal meios de estratégias simples como o cultivo de plantas.

Palavras-chave : Transplante Cardiaco, Tecnologia, Asssitência

CB06- 003

LONG TERM SURVIVAL AFTER HEART TRANSPLANTATION IN A KEARNS-SAYRE SYNDROME (KSS) PATIENT: CASE REPORT

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INTRODUCTION: KSS is a progressive, multisystemic, mitochondrial disorder predominantly involving post-mitotic tissues such as the nervous system, the heart and the skeletal muscles. KSS is caused by large scale mitochondrial DNA (mDNA) deletions or depletion and is defined by a triad of: 1) onset before the age of 20 years, 2) chronic progressive external ophthalmoplegia (CPEO), and 3) pigmentary retinopathy. In addition, at least one of the following must be present: heart block, cerebellar ataxia, or cerebrospinal fluid protein greater than 100 mg/dL. Cardiac involvement is present in 50% of patients, mainly the conduction system, and is the most important prognostic factor, with sudden cardiac death reported in up to 20%. Although not common, dilated cardiomyopathy may occur and can be rapidly progressive. There are only a few cases reported of heart transplantation (HTx) in KSS patients and no information about long term follow-up, only 6-18 months follow-up. Here we report, to the best of our knowledge, the longest follow up (14 years) of a KSS patient submitted to HTx. CASE REPORT: We describe a case report of a 47-year-old female patient with KSS, submitted to heart transplantation at the age of 33 years because of dilated cardiomyopathy diagnosed at the age of 28 years. She was born in Venezuela at term from healthy but consanguineous Portuguese parents. Blood type was ORh+. She had a normal psychomotor development. From early childhood, she displayed short stature; progressive bilateral palpebral ptosis at 12 years and chronic progressive external ophthalmoplegia (CPEO) at 14 years. By the age of 18 years she complaints of decreased night visual acuity and photophobia but no ophthalmologic evaluation was made at that time. Over the following 3 years, symptoms steadily progressed, and she developed proximal limb muscle weakness. She had a spontaneous abortion (12 weeks gestation) at the age of 21 years and had a successful pregnancy by the age of 23 years (female, delivery was at term and uneventful) but her daughter had sudden death at 3 months. No other diagnostic evaluation was made and by the age of 24 years she returned to Portugal and works as a farmer. At the age of 28 years, during the 28th week of her second pregnancy, she complains of fatigue, minimal exertional dyspnea, orthopnea and edema and was admitted for further evaluation. She had 3 brothers, two of them died, at the age of 37 and 27 years, both 2 years after dilated cardiomyopathy was diagnosed and both had bilateral ptosis. Physical examination revealed: bilateral palpebral ptosis; external ophthalmoplegia (CPEO); bilateral facial paralysis; diffuse proximal muscle weakness against moderate resistance; normal tendon reflexes; myopathic gait; and glove and sock bilateral pain and nociceptive sensitivity level. Bilateral edema, bilateral jugular engorgement, crepitant lung rales, heart rate of 55 bpm, and slight hepatomegaly were present. Fundoscopy revealed a pigmentary retinopathy and Audiometry confirmed slight bilateral sensorineural hearing loss. An extensive diagnostic study allowed the diagnosis of KSS caused by a heteroplasmic single mtDNA deletion of 12807 bp, with cardiac (dilated myocardiopathy (LVEF 21%) and bifascicular block), neurological (proximal limb myopathy, facial paralysis, ptosis, ophthalmoplegia), eye (pigmentary retinopathy), ear (sensorineural hearing loss) manifestations and folic acid and B12 vitamin deficiencies. After medical therapy and ICD and pacemaker implantation, she had clinical improvement and by the 37th week of pregnancy she had a cesarean delivery, with epidural anesthesia, without complications (female, 2905 g, Apgar score 10). Although optimal medical therapy, during the next four years her dilated cardiomyopathy progressed and was waitlisted for HTX, which occurred in January 11, 2004. The donor was a 35-year-old male, ORh+, dead from hemorrhagic stroke. PRA was 10%. Bicaval technic was used and received induction immunosuppression with basiliximab, methylprednisolone and mycophenolate mofetil (MMF). Follow-up immunosuppression was cyclosporine, MMF and prednisolone. Perioperative period was uneventful, except for moderate elevation of CK and lactate. She was discharged after 12 days. During follow up she had the following complications: cellular rejection grade 3R (1 month, treated with methylprednisolone pulses); Several mild infections, mainly cystitis; Vulvar condylomatosis (2013, submitted to lasertherapy). She was submitted to several uneventful surgery procedures: urethrocervicopexy for urinary incontinence; and 3 eye surgeries for ptosis correction. After 14 years of follow-up the main analytical differences are: lower level of Hemoglobin (10.5 vs 12 vs g/dl); CK elevation (470vs126 vs U/L); and lower GFR 59.8 vs 72.5 vs ml/min/1.73m2. The last EKG shows sinus rhythm, 70 bpm. The last echocardiography shows a mild depression of right ventricular function (s' 0,08 m/s) and normal LVEF (60%). The last Cardiac catheterization shows mean pulmonary arterial pressure of 20 mmHg; a 25% lesion in the median third of the anterior descendent coronary artery and a 40% proximal lesion in the circumflex artery; and a median occlusion of the right coronary artery. MMF was switch for Everolimus, with minimization of Cyclosporine. The current pharmacotherapy also includes: Prednislone, Furosemide, Folic acid, cyanocobalamin, ferrous sulphate, Calcium carbonate, D3 vitamin, Acetylsalicylic acid, Atorvastatin, Candesartan, Magnesium aspartate, Ivabradine, Ubidecarone (Coenzyme Q 10). She is doing well and keeps working as a farmer although with some limitations because of muscle weakness. CONCLUSIONS: HTx could be an option for patients with end stage myocardiopathy caused by some mitochondrial diseases, including KSS, and a close multidisciplinary follow-up approach allows them to have a long and productive life.

Palavras-chave: Heart transplantation, Kearns Sayre syndrome, Mitochondrial DNA, Deletion, Survival

CB06- 004

SAFETY AND EFFICACY OF OFF THE LABEL USE OF MYFORTIC® (ENTERIC-COATED MYCOPHENOLATE-SODIUM) IN HEART TRANSPLANTATION: SINGLE CENTER EXPERIENCE.

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Introduction: Mophetil mycophenolate (MMF)-related gastrointestinal intolerance (MMFrGII) is a common reason for MMF dose reduction in heart transplant (HTx) patients and was associated with a significantly increased rate of sustained rejection. Myfortic (Enteric-Coated Mycophenolate-Sodium) (EC-MPA) is a derivate of MMF, with better GI tolerance, but is considered an off the label indication in HTx. Objectives: We aimed to evaluate the safety and efficacy of off the label use of EC-MPA in stable heart transplanted patients with MMFrGII. Material e Methods: From Nov2003 to May2018, 358 patients were submitted to HTx in our center and all were prospectively followed by a multidisciplinary team. Inclusion criteria: MMFrGGI; age above 18 years-old; stable HTx patients (at least 1 year after HTx); at least two past MMF dose reductions. Exclusion criteria: Other causes for GI complaints; acute cellular rejection(ACR) in the previous 3 months. Informed consent was obtained. 19(5,3%) HTx patients were switched from MMF to EC-MPA, mostly male(12), with a mean±SD age of 62,26±7,32years. EC-MPA was started 1848,3±1198,6(363-4077) days after HTx, and the mean follow up period was 752,52±528,30(120-1982) days. All patients received calcineurin inhibitors (cyclosporine(11) and tacrolimus(8). The causes of myocardiopathy were: dilated(10), ischemic(7), hypertrophic(1), and myocarditis(1). Dyslipidemia, hypertension and diabetes were present, respectively, in 19, 13 and 9 patients. All patients had antiplatelet therapy, Statins and ACE inhibitors/ARB. Other drugs were beta-blockers(9), insulin(9), ivabradine(7) and calcium-chain blockers(1). GI complaints and side effects were registered. ACR was evaluated performing an endomyocardial biopsy (EMB) and Left ventricle ejection fraction (LVEF) and right ventricle function (s') were evaluated by echocardiography; and Hematological parameters (Hemoglobin, leukocytes, neutrophils, lymphocytes, platelets), kidney function (serum creatinine, blood urea nitrogen (BUN), glomerular filtration rate (MDRD formula), transaminases(AST,ALT), gammaglutamyl-transferase, alkaline-phosphatase, total bilirubin, Total cholesterol, HDL, Triglycerides, uric acid, serum glucose, A1c-hemoglobin, calcium, potassium, magnesium, heart rate, systolic and diastolic blood pressure (SystBP, DyastBP), were also evaluated baseline, 1 month and 1 year after EC-MPA. CMV and other Infections and mortality were evaluated. Results: 18(94,7%) patients had resolution of their GI complaints. Only 1 patient(5,2%) had a 2R grade ACR. Two patients reported side effects: myalgia and headache(1) and tremor(1). No differences were found in the variables evaluated except for: 1) Non-significant elevation of AST/TGO from 21,63±10,65 to 26,73±18,54(p=0,168) in the first month and to 27,56±21,81UI/L(p=0,256) after 1 year. 2) Non-significant elevation of ALT/TGP from 22,10±8,85 to 25,15±13,36(p=0,333), and to 26,12±12,20UI/L(p=0,135) after 1 year; 3) Non-significant elevation of Alkaline-phosphatase from 79±30,80 to 86±33,41UI/L(p=0,166) in the first month; 4) Non-significant elevation of SystBP after the first month (121,87±15,23 to 128,62±13,47mmHg)(p=0,087). Six patients(31%) had CMV-reactivation; 10(52%) patients had 14 infections, mainly acute bronchitis (7); and one died of stroke, one year after switch. Conclusions: MMFrGII may occur late after its initiation. In our small series of patients, EC-MPA seems to be an effective and safe option in stable HTx patients with MMFrGII. Although non-significant in our study, we should pay special attention to liver toxicity, especially in the first month and to SystBP after that time.

Palavras-chave: Heart transplantation, Enteric-Coated Mycophenolate-Sodium, Mycophenolic acid, Safety, Efficay

CB06- 005

PANORAMA DA DOAÇÃO E CAPTAÇÃO DE MÚLTIPLOS ÓRGÃOS EM LIVER ESTUDO DE SÉRIE DE CASOS EM PORTADORES DE CARDIOMIOPATIA DILATADA EM TERAPIA DE SUBSTITUIÇÃO RENAL SUBMETIDOS A TRANSPLANTE CARDÍACO

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Introdução: A insuficiência renal com clearance de creatinina inferior a 30 ml/min/1,73m2 é uma contraindicação relativa ao transplante cardíaco, o qual é habitualmente contraindicado quando o paciente entra em hemodiálise, devido ao prognóstico ruim no pós-operatório. Entretanto, grande parte dos pacientes nessas circunstâncias apresentam síndrome cardiorrenal tipo 1, potencialmente reversível após o transplante. Objetivo: avaliar o perfil clínico e o prognóstico de 5 pacientes com cardiomiopatia dilatada em hemodiálise submetidos a transplante cardíaco. Resultados: 2 pacientes eram do sexo feminino, com idade variando entre 34 e 59 anos. 1 era diabético e 2 tinham fibrilação atrial. 2 tiveram diagnóstico de miocardite, sendo 1 deles por Dengue, 2 com cardiomiopatia idiopática e 1 com cardiomiopatia Chagásica. A fração de ejeção variou de 25 a 35%. Todos os 5 pacientes transplantaram em prioridade (urgência), com o tempo de internação até a cirurgia variando de 19 a 155 dias. O tempo de circulação extracorpórea foi de 105 a 120, o de anóxia de 70 a 100 e o tempo de isquemia do órgão de 135 a 250 minutos. 2 pacientes morreram durante a internação, sendo que um deles era um retransplante. Conclusão: Apesar da rotina de contraindicar transplante cardíaco em pacientes em hemodiálise, 3 dos 5 pacientes avaliados sobreviveram no pós-operatório e tiveram alta hospitalar. Todos recuperaram a função renal ainda durante a internação. Tais observações podem indicar que estudos nessa população são necessários, para uma melhor elucidação desta contraindicação. Entretanto, deve-se ter cuidado ao generalizar esta informação, uma vez que não foram estudados pacientes com cardiomiopatia isquêmica, que habitualmente apresentam risco elevado de insuficiência renal por outras etiologias, como a hipertensiva e a diabética.

Palavras-chave: Insuficiência Cardíaca, Transplante Cardíaco, Insuficiência Renal, Hemodiálise

CB06- 006

UNCOMMON NEUROLOGICAL COMPLICATION AFTER HEART TRANSPLANTATION

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Introduction: A 36 year old female presented with decreased level of consciousness after cardiac transplantation associated to focal findings suggestive of mesencephalon ischemic event. Electroencephalographic study revealed baseline disorganization without discharges. Neuroradiologic study with magnetic resonance image (MRI) showed no evidence of ischemic lesions and the patient had a full recovery of focal deficits. Discussion: Approximately 5 million Americans have heart failure. In 2016, around 3200 heart transplants were performed in United States. It is known that perioperative cerebrovascular complications are more common after cardiac transplantation compared to routine cardiac surgery. Ischemic stroke is the most common cerebrovascular complication and may result from anoxic-hypoperfusion events resulting in watershed infarcts. Other possible neurological complications include hemorrhagic stroke, encephalopathy, transient ischemic events, seizures and Posterior Reversible Encephalopathy Syndrome. We also found one case of a rare complication after cardiac transplantation that involved reversible asymmetric edema, possibly related to cerebral auto regulatory flow failure and hyper perfusion. Since we have not found any abnormal images on the MRI, we believe she probably had a failure in the cerebral regulatory flow in such a small proportion that we could not find it on the neuroradiological study. Final Considerations: Cerebral edema and reperfusion syndrome should be recognized as potential complications of cardiac surgery and heart transplantation. Although other mechanisms may be more frequent, a reversible neurological focal complication without MRI images should raise attention of physicians to these specific diagnoses.

Palavras-chave: Heart Transplant, Neurological Complication

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TRANSPLANTE COM CORACAO COM SINDROME DE WOLF PARKINSON WHITE

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O uso de coracoes com cardiopatia para transplante tem sido relatado na literatura .A síndrome de Wolf Parkinson White e anomalia do sistema de condução frequentemente sintomática anteriormente tratada cirurgicamente e hoje por ablação por via percutânea . Nesta apresentação e relatado o caso de paciente submetido a transplante cardíaco (Tx) com coração portador dessa síndrome . O diagnostico foi feito no momento do Tx . Optou- se pela utilização do órgão e observar a evolução do transplantado . O paciente teve excelente evolução clinica e pelos exames específicos . na literatura são relatados casos em que foi realizada intervenção no órgão no momento do tx , intervenção após o Tx e apenas obsevacao como no presente relato.

Palavras-chave: Transplante Cardiaco

CO06-001

PRE TRANSPLANT DSA OR FLOW CROSSMATCH: WHICH IS A BETTER PREDICTOR FOR KIDNEY GRAFT SURVIVAL?

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AIM: We observed a strong association between MFI values > 5k (SAB) on anti-A, B and DR DSAs and a positive flow cross. Since 2011 we do not transplant in the presence of one or more DSAs over this value. Our hospital offers a deceased donor kidney to every patient, provided that the flow cross is negative, regardless of the presence of DSAs below 5k MFI. The purpose of this paper is to observe if this policy is justifiable, comparing the results of our transplants performed with and without DSAs.

METHODS: 360 deceased kidney Tx performed between March 2015 and December 2017 with minimum 3 months follow up were included. The graft survival, number of rejections and last serum creatinine was compared in 306 non-DSA and 54 DSAs.

RESULTS: The overall graft survival was 94.4% for the DSA group and 92.5% for the non-DSA group (P=0.611). The mean creatinine was 1.65 (SD 0.92) in the DSA group and 1.61 (SD 1.19) for the non-DSA group (P=0.822). The proportion of patients with rejection was 19.73% in the DSA group and 15.09% on the non-DSA group (P=0.568). Mean PRA was 37% (Class I) and 41% (Class II) for the DSA group, and 9% (I) and 5% (II) for the non-DSA group. Five patients on the DSA group had PRA Class I >90%. Four (80%) are free of dialysis, and 6 patients had PRA Class II >90%. Of interest is the finding that 42% of the DSAs were directed to cryptic epitopes.

CONCLUSIONS ; Our results showed no difference on survival, function and number of rejections between the patients transplanted with or without DSAs, provided that the DSA MFI is < 5k and the flow cross is negative. We believe that our policy to offer a deceased kidney donor to our patients, even in the presence of low (>1,000 to 5k MFI) DSA levels but with a negative flow cross, justifiable.

Palavras-chave: kidney, DSA, flow crossmatch