

2023

ICCU

19 - 22 September 2023

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of Congress

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WELCOME

ICCU 2023

23rd International Congress on
Cardiovascular Updates

Congress News

THE OFFICIAL

ICCU COURSE NEWSPAPER

EDITION ONE, 19 SEP. 2023

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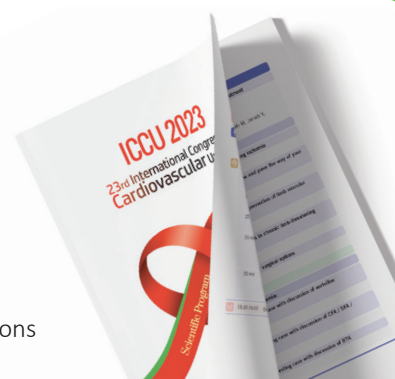


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ICCU 2023

23rd International Congress on
Cardiovascular Updates



Massoud Ghasemi, MD
President of Congress



Mojdeh Mazidi
Executive Secretary of Congress



Masoud Eslami, MD
Secretary of Congress

ICCU 2023

19 - 22 September 2023
Olympic Hotel / Tehran - Iran



23rd International Congress on Cardiovascular Updates

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۲۸-۳۱ شهریور ۱۴۰۲ هتل المپیک / تهران-ایران



Massoud Ghasemi, MD
President of Congress

■ **Updating Information and the Latest Medical Advances in the Field of Cardiovascular Health at the 23rd International Congress on Cardiovascular Updates**

The President of the Congress, Dr. Masoud Ghasemi, on the eve of the 23rd International Congress on Cardiovascular Updates, stated:
“The Iranian Society of Atherosclerosis is honored to hold the 23rd International Congress on Cardiovascular Updates from the 28th to the 31st of Shahrivar in 1402 (September 19th to 22nd, 2023) at the Olympic Hotel in Tehran.”
This year’s congress will feature over 250 domestic and international speakers and nearly 5000 participants, along with more than 100 pharmaceutical and medical equipment companies.
In this regard, more than 50 medical panels, along with workshops in scientific groups such as Interventional Cardiology, Heart Failure, Electrophysiology, Imaging, General Cardiology, Cardiac Surgery, and other specialized groups, will be extensively discussed and debated by prominent domestic and foreign professors in the fields of cardiovascular specialization and subspecialization.
During the 23rd International Congress on Cardiovascular Updates, over the course of its days, we will scientifically engage at the highest academic levels, with the participation of all cardiovascular and vascular educational groups, as well as prominent domestic and foreign professors and physicians who are the mainstay and permanent contributors to achieving this goal. We will present the latest scientific research results in the field of cardiovascular diseases and the latest guidelines (Guidelines), and we will focus on discussing and examining innovative methods and techniques in various areas of cardiovascular health.
In the upcoming congress, as in every year, the main approach of the congress will be collaboration among cardiovascular specialists, medical and nursing-related fields, in all corners of the country. The presence of reputable speakers and the organization of workshops in various areas will be emphasized.

→ Continued on page 11



Mojdeh Mazidi
Executive Secretary of Congress

■ **The Iranian Society of Atherosclerosis proud to announce the organization of the 23rd International Congress on Cardiovascular Updates.**

With the grace of the Almighty and through the relentless efforts, dedication, and unwavering determination of the Iranian Society of Atherosclerosis, another opportunity has arisen to hold, alongside esteemed scholars, cardiovascular specialists, esteemed researchers, members of the scientific committee, and faculty members of medical sciences disciplines, as well as the managers of cardiology departments in medical universities across the country, dear assistants, fellows, and beloved residents specializing in cardiovascular medicine, the twenty-third International Congress on Recent Advances in Cardiology and Vascular Sciences.
This congress will take place from Tuesday, 19 September till Friday, 22 September 2023, at the Olympic Hotel, Tehran, Iran.
The achievements and efforts of Iranian Society of Atherosclerosis’s board of directors, in line with the organization of congresses and conferences on international scales and based on global standards, have consistently aimed to provide the necessary platforms for fostering interest and enhancing the motivation of active participants in the medical field of the country to share their latest research, ideas, and innovative methods on a broader, distinct, and more effective level.
It is worth noting that a distinguished gathering of scientific speakers, the executive committee, panel moderators, and international speakers from Italy, Turkey, Germany, and North America, along with over 5000 participants from the cardiovascular medical community of the country, including cardiovascular specialists, cardiac subspecialists, international fellowships, cardiac anesthesiologists, cardiac surgeons, echocardiography subspecialists, electrophysiology specialists, cardiology residents and fellows, and specialized cardiac nurses, will be in attendance at the 23rd Congress.
This congress offers the highest continuing education credits for physicians and nurses.

→ Continued on page 14



Masoud Eslami, MD
Secretary of Congress

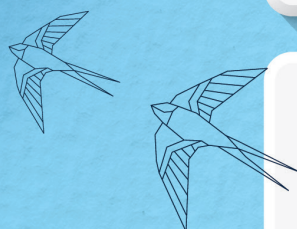
■ **Preservation of Scientific Growth and Familiarization of Physicians with the Latest Advancements in Medical Science at the 23rd International Congress on Cardiovascular Updates**

Dr. Masoud Eslami, the Scientific Secretary of the 23rd International Congress on Cardiovascular Updates, announced on the occasion of the upcoming congress:
“This congress will be held from Tuesday, 19 September till Friday, 22 September 2023, at the Olympic Hotel, Tehran, Iran.”
The 23rd congress will have a unique character, focusing on the examination of cardiovascular diseases, their side effects, and the reasons behind their increasing prevalence. Early diagnosis and a focus on reducing risk factors associated with cardiovascular diseases are fundamental approaches to controlling this disease. As in previous years, all topics related to cardiovascular fields, including coronary artery diseases, heart and brain strokes, heart muscle diseases, valvular diseases, arrhythmias, and their treatments, hypertension, various cardiac imaging techniques, new medications, vascular diseases, women’s heart diseases, Hyperlipidemia, obesity, and cardiovascular complications, will be discussed and debated at this congress.
The Scientific Secretary of the congress emphasized the significant role of distinguished cardiovascular specialists, both domestic and foreign, as well as professionals in related medical fields in the scientific panels of the congress. Additionally, he highlighted the importance of physicians becoming acquainted with innovative treatment methods, accompanied by specialized workshops and research and educational programs. The 23rd Congress provides an exceptional opportunity for close collaboration and exchange of ideas among specialists in each of the associated fields, contributing to mutual scientific advancement. In this context, alongside scientific lectures and selected articles presented in poster format, there will be an exhibition space featuring active representatives from pharmaceutical and non-pharmaceutical companies.

→ Continued on page 11



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The Role of SGLT2_Inhibitors & GLP-1 RA

in patients with diabetes & cardiovascular disease



Alireza Esteghamati, MD

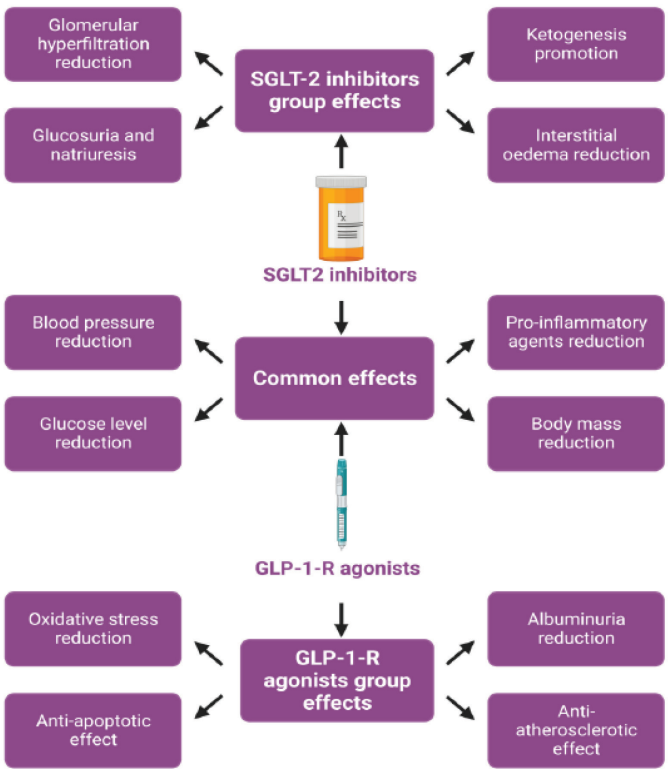
Professor of Endocrinology and Metabolism
Tehran University of Medical Sciences

Introduction

Type 2 diabetes mellitus (T2DM) constitutes one of the most widespread diseases with a prevalence of 536.6 million people in 2021 and an estimated increase to 783.2 million by 2045 [1]. It is considered to be among the major risk factors for cardiovascular disease (CVD). Patients suffering from T2DM present a two-to-four fold increased risk of developing CVD, including coronary artery disease, stroke, peripheral arterial disease, cardiomyopathy, atrial fibrillation and heart failure (HF) [2]. Furthermore, it also represents a risk factor for chronic kidney disease (CKD), which affects approximately 40% of the T2DM population. T2DM, being a cause of both macro- and micro-vascular damage, requires safe and efficient treatment. Particularly interesting is the mechanism in which T2DM is considered to cause CAD. In patients with diabetes, particular products of myocardial metabolism, being the oxidants, may have negative impact on ion channels and thus alter their ability to modulate coronary blood flow. Such a mechanism, among others, is thought to contribute to CAD [3]. Despite the wide variety of therapeutic options available, unfortunately, the majority of glucose-lowering therapies have not shown a significant effect in lowering cardiovascular risk. In contrast, both sodium glucose cotransporter 2 (SGLT2) inhibitors and glucagon-like-peptide-1 receptor (GLP-1-R) agonists reduce the risk of

all-cause mortality, cardiovascular mortality, and kidney failure [5]. Hence, they are recommended as first-line therapy independently of background glucose-lowering agents, current HbA1c level or HbA1c targeted level in patients with T2DM and established or subclinical atherosclerotic cardiovascular disease (ASCVD) or CKD with the caveat that, in the latter, SGLT2 inhibitors ought to be preferred [6]. Although both classes appear to have a comparable effect on composite cardiovascular endpoints [7], SGLT2 inhibitors have shown a significant reduction in the risk of death or hospitalization for heart failure (hHF). Therefore, SGLT2 inhibitors were included in the latest guidelines for the diagnosis and treatment of acute and chronic heart failure of the European Society of Cardiology (ESC) [8] and presented as one of the main pillars of the recommended treatment. In contrast, GLP-1-R agonists effectively reduce stroke events in patients with T2DM and established ASCVD, and thus have been implemented into recommendations for the stroke prevention of several associations, such as the American

Stroke Association [9]. Since those two groups present different profiles of benefits, it is crucial to determine who would benefit most from which medication.



WORKSHOP PROGRAM

MOLAVI HALL

WEDNESDAY	09:00-12:30
THURSDAY	08:45-17:30

DON'T MISS

Tuska Hall (EP Hall)

Prof. Antonio Frontera (Italy)

Prof. Hikmet Yorgun (Turkey)

Session S3

Challenging VT Ablation Scenarios

With presence of:

Prof. Antonio Frontera (Italy)
Prof. Hikmet Yorgun (Turkey)

Wednesday Sep 20, 2023
11:00-12:30

Measurement of Mitral Valve Area By Direct Three Dimensional Planimetry Compared To Multiplanar

Reconstruction In Patients With Rheumatic Mitral Stenosis



Dr. Mehrnoush Toufan

Professor, Echocardiography, Tabriz University Of Medical Sciences, Tabriz, Iran

Dr. Haniyeh Haniyeh Faraji Azad

Assistant-professor, Cardiology, Tabriz University Of Medical Science, Tabriz, Iran

Hanieh Hanieh Sakha

Doctoral-degree, Statistics, Islamic Azad University, Tabriz, Iran

Dr. Naser Khezerlou

Assistant-professor, Echocardiography, Tabriz University Of Medical Sciences, Tabriz, Iran

Introduction:

Mitral valve area (MVA) measurement by three-dimensional transthoracic echocardiography (3D-TTE) has a crucial role in the evaluation of mitral stenosis (MS) severity. Three dimensional direct (3D-direct) planimetry has been proposed as a new technique to measure mitral valve area. This study aimed to compare the 3D-direct mitral valve planimetry to conventional three dimensional multiplanar reconstruction (3D-MPR) in severe mitral stenosis (MS) using 3D-TTE.

Materials and Methods:

Methods: 149 patients with severe MS who were referred for percutaneous transmitral commissurotomy (PTMC), prospectively recruited. All patients underwent 2D transthoracic echocardiography (2D-TTE) and 3D-TTE in a single session before PTMC. During 2D-TTE planimetry, pressure half time (PHT), and proximal isovelocity surface area (PISA) were applied to measure the MVA. Transmitral mean pressure gradient

(MPG) was measured. During 3D-TTE, MVA planimetry was carried out with both 3D-direct and 3D-MPR methods. 3D-direct was applied from both atrial and ventricular views. The consistency of MVA measurements with 3D-direct, 3D-MPR, and 2D-TTE methods was statistically investigated.

Results:

Our sample consisted of 109 (73.2%) women and 40 (26.8%) men. The mean age was 51.75 ± 9.81 years. The agreement between 3D-direct and 3D-MPR planimetry was significant and moderate (0.99 ± 0.29 cm² vs. 1.12 ± 0.26 cm², Intraclass Correlation = 0.716, p value = 0.001). The accuracy of the 3Ddirect method reduced significantly compared to the MPR method at MVA > 1.5 cm². The maximum difference between two methods was observed in cases with MVAs larger than 1.5 cm². MVA measured with the 3D-MPR method was significantly correlated with a 2D-TTE method, with a moderate agreement (Intraclass Correlation = 0.644, p value = 0.001). Also, 2D-TTE and 3D-direct TEE techniques

yielded significantly consistent measurements of the MVA (1.06 ± 0.026 cm² vs. 0.99 ± 0.29 cm², Intraclass Correlation = 0.787, p value = 0.001); however, with a slight overestimation of the MVA by the former with a net difference of 0.06 ± 0.013 cm².

Conclusion:

3D-direct planimetry has an acceptable agreement with 3D-MPR planimetry at MVA less than 1.5 cm², but their correlation decreases significantly at MVA above 1.5 cm².

3D-direct planimetry underestimates MVA compared to 3D-MPR, especially at MVA above 1.5 cm². The 2D-TTE planimetry has generally acceptable accuracy, but its correlation to the 3D-TTE methods is significantly reduced in cases with moderate to severe MS (i.e. MVA > 1.0cm²).

Keywords:

measurements, three-dimensional, mitral valve, intraclass

DON'T MISS

S1

Seyhoun Hall

Thursday Sep 21, 2023 09:00-10:30

Session S1
SAVR & TAVR Basic Aspects

Moderators:
Babazadeh K, Jadbabaie AN

Panel members:
Mandegar MH, Abdi S, Amirghofran A, Haji Zeinali AM, Abbasi K, Ghavidel AR, Sahebjam M, Pouraliakbar HR

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September 20, 2023
 12:30 PM
 Hegmataneh Hall, Olympic Hotel

Speakers

Dr. Massoud Ghasemi, FACC, FCAPSC
Professor of Interventional Cardiologist, Endovascular Specialist,
Tehran University of Medical Sciences

Dr. Peyman Adibi
Professor of Gastroenterology and Hepatology,
Isfahan University of Medical Sciences

Dr. Anahita Sadeghi
Associate Professor of Gastroenterology and Hepatology,
Tehran University of Medical Sciences

Dr. Reza Ghanavati
Cardiovascular Specialist,
Iran University of Medical Sciences

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- Modava
- AVECINNA



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- Raimon Darman Takta
- Merck
- Industrial Development by Electronic Application Inc. (IDEA)
- N.B.S Kish



MORE THAN 5000 PARTICIPANTS



Clinical characteristic and imaging findings of post-infarction left ventricular pseudoaneurysm versus aneurysm:

A pooled analysis of 21,472 patients

Introduction:

Left ventricular pseudoaneurysm (LVPA) is a rare but life-threatening complication of myocardial infarction (MI). Differentiation of LVPA from left ventricular aneurysm (LVA) remains a challenge but is imperative for timely management. We summarized and compared clinical and imaging findings of post-MI LVPA and LVA to distinguish them from each other.

Materials and Methods:

We performed a comprehensive search of the literature in databases. In both LVA and LVPA, individual-level patient data (IPD) and aggregated-level data (AD) studies were combined through a two-stage analysis method.

Results:

We identified 379 eligible articles on LVPA (N= 504 patients) and 120 on LVA (N= 20,968). LVPA patients had a shorter mean time interval from MI to diagnosis than LVA (5.1 vs. 27.8 months). At presentation, while 33.8% (95% CI: 22.1, 46.0) of patients with LVA had arrhythmia, only 1.0 % (95% CI: 0.0, 2.9) of LVPA patients presented with this symptom. LVPA compared to the LVA group, more frequently had ST-segment elevation (43.2% Vs. 28.6, respectively) but less frequently ECG signs of the old MI (42.2% Vs. 61.9). Echocardiography showed a lower diagnostic value in LVPA than LVA (Sensitivity: 81.4% Vs. 97.5%). Contrary to LVA, LVPA is mainly located on

posterior and inferior segments based on echocardiography evaluations. A higher percentage of LVPA compared to the LVA group died during hospitalization (13.8% vs. 4.7%) or after discharge (17.5% vs. 9.0%).

Conclusion:

LVPA is mainly located on the posterior and inferior, and LVA is on the anterior and apical segments. On cardiac MRI, pericardial LGE may suggest the presence of LVPA rather than LVA in suspected patients.

Keywords:

VLPA LVA Myocardial infarction

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Evaluation of the relationship between QT INTERVAL IN ECG & GRACE SCORE AMOUNT OF HOSPITALIZED PATIENTS WITH NSTEMI



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Samira Dodange

Assistant-professor, Cardiology, Qazvin University Of Medical Science, Qazvin, Iran

Introduction:

A non-ST-elevation myocardial infarction (NSTEMI) is a major component of ACS that usually has more than twice the relative incidence compared to ST-segment elevation myocardial infarction (STEMI). Data from the International Long QT Syndrome Registry show that the risk of developing malignant arrhythmias in patients with long QT is exponentially related to the length of the QTc interval. Therefore, the aim of this study was to evaluate whether prolonged QTc can be included as a risk factor in the prognosis of NSTEMI patients.

Materials and Methods:

A cross-sectional study was conducted in patients with NSTEMI diagnosis admitted to the Bu-Ali Hospital of Qazvin between April 2021 and September 2021 by census method. The QT interval was measured in the electrocardiogram at admission. The documented grace score was calculated and its relationship with the modified QTc interval was estimated using the Hodges formula. Finally, the relationship between QTc and GRACE score was investigated as a prognostic factor in ACS patients. Relationships were assessed by using T-test and chi-square test.

Results:

Total of 60 patients (31.7% females, 63.8% males) with mean age of 63 ± 12.7 years were evaluated. Most of patients (68.3%) were at low risk regarding Grace score category. In evaluating the relationship between QTc in the electrocardiogram at admission with total GRACE score, the Pearson correlation results were significant and there was a positive

relationship between these two factors ($R=0.497$, $p<0.001$).

Conclusion

In this study, a significant relationship was observed between QTc of patients and GRACE Score. It seems

to use patients' QTc as a predictive factor of patients' mortality.

Keywords:

NSTEMI, GRACE, Electrocardiogram, ECG



DON'T MISS



Hegmataneh Hall

Session S3

Thursday Sep 21, 2023 11:00-13:00

Complex PCI

(Including LM, ostial lesions, Bifurcation, CTO, Calcified lesions: Case –based review)

With presence of:

Prof. Muzaffer M. Degertekin (Turkey)

Prof. Mohammad Reza Movahed (USA)



Prof. Muzaffer M. Degertekin
(Turkey)



Prof. Mohammad Reza Movahed
(USA)

PHILIPS

Cardiology Solutions

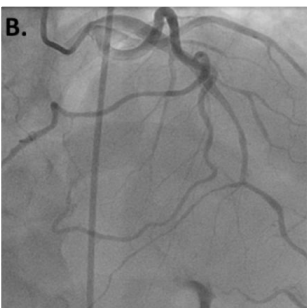
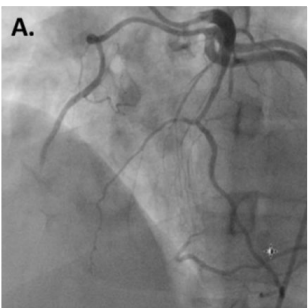
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ANGIOGRAPHY



→ Continued from page 3

In addition to presenting scientific lectures in the exhibition space, representatives of active companies in the field of cardiovascular diseases will introduce the newest drugs, equipment, and medical technologies. The splendid organization of such events is the result of unity among all scientific and educational communities related to cardiovascular health and related medical fields. I, therefore, consider it my duty to express my utmost appreciation and

gratitude to all these dear individuals, including the scientific and executive committees of the congress, distinguished professors, thoughtful colleagues, financial and spiritual supporters of the congress, and all those who contribute in any way to the success of this grand event. We eagerly look forward to the presence of all dear participants at the largest international congress on cardiovascular health.

→ Continued from page 3

They will showcase the latest advancements in medical equipment, imaging, and pharmaceuticals in the field of cardiovascular medicine from around the world, providing exposure and introduction to physicians and attendees. We hope that with the increasing participation and collaboration among cardiovascular specialists and professionals in related medical and nursing fields from all corners of the country, we can organize the 23rd Congress and future congresses with higher quality and more enriching content.



20 | 21

SEPTEMBER

2023

WEDNESDAY

THURSDAY

08:30-15:30

Abgineh Hall (Nursing Hall)



GOLD MEMBER

Participants who have continuously attended the **International Congress on Cardiovascular** Innovations for a period of 5 years will be recognized as Gold Members, and they will benefit from the following advantages:

1. Two years of complimentary registration for the congress.
2. Priority consideration and selection for participation in the congress scientific program as committee members and panelists.
3. Complimentary access to the Faculty Lounge alongside the committee members and panelists during the congress.



انجمن آترواسکلروز ایران
Iranian Society of
Atherosclerosis



IDIOPATHIC EDEMA



Mehrdad Aghdasi, MD

Cardiovascular Interventionist


Introduction:

One of the common reasons to visit a Cardiovascular specialist in young and middle-aged women is mild to moderate bilateral swelling in the lower extremities. In addition to leg swelling, these patients often complain of periodic swelling in the hands and face. The most likely cause of leg edema in women under age 50 is idiopathic edema, formerly known as cyclic edema.¹ Idiopathic cyclic edema syndrome was identified in 1955 and is related to a set of clinical states that involve vascular hyper permeability associated with swelling due to retention of interstitial fluid.² Although various causes such as increased capillary permeability, secondary hyperaldosteronism, ..., have been proposed as etiologies, the exact cause of idiopathic edema remains unknown. In addition to IE syndrome, Diabetes, Obesity, and emotional problems (including depression and neurotic symptoms) are commonly seen with.³ The diagnosis of IE is one of exclusion and requires a careful history, physical exam, and clinical suspicion and should only be considered when the plasma albumin concentration and jugular venous pressure are normal, and when there is no evidence of cardiac, hepatic, or

kidney disease. Idiopathic edema should also be differentiated from premenstrual edema.⁴ Idiopathic edema is non -menstrual- related swelling symptoms, means that the symptoms persist throughout the menstrual cycle. Idiopathic cyclic edema could be also an aggravating factor for cellulite and control of edema is essential in the treatment of cellulite.⁵


Initial assessments for systemic causes:

- Check of CBS, U/A, Electrolytes, Creatinine, BS, TFT, Albumin. Initial assessments for Specific indications:
- 1) Acute edema: D-Dimer
- 2) Based on history and Present Illness: Echocardiogram, LFT, kidney function test.
- 3) Suspicion of malignancy: Abdominal/pelvic CT scan
- 4) Suspicion of sleep apnea: Sleep study
- 5) Lymphedema: Abdominal/pelvic CT scan
- 6) Medication known to cause edema: consider reducing dose or changing medication. The most commonly used drugs which can cause edema are:
- calcium channel blockers e.g. amlodipine.
- nonsteroidal anti-inflammatory drugs(NSAIDs) e.g. ibuprofen.
- corticosteroids e.g. prednisolone.




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Telangiectasia Treatment Workshop



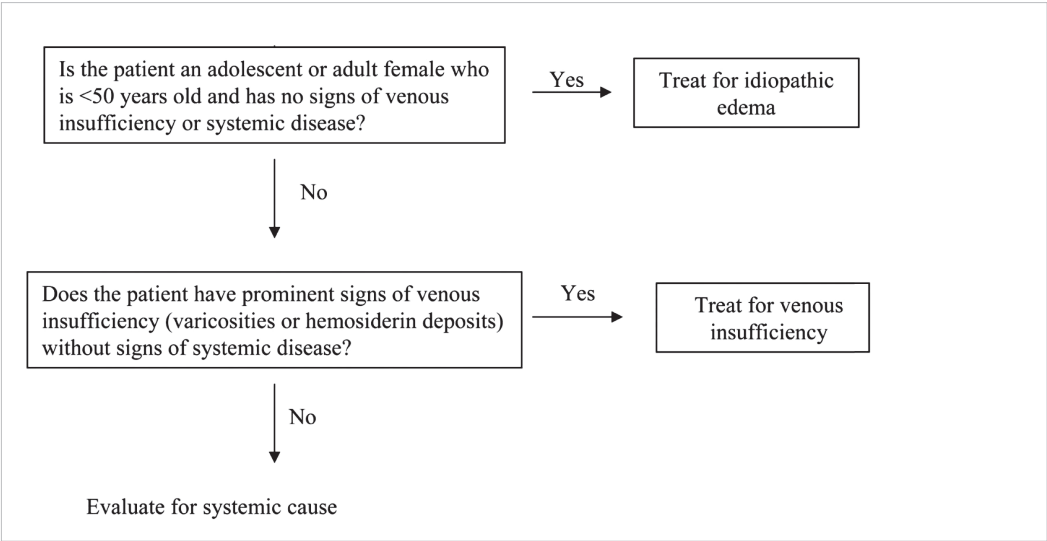
Speaker:
Dr. Mehrdad Aghdasi

21 September
8:45-9:45
Molavi Hall, Olympic Hotel,
Tehran, Iran



BEFORE AFTER

- hormones and related compounds e.g. tamoxifen⁶
- To control this condition, the following recommendations are effective:**
- a) Weight reduction in overweight individuals.
 - b) Increasing physical activities like walking and regular exercise appropriate to the patient's physical condition.
 - c) Intermittent recumbence when possible
 - d) Reducing salt intake in the diet.
 - e) Limiting carbohydrate consumption.⁷
 - f) Consuming potassium-rich foods like bananas and tomatoes due to relative hypokalemia in some individuals.
 - g) Wearing knee-high varicose vein prevention stockings in patients with more prominent leg swelling.
 - h) The last option is prescribing diuretics. Among them, spironolactone is considered the best choice.
 - i) Strong diuretic use like furosemide, while helpful in the short term, may exacerbate swelling in the long run.⁸



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→ Continued from page 3

This year, in the congress's executive section, we will have interactive panels for selected abstracts, where the authors of these papers will submit their posters in the form of pre-recorded presentation files in the congress format, and these panels will be presented online. It is worth mentioning that precious prizes will be awarded to the top three medical papers on the opening day.

Interested individuals seeking details of the scientific program can visit the website of the Iranian Atherosclerosis Society. By entering the speaker's name or the desired topic in the search section, they can access program information separately.

In this regard, the 'Program at a Glance' for the congress is also available on Iranian Society of Atherosclerosis 's website. Clicking on each of the titles provides access to panel details in the congress's scientific program.

It is worth mentioning that this year, we will introduce a new and innovative concept called the 'Faculty Bracelet,' which distinguishes esteemed speakers from other attending physicians at the congress. Furthermore, as part of a unique initiative this

year, participants who have consistently attended the International Congress on Recent Advances in Cardiology and Vascular Sciences for a continuous period of 5 years will be recognized as 'Gold Members.' The dedication and contributions of these 15 selected individuals will be celebrated and acknowledged during the gala event.

In addition, concurrently with the congress, a specialized exhibition of pharmaceutical companies, medical equipment, and imaging will be held. This exhibition provides an opportunity for active medical companies in the country to showcase the latest capabilities and achievements of the world in the medical scientific space. This allows the attending physicians and nurses at the congress to stay informed and benefit from the latest pharmaceutical products, medical equipment, and imaging technologies.

It is worth mentioning that the executive team of the congress and the society, in the process of organizing and executing the 23rd International Congress on Cardiovascular Updates, consists of 180 colleagues from various fields, including IT electronics, senior experts, specialists, and proficient medical and nursing personnel, as well as academic elites.

In conclusion, while expressing gratitude to the

Ministry of Health and Medical Education (MOH), as well as the esteemed officials of the Food and Drug Administration and the Medical Equipment Department of the country, it is stated that with the help of the Almighty and the efforts and support of the esteemed president of the The Iranian Society of Atherosclerosis, the secretary of The Iranian Society of Atherosclerosis, and the honorable members of the society's board of directors, as well as the active and hardworking executive committee, we hope that by creating an appropriate and effective environment, with the goal of scientific collaboration, we will witness the successful and enriching organization of future congresses, symposia, and conferences. It is our aspiration that these events contribute to the advancement and prosperity of our beloved Iran in the realm of cardiovascular science, recognizing the fundamental role of researchers and scholars in elevating the scientific standards of our cardiovascular community.



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Hegmataneh Hall

Wednesday Sep 20 ,2023 11:00- 12:30

Session S3: Aortic Valve: 1- BAV TAVI case 2- Valve in Valve case

Moderators: Abdi S, Lotfi Sh (Germany)
Panel Members: Nazeri I, Mandegar MH, Namazi MH, Shabestari M, Haji Zeinali AM, Khosravi AR, Sahebjam M, Pouraliakbar HR, Ahoopai M (Germany)
Speakers: Khalilpour E, Alipour Parsa S



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Dr. Mohammad Vojdan Parast
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1. Blood Pressure Monitor. 2003; 8: 111-117 2. J Int Med Res. 2009; 37:1662-1679. 3. Hypertension Res. 2014; 37: 151-157. 4. Future Cardiol. 2005; 1:7-15. 5. FDA label. July 2020 revision 6. Cardiovasc Diabetol. 2005; 4:6

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1. J Drug Assess. 2013; 2: 67-71.
2. J Hum Hypertens. 2010; 24:443-451.
3. FDA label. Reference ID: 6447778. Updated on Jan 2022.
4. Vasc Health Risk Manag. 2010; 7: 6: 821-7.
5. Int J Clin Pract. 2009; 63: 219-225.
6. Vasc Health Risk Manag. 2010; 6:321-325.

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References:

1. N Engl J Med. 2014; 371(11): 993-1004.
2. Circ Heart Fail. 2017; 10(8): e003430.

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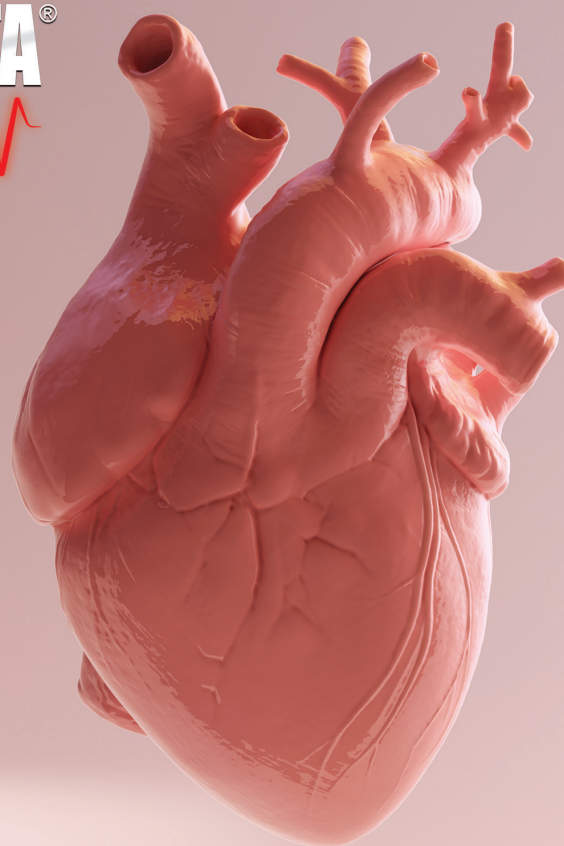
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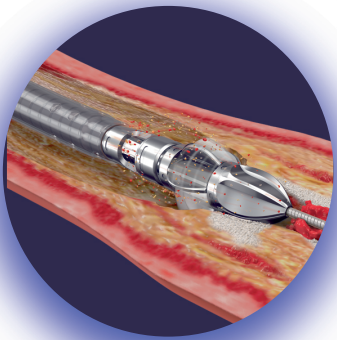
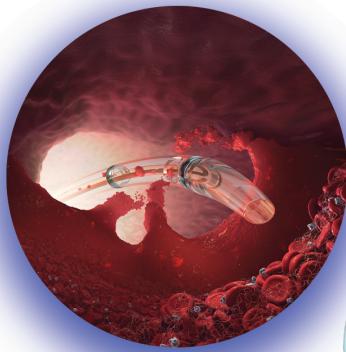
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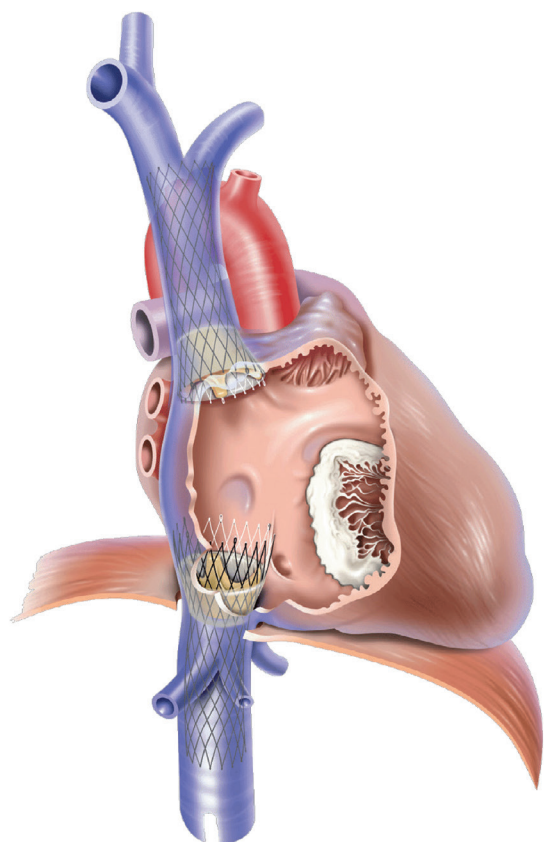
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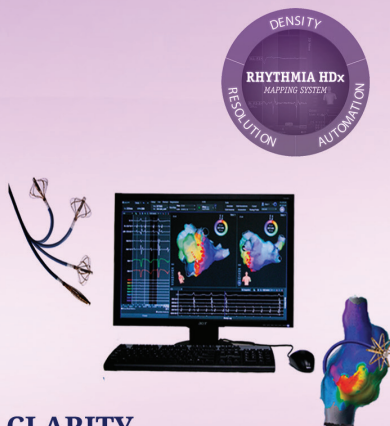
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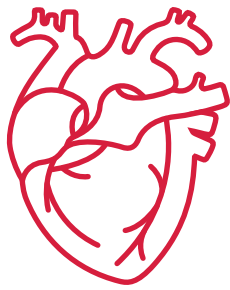
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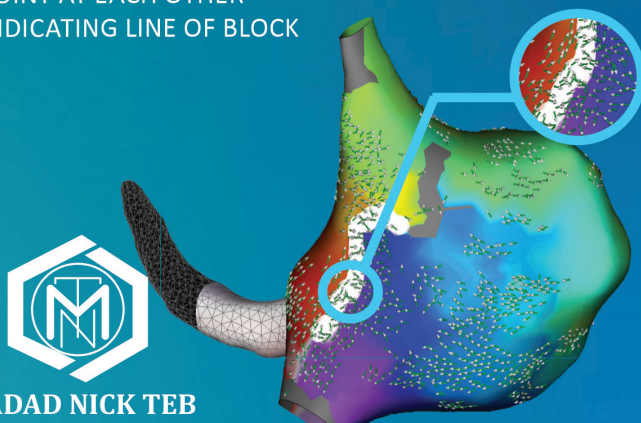
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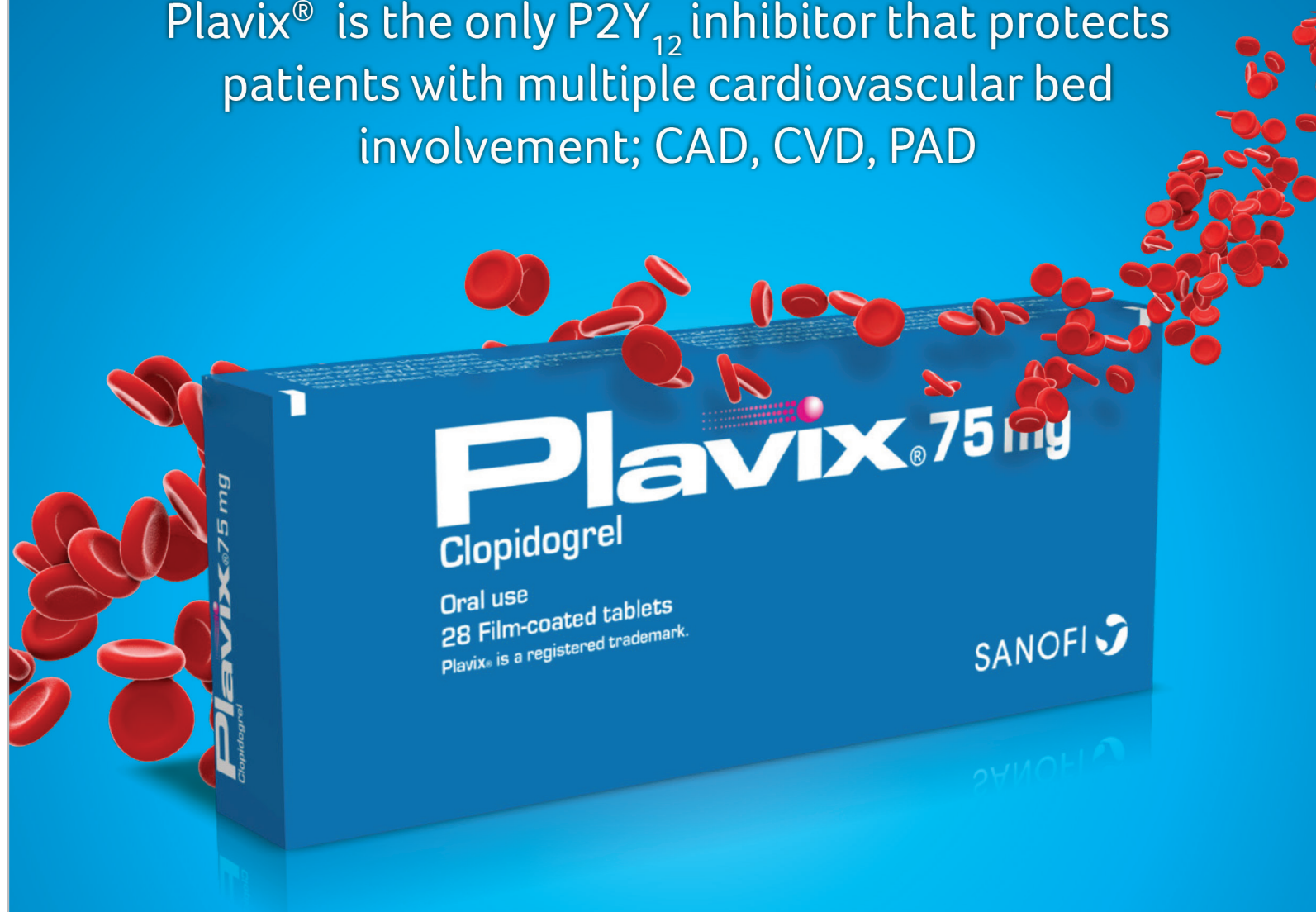
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