Abstract 2  

Table 1  

ARVC/D phenocopies identified by CMR  

<table>
<thead>
<tr>
<th>Patients</th>
<th>Ischaemic Heart Disease</th>
<th>Non-ischaemic Heart Disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient A</td>
<td>✔</td>
<td></td>
</tr>
<tr>
<td>Patient B</td>
<td></td>
<td>Congenital absence of pericardium</td>
</tr>
<tr>
<td>Patient C</td>
<td></td>
<td>Idiopathic dilated cardiomyopathy</td>
</tr>
<tr>
<td>Patient D</td>
<td>✔</td>
<td></td>
</tr>
<tr>
<td>Patient E</td>
<td></td>
<td>Left ventricular non-compaction</td>
</tr>
<tr>
<td>Patient F</td>
<td></td>
<td>Arrhythmogenic left ventricular cardiomyopathy</td>
</tr>
<tr>
<td>Patient G</td>
<td></td>
<td>Anomalous venous return</td>
</tr>
<tr>
<td>Patient H</td>
<td>✔</td>
<td></td>
</tr>
<tr>
<td>Patient I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient L</td>
<td></td>
<td>Atrial septal defect</td>
</tr>
<tr>
<td>Patient M</td>
<td></td>
<td>Asymmetric pectus excavatum</td>
</tr>
</tbody>
</table>

ARVC/D Phenocopies (n = 12, 9.6%)  

ROLE OF CARDIAC MAGNETIC RESONANCE IN NON-TRAUMATIC OUT OF HOSPITAL CARDIAC ARREST SURVIVORS: A MULTI-CENTRE STUDY  

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Abstract 3 Table 1  

CMR findings among patients with non-ischaemic cardiomyopathy  

<table>
<thead>
<tr>
<th>CMR diagnosis</th>
<th>n = 27</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dilated cardiomyopathy</td>
<td>6</td>
</tr>
<tr>
<td>Hypertrophic cardiomyopathy</td>
<td>3</td>
</tr>
<tr>
<td>Myocarditis</td>
<td>7</td>
</tr>
<tr>
<td>Tako-Tsubo cardiomyopathy</td>
<td>2</td>
</tr>
<tr>
<td>Mitral valve prolapse</td>
<td>4</td>
</tr>
<tr>
<td>Hypertensive heart disease</td>
<td>1</td>
</tr>
<tr>
<td>Cardiac amyloid</td>
<td>1</td>
</tr>
<tr>
<td>Left ventricular non compaction</td>
<td>1</td>
</tr>
<tr>
<td>Biventricular arrhythmogenic cardiomyopathy</td>
<td>1</td>
</tr>
<tr>
<td>Heart failure with preserved ejection fraction</td>
<td>1</td>
</tr>
</tbody>
</table>

Abstract 3 Figure 1  

Unobstructed coronaries (A, B, C) in a patient with hypertrophic cardiomyopathy with patchy septal myocardial late enhancement (D).