CAD deemed to be clinically equipoised following HT discussion. These results suggest that PCI is non-inferior to CABG in this population and provide validation to the decision making process of the HT in real life.

Conflict of Interest nil

63 AN UNUSUAL CAUSE OF DYSPNOEA DIAGNOSED DURING RIGHT HEART CATHETERISATION

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Background It is common for patients with exertional dyspnoea to be referred to Cardiology for investigation. This case highlights a rare but important cause of cyanosis, diagnosed after extensive investigations.

Case Presentation A 73-year-old was referred to the Respiratory Medicine team with limiting exertional dyspnoea. Initial standard investigations proved unremarkable, with normal spirometry, CT pulmonary angiogram, V/Q scan, 6-minute walk test and normal PaO₂ on arterial blood gas sampling. The patient was then referred to Cardiology for consideration of a cardiac cause of her symptoms. Her past medical history included rheumatoid arthritis, retinal vein thrombosis and idiopathic right arm thrombosis. After her initial review by Cardiology, a decision was made to perform both a coronary angiogram and right heart catheterisation. The coronary arteries showed no significant flow limiting lesion and the pulmonary pressures were not significantly elevated with no evidence of a shunt. During the procedure, it was noted that the patient's blood was dark brown in colour (figure 1), with low systemic (66%) and pulmonary artery (48.6%) oxygen saturation as measured on the cath lab oximeter, with normal respiratory rate (12/minute). Arterial blood was mixed in a syringe with 100% oxygen, which produced no change in the colour. A full blood gas analysis was therefore undertaken, which identified a disparity between the measured PaO₂ (12.0kPa) and oxygen saturations. A haemoglobinopathy was therefore suspected, which was felt most likely to be a case of methaemoglobinemia. However, it proved not possible to measure this on the multiple point of care ABG machines, nor at the main biochemistry laboratory. The patient was subsequently investigated extensively by Haematology, ultimately identifying diagnosis of sulphaemoglobinemia. The source for the sulphated haemoglobin was due to an Epsom salt (MgSO₄) containing tonic the patient was using for constipation. The patient was treated with exchange transfusions under the care of the haematology team alongside stopping the Epsom salt tonic.

Discussion Sulphaemoglobinemia (SulfHb) is a rare haemoglobinopathy which arises due to the sulphation of haemoglobin, this results in a significantly reduced oxygen carrying capacity due to reduced affinity for oxygen (Lu et al., 1998); it is often reported that the source of exogenous sulphur is from medications, bowel pathology or occupational exposures. This case highlights the importance of right heart catheterisation as an investigation to help differentiate the causes of exertional dyspnoea and the importance of considering full blood gas analysis when the numbers do not add up.

Conclusion Sulphaemoglobinemia is a rare cause of exertional dyspnoea and should be considered in patients with a clear

Abstract 63 Figure 1

disparity between saturations measured by pulse oximetry and arterial blood sampling.

Conflict of Interest None

64 USE OF SIROLIMUS-COATED BALLOON IN DE NOVO LESIONS; MID-TERM FOLLOW-UP FROM A SINGLE-CENTRE REGISTRY

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Aims Use of drug coated balloon (DCB) in coronary intervention is escalating and the guidelines recommend its use in restenotic lesions. However, some of the recent data suggest, it can also be considered in subset of de novo lesions especially; small vessels, ostium of an important side-branch and in patients unable to tolerate dual antiplatelet therapy. Sirolimus is the drug of choice in currently available drug eluting stents. Most DCBs used elute Paclitaxel, but there is no data on Sirolimus coated DCBs. In this study, we report outcomes from the use of a Sirolimus coated balloon (SCB) in de novo coronary lesions.

Methods We included all patients treated with an SCB between April and December 2018. Outcomes measured include cardiac death, target vessel myocardial infarction, target lesion revascularisation, target vessel revascularisation and MACE (combination of cardiac death, target vessel MI and TLR).

Results During the study period, 351 patients (with 414 lesions) with de novo lesions were treated with an SCB. The mean age of patients was 65.6 ± 11.5 years, 275 (78%) were male and 39% (n=212) had diabetes. Most lesions treated were in the LAD/diagonal system (n=173, 42%). Predilatation