subjects with sleep apnoea and with sleep apnoea on treatment were also found to have a higher prevalence of atrial fibrillation and a higher prevalence of family history of sudden death.

Conclusion Abnormal SAECG patterns with significantly reduced root mean square voltages and terminal 40 msec voltages are seen in those patients with HCM and concurrent OSA. These changes do not appear to reverse with treatment of OSA and in fact appear to shorten further still. The SAECG may prove useful as a marker of underlying sleep apnoea and also may provide utility in predicting an individual’s risk of developing arrhythmia particularly atrial fibrillation and potentially ventricular arrhythmia.

Conflict of Interest Nil

PREDICTORS OF PERMANENT PACEMAKER INSERTION AFTER MITRAL VALVE REPLACEMENT

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Objective As the established surgical mitral valve replacement (MVR) expands towards various contemporary techniques and access routes, the predictors and burden of procedure-related complications including the need for permanent pacemaker (PPM) implantation need to be identified.

Methods Digital databases were searched systematically to identify studies reporting the incidence of PPM implantation after MVR. Detailed study and patient-level baseline characteristics including the type of study, sample size, follow-up, number of post-MVR PPM implantations, age, gender, and baseline ECG abnormalities were abstracted.

Results A total of 12 studies, recruiting 37,124 patients were included in the final analysis. Overall, 2,820 (7.6%) patients required a PPM with the net rate ranging from 1.7% to 10.96%. Post-MVR atrioventricular (AV) block was the most commonly observed indication for PPM, followed by sinoatrial (SA) node dysfunction, and bradycardia. Age, male gender, pre-existing comorbid conditions, prior CABG, history of arrhythmias or using anti-arrhythmic drugs, AF ablation, and double valve replacement were predictors of PPM implantation post-MVR.

Conclusion Age, male gender, comorbid conditions like diabetes and renal impairment, prior CABG, double valve replacement, and anti-arrhythmic drugs served as positive predictors of PPM implantation in patients undergoing MVR.

Conflict of Interest None

ATHEROSCLEROSIS IN FABRY DISEASE

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Introduction Fabry disease (FD) is a lysosomal storage disorder characterised by a deficiency in the enzyme α-galactosidase A resulting in sphingolipid deposition which causes progressive cardiovascular manifestations. Angina is common in FD due to multiple mechanisms, including thickening of fibrocellular