resulted in 22 interventions on 15 patients which included medication changes, cardioversions and electrophysiology studies on varying conditions (graph 1). 24–48 hour Holter Monitoring detection rate is between 5%-34%, and therefore inferior to AliveCor in this study.

Conclusion The role of AliveCor, provided by charity (CHSF), in congenital patients is bright but remains unclear. AliveCor is able to detect arrhythmias in this patient cohort, although only a small sample was assessed. A larger multicentre study would provide more clarification. This is likely to be more routine practice, with the young ACHD technological competent patients.

Conflict of Interest No

30 PERI-PROCEDURAL TAMPONADE DURING TRANSCATHETER AORTIC VALVE INSERTION (TAVI): STANDARD VS BALLOON-TIPPED TEMPORARY PACING WIRES: A 3-CYCLE AUDIT

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Introduction Transcatheter aortic valve insertion (TAVI) is an established minimally invasive procedure for patients with symptomatic, severe aortic stenosis deemed to be at high surgical risk. As TAVI continues to advance toward intermediate and low surgical risk patients, minimising peri-procedural complications will be paramount in sustaining the clinical benefit of the procedure. One such peri-procedural complication is cardiac tamponade. Cardiac tamponade can result from ventricular perforation by a temporary pacing wire (TPW), which is itself necessary to insert when complete heart block arises during aortic valve insertion. We sought to compare the risk of peri-procedural tamponade associated with the two most frequently deployed TPWs at the Oxford Heart Centre.

Methods We liaised with local stakeholders to gauge the importance of this question to patients with severe aortic stenosis attending the Oxford Heart Centre. We conducted three cycles of data collection in the John Radcliffe hospital starting in August 2019 and finishing in July 2021. To ascertain the risk of tamponade in procedures involving either the standard TPW or balloon-tipped TPW, we cross-referenced procedural recordings, from which the type of TPW could be identified, with Oxford TAVI (OxTAVI) registry data on tamponade incidence. In accordance with a pre-specified analysis plan, all data was analysed using STATA version 15 software.

Results Peri-procedural tamponade occurred in 15/395 (3.8%) procedures involving a standard TPW vs 2/40 (4.7%) procedures involving a balloon-tipped wire (Figure 1). In comparison to use of the standard wire, the relative risk (RR) of peri-procedural tamponade using a balloon-tipped wire was 1.54 with an associated 95% Confidence Interval of 0.30 to 5.30 Consistent with this, a two-sided Fisher’s Exact test result was non-significant (P-value = 0.6367).

Conclusion No significant difference was observed in the risk of peri-procedural tamponade using a balloon-tipped wire in comparison to the standard pacing wire during trans-femoral TAVI procedures conducted at the John Radcliffe hospital between August 2019 and July 2021. The results were presented to the lead for clinical governance at the Oxford Heart Centre and local practice has now been changed to allow for both balloon-tipped and standard temporary pacing wires are being procedurally deployed in the Oxford University Hospitals Trust during TAVI. An additional cycle of data collection and collaboration with other high-volume TAVI centres will improve generalisability and increase statistical power.

Conflict of Interest -
and this has been of benefit to the patient in the long term. At 6 months the patient’s follow up PET-CT was lymphoma free following 6 cycles of R-CHOP chemotherapy, conveying the importance of early diagnosis and aggressive treatment in the short to medium term. Learning points: 1) The myriad ways in which cardiac lymphoma can present confer low clinical suspicion and often delays in diagnosis and thereafter the necessary aggressive management strategy needed to treat the condition and its sequelae. 2) Pacemaker insertion should be based upon clinical need and can be avoided in scenarios where the patient remains stable and chemotherapy has been initiated to good effect.

Conflict of Interest Nil

**MAVACAMTEN ELIGIBILITY IN PATIENTS WITH HYPERTROPHIC CARDIOMYOPATHY ATTENDING CARDIOLOGY CLINIC IN ESSEX, UK**


Introduction Hypertrophic cardiomyopathy (HCM) is a heart muscle disease with few targeted therapies. Patients with left ventricular outflow tract obstruction (HOCM) are at risk of sudden cardiac death and may experience symptoms of dyspnoea, fatigue, dizziness and palpitations. As a result, the burden of symptoms often has a significantly detrimental effect on activities of daily living, exercise tolerance and subsequently results in a reduction in quality of life. HOCM patients have been treated historically with limited medical therapy options (beta-blockers and/or calcium channel blockers or Disopyramide) before proceeding to high-risk invasive treatments (alcohol septal ablation or myomectomy). There is a substantial unmet need in HCM for specific treatments to reduce obstruction and improve other parameters of left ventricular function. Mavacamten, a first-in-class, small molecule, selective allosteric inhibitor of cardiac myosin ATPase, is a new treatment for HOCM, but not routinely available in the UK. Mavacamten, and within our cohort these patients do not have significantly reduced survival on current therapy. Given the mechanism of action of Mavacamten, further studies in all HCM patients, with or without obstructive physiology, are needed to expand potential licensing indications.

Conflict of Interest Nil

**VALUE OF PERICARDIAL FENESTRATION IN THE DIAGNOSIS AND TREATMENT OF TUBERCULOUS PERICARDITIS**

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Objective To explore the value of thoracoscopic pericardial fenestration in the diagnosis and treatment of tuberculous pericardial effusion.

Methods 35 patients with unexplained massive pericardial effusion underwent thoracoscopic pericardial fenestration.