Abstract 71 Figure 2

- Findings in cohort found to have ACS:
- 9 patients had subsequent diagnosis of ACS; 7 patients went to cath lab (5 of these angio findings correlated with CTCA findings), two were managed medically and had CMRI arranged.
- On analysing the clinical features (chest pain pattern and risk factors) all these patients had a high suspicion index for ACS rather than AAD

Conclusion Of the 49 patients in this audit who had a low risk score (0–1) for AAD only 18 number (36.7%) had d-dimer requested as per guideline recommendations. The rate of AAS was low in this group (2.0%) compared with the high risk group (14%). We concluded if ADDR-RS with DDIMER have been utilised it would have led to save 48/90 (53%) in appropriate CT aortogram request.

Conflict of Interest none

72 PREVALENCE OF BEHAVIOURAL AND BIOLOGICAL RISK FACTORS FOR CARDIOVASCULAR DISEASE AMONG PATIENTS WITH ACUTE CORONARY SYNDROME ADMITED TO A TERTIARY CARE HOSPITAL IN SRI LANKA

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Objective Objective of this study was to determine prevalence and evaluate the impact of biological and behavioral cardiovascular risk factors among patients with different types of acute coronary syndrome (ACS).

Background Despite recent advances in the cardiovascular care ACS remains as a major cause of morbidity and mortality worldwide. ACS incorporates ST-segment elevation myocardial infarction (STEMI), non ST-segment elevation myocardial infarction (NSTEMI) and unstable angina (UA).

Methods A total of 321 patients attended to a tertiary hospital due to ACS were enrolled in the study. Data were collected on the presence of biological risk factors such as family history, hypertension, diabetes mellitus, vitamin D deficiency and behavioral risk factors like smoking and physical inactivity.

Data were analyzed by student t-test, ANOVA, X2 tests and multinomial logistic regression with IBM SPSS 22nd version. In all analyzes, significance level was considered to be 0.05.

Results Most prevalent biological risk factor was hypertension (53.0%) while physical inactivity was the most prevalent behavioral risk factor (57.9%). Patients with STEMI and NSTEMI had significantly higher mean total serum cholesterol levels than patients with UA (p=0.004). Age was found to be significantly associated with STEMI (Odds ratio= 0.958) and there was a significant association of vitamin D deficiency with NSTEMI with compared to UA (Odds ratio= 2.199).

Abstract 72 Figure 1 Predictors of cardiovascular risk factors across STEMI and NSTEMI

Conflict of Interest None

73 IS SHOCKWAVE INTRAVASCULAR LITHOTRIPSY FOR CALCIFIED CORONARY LESION SAFE AND EFFECTIVE?

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Background Calcified coronary lesions often cause suboptimal stent expansion, which is one of the greatest predictors of adverse outcomes such as stent thrombosis and restenosis. Shockwave intravascular lithotripsy (IVL) is a relatively recently NICE approved technique used in the treatment of heavily calcified coronary lesions. This audit presents Salisbury NHS trust experience with the IVL device in 2019 just at the initial introduction of the device in the UK

Methods All patients treated with IVL between beginning of March 2019 and end of February 2020 (1 year period) during their percutaneous coronary intervention (PCI) at Salisbury District Hospital.
Results During this period, there were 24 patients who were treated with IVL prior to stent implantation/PCI. 16 of them were males (67%). Mean age of all patients was 71 (range 54–86). Indications for PCI were Acute Coronary Syndrome (ACS) in 11 patients (46%), stable angina in 13 patients (54%), PCI was performed in the context of investigating severe LVSD that was incidentally discovered after PEA arrest and IVL was also used to further expand an incompletely expanded stent without restenting in 1 patient. The rest of the cases were treated with IVL in the context of severe calcification seen with adjunctive use of OCT and or IVUS. IVL was most commonly used in the left anterior descending coronary artery and Right Coronary artery in (50%) – (46%) respectively, while it was used in to treat the Circumflex in only one patient (4%). Angiographic and IVUS/OCT imaging guided success (<20% residual stenosis) occurred in all cases except one (96%). Only 1 case had an IVL related complication (4%) with a balloon bursting during the first energy delivery at 6 atmospheres of pressure with no haemodynamic sequelae. Another case was complicated by a limited distal vessel wire dissection managed conservatively.

Conclusion From our initial experience IVL appears to be a safe and efficacious adjunctive modality in coronary calcium modification to optimise stent delivery and expansion.

Conflict of Interest None