

the importance of comorbidity coding at induction as well as increasing junior doctor involvement in hospital system designs for an end user insight.

Conclusion Inaccurate complexity and comorbidity scoring can lead to significant under-costing of procedures and loss of funding. Using GP summary care records provides the most comprehensive list of patient comorbidities.

Conflict of Interest none

103 INCIDENCE OF TRICUSPID REGURGITATION IN HIS-BUNDLE PACING

¹Jahanzeb Malik, ²Syed Muhammad Jawad Zaidi, ³Danish Iltaf Satti. ¹Rawalpindi Institute of Cardiology, Rawal Road, Rawalpindi, 46000, Pakistan; ²Rawalpindi Medical University; ³Cardiovascular Analytics Group, Hong Kong China-UK collaboration

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Objective This systematic review aims to explore an association of new TR and its quantification in patients undergoing his-bundle pacing (HBP).

Methods A literature review was conducted using Mesh terms (His-bundle pacing, tricuspid regurgitation, tricuspid valve incompetence, etc.) in PubMed, EMBASE, Web of science CINAHL, and the Cochrane Library till October 2021. Relevant studies evaluating tricuspid regurgitation in HBP were included and information regarding TR and its related factors (ejection fraction (EF) and New York Heart Association (NYHA) class) were retrieved from the eligible studies.

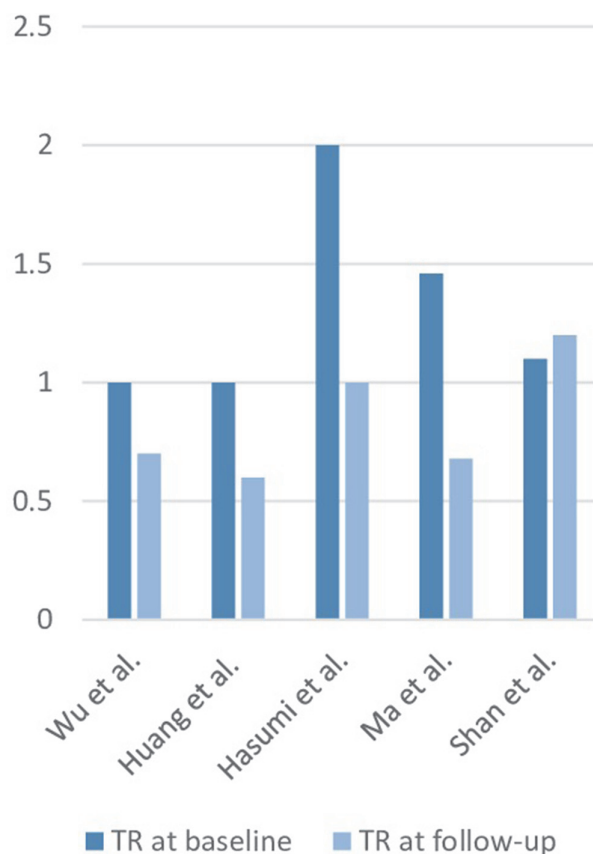
Results Out of 196 articles, 10 studies met the inclusion criteria that included 546 patients with HBP. The mean age of the patients ranged between 61.2±12.3 to 75.1±7.9 years with 54.1% males. The implant success rate was 79.2%. Only one study reported a 5% incidence of TR while 9 studies reported no new TR after HBP. Two studies reported an average TR grade of at least 1 at baseline and <1 and another study reported improvement from moderate to mild TR grade in 7 patients and decreased TR grade from severe to moderate in 2 patients. Eight studies reported significant improvement in EF after HBP while 5 studies reported improvement in NYHA class.

Conclusion HBP causes improvement in TR grade, EF, and NYHA class after HBP for cardiac resynchronization therapy (CRT) as well as an atrioventricular block (AVB). Further studies in the form of randomized controlled trials are required to further evaluate the effect of HBP on tricuspid valve functioning.

Conflict of Interest None



Abstract 103 Figure 1



Abstract 103 Figure 2

104 ANALYSIS OF CLINICAL CHARACTERISTICS, GENETIC BASIS, MANAGEMENT AND ARRHYTHMIC OUTCOMES OF PATIENTS WITH CATECHOLAMINERGIC POLYMORPHIC VENTRICULAR TACHYCARDIA FROM A CHINESE CITY

¹Gary Tse, ²Sharen Lee, ²Kahlid Bin Waleed, ³Jeremy Man Ho Hui, ²Ishan Lakhani. ¹Cardiovascular Analytics Group, Hong Kong, China-UK Collaboration, Cardiac Electrophysiology Unit, Hong Kong, CN-91 HKG, China; ²Cardiovascular Analytics Group; ³Cardiovascular Analytics Group, Hong Kong, China-UK Collaboration

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Introduction Catecholaminergic polymorphic ventricular tachycardia (CPVT) is a rare cardiac ion channelopathy. The aim of this study is to examine the clinical characteristics, genetic basis and arrhythmic outcomes in CPVT patients from the Hong Kong city of China.

Methods This analysis was based on a wider study on ventricular arrhythmias that received approval from the local research ethics committee. Patients diagnosed with CPVT at public hospitals or clinics were included. The primary outcome was spontaneous ventricular tachycardia/ventricular fibrillation (VT/VF).

Results A total of 16 (mean presentation age=11±4 years old) patients were included. All patients presented at or before 19 years of age. Fifteen patients (93.8%) were initially symptomatic. Ten patients had both premature ventricular complexes (PVCs) and VT/VF, whereas one patient had PVCs without VT/VF. Genetic tests were performed in 14 patients (87.5%). Eight (57.1%) tested positive for the RyR2 gene. Seven