was poor and that further randomised controlled trials are need to direct care.

**Conclusion** There remains uncertainty regarding the current definition of type 2 myocardial infarction and overall patient and clinician understanding was thought to be poor. However, it is generally accepted that the mainstay of management should be on the identification of coronary artery disease and left ventricular impairment with optimisation of therapies with proven benefit. Management should involve an individualised assessment and the multidisciplinary team.

**Conflict of Interest** Nil

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**61** REVASCULARISATION OF LEFT MAIN STEM DISEASE IN A GERIATRIC POPULATION IN A UK NON-SURGICAL CENTRE: A FIVE YEAR RETROSPECTIVE ANALYSIS OF MODERN PRACTICE AND OUTCOMES

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**Purpose** Left main stem (LMS) disease is associated with significant morbidity and mortality, even more within an elderly population. Traditionally coronary artery bypass grafting (CABG) has been the gold standard for treatment of these lesions, however, percutaneous coronary intervention (PCI) in this geriatric cohort is expanding with the advent of newer drug-eluting stents (DES), better intravascular imaging modalities and careful patient selection. This study was to investigate the safety and efficacy of LMS treatment with PCI at a UK non-surgical centre.

**Methods** From January 2018 to December 2022, all patients who underwent PCI to LMS lesions in our cath-lab were enrolled. The relevant clinical and angiographic characteristics at the time of PCI, as well as the clinical follow-up outcomes, were retrieved and analysed.

**Results** A total of 117 patients were analysed with a mean age 71.3 ± 11 years. Of these 86 (74%) were males, 29 (25%) were diabetic, 58 (50%) hypertensive. There were 78 (67%) who presented with acute coronary syndrome, 32 (27%) were elective admission whilst 7 (6%) presented with cardiogenic shock.

Of these 117, 79(68%) underwent single stent strategy while 38(32%) had double stent strategy. IVUS was used in 48(41%) cases, 16(14%) also required rotational atherectomy. The clinical success rate was 94%. Intra-aortic balloon pump was used in 2 of the procedures. Six (6%) patients died during hospitalization, all due to presenting cardiogenic shock. No major complication occurred. Among 111(95%) hospital survivors, the major adverse cardiac events (MACE) rate was 5 (4%), all due to target lesion revascularization or target vessel revascularization while 18(15%) died of other causes of death.

**Conclusions** In this elderly patient cohort, LMS treatment with PCI could be safely carried out with a minimal complication rate and low out-of-hospital MACE despite relatively low use of intracoronary imaging.

**Conflict of Interest** Non