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**THE OPERABILITY EVALUATION OF CHRONIC THROMBOEMBOLIC PULMONARY HYPERTENSION**Ganhui Li *Beijing An Zhen Hospital, Capital Medical University*

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**Objective** To determine the parameters, including pulmonary vascular resistance (PVR), that will predict suitability for surgery for chronic thromboembolic pulmonary hypertension (CTEPH) patients.

**Method** 106 cases of surgical accessible CTEPH admitted into Anzhen Hospital from March 2002 to January 2011 were retrospectively reviewed and were classified as operable group (Group A, n=94) or inoperable group (Group B, n=12). The occluded pulmonary segments (OPS) were assessed through ventilation/perfusion scintigraphy, and PVR were measured through right heart catheterisation, and the ratio of PVR/OPS was calculated. Members from Group A received pulmonary thromboendarterectomy (PTE).

**Result** There were three (3.19%) early deaths post the PTE procedure. With mean follow-up of (45.8±31.1) months, there were three late deaths; the actuarial survival at 5 years was (94.9±3.3) %. The PVR and PVR/OPS in Group B were significantly higher than that in Group A. The PVR/OPS of early death and late death after PTE procedures were significantly higher than that of early survivor and late survivor respectively. PVR/OPS <100 dynes/s/cm<sup>5</sup>/OPS has a much better specificity than PVR (92.1% vs 69.3%), and also a much better sensitivity than PVR (100% vs 33.3%). The difference among the two AUCs under their ROC curves reached a statistical significance (z test, Z=1.9917, p=0.046).

**Conclusion** To define operability of surgical accessible CTEPH, PVR/OPS have a much better specificity, sensitivity, and AUCs than PVR. PVR/OPS may serve as a new classifier for the CTEPH operability.