

	Group 1(57)	Group 2(112)	p
30-day complications in both groups (VARC-2 definitions) and mortality			
Bleedings	17 (30)	21 (19)	0.19
Life threatening bleedings	7 (12)	3 (3)	0.04 (*)
Major bleedings	1 (2)	6 (5)	0.42
Minor bleedings	9 (16)	12 (11)	0.47
Total vascular complications	23 (40)	31 (28)	0.54
Major vascular complication	10 (18)	7 (6)	0.04 (*)
Minor vascular complication	9 (16)	20 (18)	0.65
Closure device failure	4 (7)	5 (4)	0.72
Balloon angioplasty for complication management	8 (14)	8 (7)	0.21
Stent implantation for complication management	5 (9)	22 (20)	0.05 (*)
Surgical repair	4 (7)	1 (1)	0.06
Global mortality	10 (18)	6 (5.4)	0.02 (*)
Vascular complication mortality	3 (5)	0 (0)	0.05 (*)

TCT-282

Feasibility and Safety of Transradial Coronary Intervention Using 6.5 French Sheathless Guiding Catheter during ST-segment Elevation Acute Coronary Syndrome (STEACS) in Patients with Small Radial Artery: A Multi Center Registry.

Radi Cheaito¹, Hakim Benamer², Bernard Chevalier², Youssef Derraz³, Philippe Garot¹, Fouad Hage⁴, Thomas Hovasse², Thierry Lefevre², Yves Louvard⁵, Marie-Claude Mouché⁵, Thierry Untersee⁶

¹Institut Cardiovasculaire Paris Sud, Générale de Santé, Quincy, France, ²ICPS, Massy, France, ³Hôpital Européen de Paris, La Roseraie, Aubervilliers, France, ⁴Val-De-Grace Hospital, Paris, France, ⁵Institut Cardiovasculaire Paris Sud, Générale de Santé, Massy, France, ⁶ICPS, Quincy, France

Background: Transradial approach during STESCA is used more frequently and is associated with reduced rate of vascular complications and mortality. However, the small size of the radial artery is sometimes a limitation of this technique. A sheathless guiding catheter is available which is 2 french smaller than the sheath and has a hydrophilic coating along its entire length. The aim of this study is to investigate the feasibility and the safety of using this sheathless catheter during STEACS treatment in patients with small radial arteries.

Methods: From March 2009 to May 2013 in three french hospitals, 40 patients had a primary PCI through transradial approach using sheathless catheter after failure to introduce 6F sheath or severe frictions with 5F angiography catheter.

Results: The 40 patients were 65.62 ± 16.41 years old (40 to 91), 23 were women (57.5%). Patient baseline characteristics: 10 (25%) had a history of coronary artery disease, 18 (45%) were heavy smokers, hyperlipidaemia in 20 (50%), 15 (37.5%) had hypertension, diabetes in 7 (17.5%) and coronary family history in 5 (12.5%) patients. 12 (30%) patients had a lesion in the LAD, 22 (55%) in the RCA and 6 (15%) in the circumflex coronary artery. The average volume of product of contrast is 128.55 ml. The total number of 49 stents were used during these procedures (20 BMS, 29 DES) with 1.2 stents/patient. Door to Balloon average time was 35.25 minutes and the procedural time was 47.64 minutes. Adjunctive devices used in this cohort included thrombus-aspiration catheters in 32 patients (80%) and the technique of kissing balloon in 7 patients (17.5%) undergoing bifurcation PCIs. One patient had an acute intra stent thrombosis treated with thromboaspiration then angioplasty with balloon only. Rotablator atherectomy was implemented in one patient for very calcified lesion. The technical success rate of the procedures using the sheathless catheter was 100% without any conversion to femoral approach. There were no radial artery site complications.

Conclusions: The use of sheathless guiding catheter safely increases the feasibility of transradial approach for primary PCI.

TCT-283

Balloon-Assisted Pseudoaneurysm Injection (BAPI) for Non-surgical Treatment of Complex Femoral Artery Pseudoaneurysm

Thomas M. Tu¹, Beth Mylor²

¹Louisville Cardiology Medical Group, Louisville, Kentucky, ²Baptist Health Louisville, Louisville, KY

Background: PSA is a complication of femoral access occurring in 0.5-1.5% of diagnostic procedures and up to 6% after interventions. Current non-surgical strategies for management of PSA are limited by variable success rates, physical discomfort, and

risk of embolization. Complex anatomy (multilobar, short and wide necks, large PSA) is associated with more complications and decreased procedural success. Surgery is definitive, but can result in longer length of stay, incisional pain, and risk of wound infection. Moreover, surgery increases the risk of stent thrombosis after PCI due to DAPT cessation and prothrombotic state.

Methods: BAPI is an endovascular technique that isolates of the PSA from the arterial circulation in order to reduce risk of embolization and allows treatment of more complex PSA anatomy. Via the contralateral femoral approach, the PSA neck is identified via angiography and is occluded using balloon inflation. With the PSA isolated, thrombin injection is performed using ultrasound and fluoroscopic guidance. Once the PSA is thrombosed, the balloon is deflated and withdrawn. Complete obliteration of the PSA is confirmed via angiography and ultrasound.

Results: We report the largest series of BAPI to treat femoral artery PSA not amenable to standard thrombin injection. During 2008-2013, a total of 16 patients at our institution underwent BAPI for PSA after catheterization. All had anatomy that made them poor candidates for ultrasound-guided thrombin injection. 11 of these patients had just had coronary stenting, one had peripheral atherectomy/PTA, two had arrhythmia ablation, and two had diagnostic catheterization. 12 of the patients were on dual antiplatelet therapy at the time of the PSA repair. All patients had initial success of the procedure defined by thrombosis of the PSA by the end of the catheterization. Two of the patients required an additional procedure the following day for recurrent PSA. Both of these cases occurred early in our experience. No patients had femoral thrombosis, distal embolization, or access site infection.

Conclusions: BAPI is a safe and effective method to treat complex femoral artery PSA and when uninterrupted DAPT or anticoagulation is required.

TCT-284

Impact of female gender on bleeding complications and 1-year outcomes of transradial coronary intervention. A propensity score matched analysis: Korea TransRadial coronary Intervention registry

Jeoung-sook Shin¹, Seung-Jea Tahk¹, Hyoung-Mo Yang¹, Hong Seok Lim¹, Byoung-Joo Choi¹, So-Yeon Choi¹, Myeong-Ho Yoon¹

¹Ajou University School of Medicine, Suwon, Korea, Republic of

Background: Besides poor clinical outcomes, female gender has been known high risk factor of bleeding complications. Transradial coronary Intervention (TRI) was associated with decreased bleeding complications compare to transfemoral coronary intervention. This study aimed to investigate the impact of gender on clinical outcomes and bleeding complications after TRI.

Methods: Korea TRI registry is a retrospective, multicenter, observational study with 4506 patients who underwent percutaneous coronary intervention from January to December 2009 in 12 centers. We performed a propensity score matched analyses in 1828 patients (63.2% men) who received TRI. The primary outcome was 1 year major adverse cardiac event (MACE) including cardiac death, myocardial infarction, target vessel revascularization and stent thrombosis. Secondary outcomes included bleeding complications, major bleeding (composite of bleeding requiring transfusion ≥ 2 units of packed cells or bleeding that was life-threatening) and vascular access site related bleeding.

Results: After propensity score matching (n=1358 total, 629 in each group), there was no difference in baseline characteristics between two groups. The proportion of MACE did not differ in both groups (6.1% vs. 5.7%, p=0.943). Women had higher incidence of bleeding complications (1.6% vs. 4.6%, p=0.016), major bleeding (1.4% vs. 3.8%, p=0.022) and vascular access site related bleeding (0 vs. 0.8%) than men. On multivariate analysis, female gender (odds ratio [OR] 3.36, 95% confidence interval [CI]; 1.31-8.62, p=0.012), age (OR 1.20, 95% CI; 1.04-1.16, p=0.001), diabetes (OR 2.28, 95% CI; 1.00-5.22, p=0.052), arterial sheath size (OR 2.82, 95% CI; 1.28-6.23, p=0.010) and chronic kidney disease (OR 5.29, 95% CI; 1.63-17.19, p=0.006) were independent predictors for bleeding complications. Female gender was also independent predictor for major bleeding (OR 2.87, 95% CI; 1.19-6.93, p=0.019).

Conclusions: Regardless of the access site, female gender showed higher incidence of bleeding complications than male gender without difference in clinical outcomes.

TCT-285

Procedural And Clinical Utility Of Transulnar Approach For Coronary Procedures Following Failure Of Radial Route.

Mansour Sallam¹, Mohammad M. Abdallah Misbah², Adil B. Al-Riyami¹

¹Sultan Qaboos University Hospital, Muscat, Oman, ²Sultan Qaboos University Hospital, muscat, Oman

Background: Background and Objectives: Radial access for coronary procedures has gained sound recognition. However, it is not always successful. Few publications described ulnar route as a feasible approach for coronary intervention. The aim of this study is to assess whether transulnar approach is feasible and safe as an alternative to the transradial approach.