in children with PAH. However, its role as predictors of outcome value has been poorly characterized. We aimed to characterize RV function in children with idiopathic PAH (iPAH) according their clinical status, and to assess the prognostic value of several echocardiographic indices of cardiac function.

**Methods and results:** Clinical, biological and echocardiographic variables were assessed in 39 children (28 girls) with iPAH (type 1, Dana Point classification). Patient’s median age at inclusion was 5.8 years old (95%CI [2.9 – 10.4]) and the median follow-up was 12.8 months. Forty-seven echocardiographic scans were performed in children at time of worsening defined by NYHA=III or IV and/or history of syncope and/or RV failure, and 226 echocardiographic scans were performed in stable clinical status defined by NYHA=II, without syncope and without RV failure. Outcome events were defined as changing from stable to worsening clinical status, death, transplantation, and Potts intervention. Patients in worsening status were significantly younger and had lower body mass index (median age 5.7 years old, BM=15 kg/m²; p<0.01). TAPSE, RV peak systolic myocardial velocity, pulmonary ejection time, aortic and pulmonary velocity-time integral were significantly reduced in this group (p<0.01). LV filling was also impaired in worsening status group: mitral early (E)/late (A) ratio and LV myocardial early diastolic velocities (mitral E’) were significantly reduced (respectively p=0.02 and p<0.01). TAPSE was the strongest predictor of events in multivariate Cox regression analysis (HR=0.80, 95%CI[0.75 to 0.86, p<0.01), and a TAPSE value ≤18 mm was strongly predictive of clinical outcomes (area under curve 0.82).

**Conclusion:** Echocardiographic parameters of RV function and LV filling were impaired in children with iPAH. TAPSE can predict adverse cardiovascular events. These parameters could be used in the follow-up of children with iPAH, by comparing serially within a given patient.

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**Outcome of coronary artery lesions after neonatal arterial switch operation**

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Arterial switch operation (ASO) for transposition of the great arteries (TGA). Outcome and treatment of CL after ASO remains an unresolved question.

**Objective:** To study the long-term outcomes of CL after ASO.

**Methods:** We identified 75 (6.3%) patients with CL in our database of ASO that covers a period of 30 years. CL were either ostial or proximal, and involved the left main artery in 34 patients, the left anterior descending artery in 19, the circumflex artery in 10 and the right coronary artery in 12 patients. 35% of patients were symptomatic and diagnosed at time of an ischemic event. 65% of patients were asymptomatic and diagnosed during a systematic screening. Myocardial ischemia (MI) was demonstrated in 45% of the asymptomatic patients.

**Results:** First intention treatment was coronary revascularization in 32 patients (43%) (surgical angioplasty=25, graft by-pass=3, percutaneous balloon dilatation=5), medical treatment in 15 (20%), and surveillance in 25 (33%). Three patients died before any treatment. Mean follow up was 10.6±7.9 years. Survival was 90% at 20 years. A second intention treatment was needed because of a new anatomical lesion or new onset MI in 27% of patients who received medical treatment as first line therapy, in 20% of patients who were not treated, and in 12.5% patients who underwent revascularization. Overall, revascularization was performed in 75% of symptomatic patients, 72% of asymptomatic patients with MI, and in 22% of asymptomatic with no MI at diagnosis. At last follow-up, one patient has a residual MI.

**Conclusion:** Coronary lesions after ASO are not uncommon. In patients with MI, revascularization seems to be the treatment of choice. In non-ostial patients at diagnosis, early revascularization needs to be considered in light of the severity of the lesion and MI may appear during follow-up.