days, there were no death, follow-up myocardial infarction or stent thrombosis. There was however 1 case of target vessel revascularization not related to BVS.

Conclusions: These preliminary results suggest that complex lesions can possibly be successfully treated with BVS. Intravascular ultrasound guidance and meticulous technique may be important to optimize clinical outcomes.

Circulatory Support, Heart Failure, and HOCM

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TCT-433
Percutaneous coronary intervention with a percutaneous left ventricular assist device support (TandemHeart®): 6 years’ experience and outcomes
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Background: We have used the TandemHeart® (Cardiac Assist, Pittsburgh, PA) percutaneous left ventricular assist device during percutaneous coronary intervention (PCI) in patients for whom conventional PCI and aorto-coronary bypass would pose substantial risk due to comorbidities and/or clinical presentation. We present a retrospective series of patients and report clinical outcomes with a 6 year follow up.

Methods: We retrospectively analyzed data from 626 consecutive PCIs at the Texas Heart Institute from 2005 to 2011. Among these, we identified 74 cases performed with TandemHeart support. Cases were classified as elective, urgent, emergent, or emergent salvage according to STS definitions. To standardize intervention's complexity, we calculated each patient's SYNTAX score. Ejection fraction prior to the procedure (EF), left mean atrial pressure prior to PCI (LAP), mean cardiac output provided by mechanical support (mCO) and length of hemodynamic support provided for successful weaning (LCS) were recorded. Incidences of 30-day mortality, prolonged hospital stay (i.e. hospitalization greater than 14 days), stroke, prolonged ventilation (i.e. > 24 hours), post-procedural acute kidney injury (i.e. increase of creatinine > 0.5 mg/dl in creatinine).

Results: Mortality at 30 days for the elective, urgent, emergent, and emergent salvage subgroups was 6%, 12%, 22%, and 38%. Anatomic complexity (SYNTAX score), hemodynamic instability (LAP) and morbidity were collected for each group. In the elective subgroup LCS was 1.9±2.4 days and all patients were successfully weaned from mechanical support. In the urgent subgroup LCS was 3.9±1.2 days and all patients were successfully weaned from mechanical support. In the emergent subgroup LCS was 3.9±2.6 days, and 84% (16/19) patients were successfully weaned from mechanical support. In the rescue subgroup 67% of the patients (14/22) cardiological improvement was in progress or had recently performed prior to the procedure. LCS was 6.9±4.5 days and 54% (12/22) patients were successfully weaned.

Conclusions: TandemHeart-assisted PCI is a valid option for revascularization in profound cardiogenic shock and extreme-risk elective revascularization.

TCT-434
Effectiveness and Safety Beyond 10 Years of Percutaneous Transluminal Septal Ablation in the Hypertrophic Obstructive Cardiomyopathy: Results from a Multicenter Registry.
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Background: Percutaneous transluminal septal ablation (PTSMA) is an alternative treatment to surgery in patients with hypertrophic obstructive cardiomyopathy (HOCM) with advanced symptoms despite optimal medical treatment, specially under high surgical risk. However, due to the relatively new introduction of the technique the very long term results of PTSMA (>10 years) are unknown.

Methods: We have included in the present study consecutive patients with HOCM treated with PTSMA in 5 centers between 1998 and 2003. We have analyzed clinical, hemodynamic and echocardiographic data at baseline and follow up.

Results: A total of 45 patients were included. 31 (69%) women and mean age 62.4±14 years. Among those 39 (86.6%) were in NYHA class III or IV. The septum thickness was 21.8±3.5 mm, maximum basal gradient in echo 77±39 mmHg and mitral regurgitation was at least moderate in 22 (48.8%). In hospitalization 3 pts required permanent pacemaker implantation and 1 pt had ventricular perforation (by pacing lead) undergoing surgery. After a median follow up of 12.3 years (11-13.5), 9 pts died and among these 2 pts (4.4%) suffered cardiac death (heart failure and post-transplantation), 2 pts under went ICD implantation (the case with perforation and surgery due to subsequent ventricular tachycardia, and other for primary prevention), 2 underwent cardiac surgery (endocarditis and severe mitral regurgitation). In the last clinical review NYHA class was I-II in 39 (86.6%), (p<0.0001), the maximum basal gradient was 16±23 mmHg (p<0.0001) and mitral regurgitation was absent or mild in 34 (75.5%) (p<0.03).

Conclusions: The results of this study suggest safety and efficacy for PTSMA at a very long term follow up, over 10 years. A sustained reduction in gradients, minimal regurgitation and functional class is observed. This treatment was not associated with significant incidence of sudden death or ventricular arrhythmias.