engagement was achieved in 36% of cases with guide catheter alone, 24% with guide catheter and wire and in 24% of cases with the aid of guide-extension catheter.

Conclusion: CA and PCI after TAVI with the self-expanding CoreValve is challenging but feasible. Intricate knowledge of the prosthesis design and its interaction with the coronary ostia, sinus of Valsalva and sino-tubular junction is essential to navigate the procedural challenges.

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Coronary Artery Aneurysms Following Biodegradable Vascular Scaffolds

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Introduction: Coronary artery aneurysm (CAA) following coronary intervention are relatively uncommon with reported rates of less than 6.0%. To date, the rate of CAA’s following insertion of biodegradable vascular scaffolds (BVS) remains unknown. The published literature is limited to case reports and cases series. This study summarises the clinical presentations and parameters for BVS; time to aneurysm formation post stent insertion, location of aneurysm, the associations with in-stent restenosis (ISR), and in-stent thrombosis (IST).

Methodology: Data was extracted from multiple online libraries including PubMed, EMBASE, SCOPUS, Medline, Google Scholar, and Cochrane Central Register of Controlled Trials.

Results: Twenty articles were identified from the search criteria, totalling 24 CAA following BVS. The average age of the patients was 56 years and the average time to diagnosis was 12.2 months. 13 cases of CAA were incidental discoveries during planned follow up, whilst 11 cases involved patients who underwent urgent angiography for symptoms of angina or ACS. Management included PCI (42%), watchful waiting (25%), dual antiplatelet therapy (12%). In some cases (16%), no management was reported. There were 4 reported cases of ISR and 4 cases of IST, with the majority presenting with angina or acute coronary syndromes (ACS).

Conclusion: It is important to establish rates of CAA in BVS as their clinical utility is still being explored. There is currently a paucity of published trials data about incidence. This paper compiles all reported clinical parameters for BVS to facilitate clinical decision making around implantable scaffolds.

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Coronary Outcomes in Patients with Negative Fractional Flow Reserve (FFR) Studies

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Fractional Flow Reserve (FFR) is a lesion-specific pressure index tool used to assess haemodynamic significance of intermediate coronary lesions on coronary angiography. An FFR of 0.8 is considered the cut off for haemodynamic significance. Few studies have looked at outcomes in patients with a negative FFR at values approaching haemodynamic significance.

The purpose of this study is to evaluate hospital re-admission, repeat coronary angiography and intervention rates in patients with negative FFR results.

A retrospective analysis was performed on 109 FFR cases performed in a tertiary hospital between 2015 and 2017. FFR data was stratified into four groups; positive (≤ 0.80), high-moderate risk (0.81-0.85), low-moderate (0.86-0.90) and low-risk (>0.90).

Low-risk FFR cases were associated with higher age and higher rates of repeat coronary angiography and percutaneous intervention compared to moderate risk patients. The variance in the population data and repeat angiography rates between low and intermediate risk patients suggests that a graded rather than a binary assessment of FFR may be beneficial.

Furthermore, the increase in age observed with lower FFR readings suggests a bias towards performing FFR in elderly patients with non-haemodynamically significant lesions. However, a more comprehensive multi-centre trial would provide further insight.

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