Materials and Methods:
A retrospective cohort single-center study was conducted to evaluate the use of exercise stress tests for screening of coronary artery disease (CAD) in asymptomatic patients with multiple cardiovascular risk factors. This approach is recommended internationally for chronic coronary syndrome (CCS) follow-up. However, in the Italian clinical setting, it is less frequently prescribed in national guidelines and clinical practice. The use of exercise stress tests has been less and less recommended, and their clinical impact has been analyzed in this study.

Results:
Between October 2018 and March 2019, 968 consecutive patients underwent ECG stress testing at our Department. The main indication for exercise stress testing was subclinical ischaemia in patients symptomatic for chest pain (85% of 53 tests were positives for symptoms or ECG response). A total of 590 tests (61%) were prescribed for CAD detection in asymptomatic patients with multiple cardiovascular risk factors. 6.3% of patients were considered significant for reaching heart rate significance threshold. At last, 97 tests (10%) were prescribed for arrhythmic burden evaluation and exercise testing to complete the diagnostic pathway.

Conclusion:
Routinary and extensive use of exercise stress test can lead to dispersion of resources with many inappropriate examinations. Accurate clinical evaluation and appropriate prescription, especially regarding chest pain evaluation, are the foundations for a significant impact on clinical history of patients. The clinical impact of an exercise test performed at 6 months during the follow-up period was analyzed. A positive exercise test at 6 months of follow-up was detected in 42 out of 502 patients (8.4%). Thrombotic microangiopathy was found in 30 patients (6%).

Rationale:
In the clinical setting, and particularly in the cardiovascular field, an exercise stress test is an essential part of the diagnostic pathway. The prognostic value of the exercise stress test after complex stenting has been assessed in this study.

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P428 PRESCRIPTION APPROPRIATENESS AND EFFECTIVE CLINICAL IMPACT OF EXERCISE STRESS TEST IN ROUTINE DAILY PRACTICE

D. Prati, M. Widmann, G. Castaldi, F. Zucchelli, D. Tavella, F. Ribichini

EXERCISE STRESS TEST IN ROUTINE DAILY PRACTICE

P430 TUMORAL THROMBOTIC MICROANGIOPATHY: A RARE CAUSE OF ACUTE PULMONARY HYPERTENSION

M. D’Addazio, M. De Gaspari, G. Porcelli, M. Perazzolo Marra, D. Mancuso, C. Basso

UNITÀ OPERATIVA DI CARDIOLOGIA, DIPARTIMENTO DI SCIENZE CARDIO–TORACO–VASCOLARI E SANITÀ PUBBLICA, UNIVERSITÀ DEGLI STUDI DI PADOVA, PADOVA; UNITÀ OPERATIVA DI PATOLOGIA CARDIOVASCOLARE, DIPARTIMENTO DI SCIENZE CARDIO–TORACO–VASCOLARI E SANITÀ PUBBLICA, UNIVERSITÀ DEGLI STUDI DI PADOVA, PADOVA

Introduction: Among the causes of acute pulmonary hypertension, the occlusion of the small pulmonary vessels caused by tumoral microemboli, even from an unknown neoplasm, is an infrequent condition with a very poor prognosis.

P431 MODALITY OF MEASURING THE SYNTAX SCORE IN LEFT MAIN BIFURCATION PCI

M. D’Addazio, G. Porcelli, M. De Gaspari, M. Perazzolo Marra, D. Mancuso, C. Basso

DIPARTIMENTO DI CARDIOLOGIA, OSPEDALI DELL’OVEST VICENTINO, ARZIGNANO; UNITÀ OPERATIVA DI PATOLOGIA CARDIOVASCOLARE, DIPARTIMENTO DI SCIENZE CARDIO–TORACO–VASCOLARI E SANITÀ PUBBLICA, UNIVERSITÀ DEGLI STUDI DI PADOVA, PADOVA; UNITÀ OPERATIVA DI CARDIOLOGIA, DIPARTIMENTO DI SCIENZE CARDIO–TORACO–VASCOLARI E SANITÀ PUBBLICA, UNIVERSITÀ DEGLI STUDI DI PADOVA, PADOVA

Methods: We retrospectively analyzed the procedural and medical data of patients referred to our center for complex LM bifurcation disease, treated using either single versus dual stenting. The prognostic value of the exercise stress test was analyzed in this study.

Results: A total of 968 consecutive patients undergoing ECG stress test at our Department between January 2008 and May 2018 were included. The appropriate prescription of exercise stress test was assessed. The appropriate prescription rate was 85% of patients (8.4%). Thrombotic microangiopathy was found in 30 patients (6%).

Conclusion: The appropriate prescription of exercise stress testing was assessed in this study. The clinical impact of an exercise test performed at 6 months during the follow-up period was analyzed. A positive exercise test at 6 months of follow-up was detected in 42 out of 502 patients (8.4%). Thrombotic microangiopathy was found in 30 patients (6%).

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P429 PROGNOSTIC IMPACT OF ROUTINE SIX–MONTH EXERCISE STRESS TEST AFTER COMPLEX LEFT MAIN BIFURCATION PCI

M. D’Addazio, M. De Gaspari, G. Porcelli, M. Perazzolo Marra, D. Mancuso, C. Basso


Methods: We retrospectively analyzed the procedural and medical data of patients referred to our center for complex LM bifurcation disease, treated using either single versus dual stenting. The prognostic value of the exercise stress test was analyzed in this study.

Results: A total of 968 consecutive patients undergoing ECG stress test at our Department between January 2008 and May 2018 were included. The appropriate prescription of exercise stress test was assessed. The appropriate prescription rate was 85% of patients (8.4%). Thrombotic microangiopathy was found in 30 patients (6%).

Conclusion: The appropriate prescription of exercise stress testing was assessed in this study. The clinical impact of an exercise test performed at 6 months during the follow-up period was analyzed. A positive exercise test at 6 months of follow-up was detected in 42 out of 502 patients (8.4%). Thrombotic microangiopathy was found in 30 patients (6%).

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M. D’Addazio, M. De Gaspari, G. Porcelli, M. Perazzolo Marra, D. Mancuso, C. Basso


Introduction: Among the causes of acute pulmonary hypertension, the occlusion of the small pulmonary vessels caused by tumoral microemboli, even from an unknown neoplasm, is an infrequent condition with a very poor prognosis.

P430 TUMORAL THROMBOTIC MICROANGIOPATHY: A RARE CAUSE OF ACUTE PULMONARY HYPERTENSION

M. D’Addazio, M. De Gaspari, G. Porcelli, M. Perazzolo Marra, D. Mancuso, C. Basso


Introduction: Among the causes of acute pulmonary hypertension, the occlusion of the small pulmonary vessels caused by tumoral microemboli, even from an unknown neoplasm, is an infrequent condition with a very poor prognosis.
Clinical Case: A 55-years old woman with no relevant past medical history presented to the Emergency Department with dyspnea at rest, desaturation, palpitations and a brief episode of chest pain, after several days of fatigue and exertional dyspnea. ECG showed sinus tachycardia and signs of right ventricle pressure overload with inverted T waves in V3-V4 and in the inferior leads (Fig. 1). On laboratory tests there were high D-dimer values and a slightly elevated TnI. Blood gas analysis showed hypoxemic hypocapnic respiratory alkalosis. An Echocardiogram revealed severe dilatation and dysfunction of the right ventricle and signs of high probability of pulmonary hypertension (Fig. 2). Pulmonary CT scan ruled out embolism and showed irregular thickening of the interstitium and mediastinal lymphadenopathy. Then, a rapid clinical deterioration happened, refractory to inotropes infusion and larger volumes of oxygen. The programmed diagnostic pathway cannot be pursued. On day 4, there was respiratory distress and pulseless electrical activity cardiac arrest during endotracheal intubation. ECMO mechanical support was positioned but on day 7 the patient died. Autopsy, made to discover the cause of pulmonary hypertension, revealed the presence of a colonic invasive adenocarcinoma with micropapillary pattern and thoracic and pelvic lymph-nodal metastases. Microscopic evaluation of the lungs showed a widespread neoplastic vascular invasion with microthromboemboli (Fig. 3).

Discussion: Tumoral thrombotic microangiopathy is a cause of pulmonary hypertension of multifactorial origin and should be suspected in cases of pulmonary hypertension without pulmonary embolism or interstitial lung disease. The rarity of this condition and the absence of an oncological medical history make difficult the diagnostic hypothesis. Besides, the lacking of an effective therapy makes the prognosis poor.