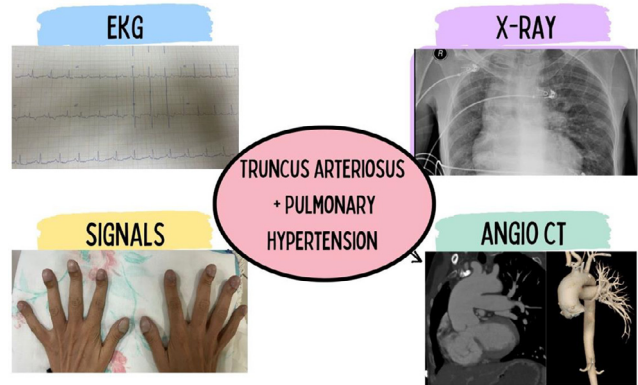


Characteristics	Female	Male	P value
Age (n=186)	55.6±11.8	60.4±9.6	<.01
BMI, kg/m ² (n=164)	26.1±5.2	27.4±5.6	<.05
Charlson comorbidity index (n=170)	2.2±1.3	2.7±1.5	<.05
Lung disease etiology n, (%)			
Interstitial lung disease	33(41)	63(59)	
Chronic Obstructive Lung Disease	24(30)	27(25)	
Miscellaneous	23(29)	17(16)	
Comorbidities (%)			
Hypertension	42.5	54.7	0.09
Hyperlipidemia	22.5	40.6	<.01
Diabetes mellitus	15	24.5	0.11
Coronary artery disease	7.50	24.5	<.01
Atrial fibrillation or Atrial flutter	1.3	8.5	<.05
Hemodynamics			
RA, mm Hg (n=170)	4.8±3.5	5.4±4.1	0.37
mPAP, mm Hg (n=168)	24.2±8.1	24.6±9.5	0.93
PCWP, mm Hg (n=171)	9.1±5.2	9.8±5.2	0.25
Fick CI, L/min per m ² (n=150)	3.2±0.9	2.9±0.6	<.05
RAP/CWP (n=171)	0.58±0.5	0.58±0.4	0.54
PAPI (n=163)	8.5±7.4	7.6±7.5	0.66
Pulmonary artery compliance, mL/mm Hg (n=148)	3.2±1.7	3.5±1.6	0.14
PVR, WU (n=153)	3.0±2.0	2.9±2.2	0.19
Pulmonary artery elastance, mm Hg/mL (n=145)	0.6±0.3	0.5±0.3	0.11
Echo Data			
LV EF, % (n=164)	61.1±5.4	56.3±11.0	<.01
LVOT VTI (n=162)	20.2±3.8	18.9±4.2	0.10
Outcomes			
Length of hospital stay from transplant admission in days (n=179)	21.7±22.4	22.3±23.1	0.78
Days of Mechanical ventilation post lung transplant (n=171)	3.4±2.9	3.9±6.1	0.26
Number of Pulmonary Hospitalizations post transplant (n=173)	2.9±2.7	2.7±2.6	0.47
Mortality	41.6%	28.3%	0.07



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Heart Failure Outcomes In The In-hospital Population With Dental Caries And Periodontal Disease; A Nationwide Inpatient Sample Analysis (2016-2020)
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Introduction: Data analyzing the outcomes of heart failure (HF) hospitalizations with dental caries (DC) or periodontal disease (PD) is scarce. We aimed to evaluate the outcomes. **Hypothesis:** Dental disease may accelerate heart disease, and heart failure (HF) patients with DC or PD may have poor outcomes. **Method:** We studied the in-hospital population of the Nationwide Inpatient Sample (NIS) from 2016 to 2020. We selected the population diagnosed with HF and concurrent DC (HFDC) or PD (HFDP) using the International Classification of Diseases 10th Edition (ICD-10) code. We used multivariate logistic regression to estimate the probability of the response variable with the independent variables. We reported categorical variables as frequencies and percentages, continuous variables as means with standard deviations (SD) or confidence intervals (CI), and probabilities as adjusted odds ratios (aOR). A p-value of <0.05 was deemed significant. **Result:** There were 3,811,106 hospitalizations for HF, 49,208 for DC, and 10,941 for PD during the study period. The hospitalization rate was 9.5% (5204) in the HFDC group and 7.2% (1520) in the HFDP group. The White race was more prevalent in both groups; 62.3% and 58% in the HFDC and HFPC groups. And a male prevalence of 63.4% and 63.9% in the HFDC and HFDP groups, respectively (p<0.0001). Compared to their counterparts without DC or PD, the population with DC or PD had a higher likelihood of HF after adjusting for confounders, aOR= 1.3 (CI 1.2-1.3, p<0.0001) in the DC group and 1.4 (1.3-1.4, p<0.0001) in the PD group. A higher likelihood of stroke 1.2 (1.1-1.3), (p<0.0001) in the DC and 1.5 (1.3-1.7, p<0.0001) in the PD group, a higher likelihood of peripheral artery disease (PAD), aOR 1.3 (1.3-1.4, p<0.0001) in the DC group and 1.4 (1.3-1.4), (p<0.0001) in the PD group, a higher likelihood of non-ST segment elevation myocardial infarction, aOR= 1.1 (1.1-1.2), (p<0.0001) in the DC group and 1.33 (1.2-1.5), (p<0.0001) in the PD group, and an increased risk for endocarditis aOR= 13 (12.4-13.7), (p<0.0001) in the DC group and 11.3 (10.1-12.6), (p<0.0001) in the PD group. **Conclusion:** Dental disease may accelerate cardiovascular disease, ultimately leading to heart failure. A focus on preventative measures to curb dental diseases in the at-risk population may positively impact the burden of heart failure in society.

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Uncorrected Truncus Arteriosus In The Forth Decade Of Life - Managing Suprasystemic Pulmonary Hypertension In A Natural Survivor
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Introduction: Truncus arteriosus is a rare cyanotic congenital heart disease (1.5%). That has a poor prognosis if not treated surgically in early childhood. In this disorder, blood is pumped from the heart to the systemic, pulmonary, and coronary circulations via a single trunk located above the interventricular septum. **Case Report:** A 46-year-old female with history of congenital heart disease but with no previous surgery who had lost follow-up was admitted to the hospital with decompensated heart failure, chest pain and significant cyanosis (SpO2 52%) without respiratory distress. Initial diagnosis was Tetralogy of Fallot, but angiotomography revealed right infundibulum atresia, slightly hypoplastic right lung, and Truncus Arteriosus A3 with large caliber left pulmonary artery and fibrous cord at right pulmonary artery topography, as well as fine collaterals of the bronchial arteries. Right heart catheterization showed anomalous origin of the left pulmonary artery from the aorta and hypoplasia of the right pulmonary artery and ventricular septal defect. Mean aortic pressure of 86mmhg and mean left pulmonary artery pressure of 89mmhg. Due to elevated pulmonary pressures and the connection of the left pulmonary artery to the aorta, only a heart-lung transplant was possible, with no corrective surgical options. Despite the high pulmonary pressures, she was not started on a pulmonary vasodilator due to the origin of the pulmonary artery, which would cause greater pressure overload. **Conclusion:** Suprasystemic pulmonary hypertension is often seen as a complication of congenital heart disease, and it limits the option of treatments of the primary disease as well as the option for heart transplant. Combined heart-lung transplant is still a great challenge in most centers and countries with high mortality rates, which mostly leads to the decision for palliation instead.

