Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

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Conclusion: Sustained mechanical aspiration before PCI in high-thrombus-burden patients was effective at removing thrombus and restoring flow. The composite major adverse event rate was low overall and similar between the STEMI and NSTEMI groups.

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200.01

Prognostic Factors for In-Hospital Events in Acute Heart Failure During Second COVID Wave
Sheshidhar Madaka, Maddury Jyotsna

Nizams Institute of Medical Sciences, Hyderabad, India

Background: Despite the advances in treatment in last decade, prognosis for patients admitted for acutely decompensated heart failure (ADHF) is poor and high mortality rates are observed more so during COVID era. The present study is to determine whether laboratory parameters can predict prognosis in acute heart failure patients without active COVID 19 infection during the second wave in India.

Methods: The present study was conducted in a tertiary-care hospital from January 2021 to June 2021 during second wave of COVID 19 in India. The study includes all patients with clinical diagnosis of acute heart failure more than 18 years and excluded pediatric patients. A total of 97 patients presented with acute heart failure without active COVID 19 infection during this period. All the necessary investigations including NT pro BNP and inflammatory markers were done these patients. The results of the study were systematically selected and analysis done statistically using Minitab 16.

Results: In the present study in-hospital mortality was 6.2%. Most common cause of death was ischemic cardiomyopathy. Patients who died were older (mean age = 56±12.39 years) than survivors (mean age =47.5±7.71 years) with p value of 0.001. Patients who expired had significantly higher N-terminal pro-B-type natriuretic peptide (NT-proBNP) with values up to 25000± 220 pg/ml compared to patients who survived which ranges from 13103±8293 pg/ml (p= 0.0001). Patients who expired had significantly higher high-sensitivity cardiac troponin T, urea, creatinine, sodium, potassium, creatine phosphokinase compared to patients who survived (p = 0.0001). All these parameters had a good discriminatory power between survivals and non-survivals, however NT-pro BNP had higher significance level among all the parameters. There were no differences in Left ventricular ejection fraction (LVEF) between survivals and non-survivals in the present day.

Conclusion: NT-proBNP can be used for assessing prognosis between survivals and nonsurvivals in acute heart failure patients without active COVID 19 infection during this second wave in India. In contrast to pre-COVID era, the LVEF, was not different between survivals and non-survivals during this period.

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200.02

Effect of Non-Traumatic Intracranial Hemorrhages on Post-Vaccinated (Moderna) Participants
Frank H. Annie, Aravinda Nanjundappa

Charleston Area Medical Center, Charleston, WV

Background: We sought to assess the effect of non-traumatic intracranial hemorrhages on post-vaccinated (Moderna) participants.

Methods: The researchers queried the Trinetx (Covid 19 Research Network) database of 63 health care organizations. They analyzed data from January 20th 2020 - July 30th 2021 and identified (n=612,450) Moderna vaccination cases between the ages of 18-90. The researchers identified (n=100) cases with non-traumatic intracranial hemorrhage and defined them with the use of ICD 10 code I62 and associated sub codes. We compared all-cause mortality, stroke, critical care, and cases of myocardial infarction between propensity matched (PSM) pairs of patients.

Results: A total of (n=612,450) Moderna cases were included. Within the Moderna group, 100 (0.001%) had a non-traumatic intracranial hemorrhage. Those with a confirmed hemorrhage were older (74.3±11.8 vs 54.8±19.2, P<0.01) and had higher key co-morbidities. A total of (n=74,655) (Table 1).

Conclusions: In a large multi-national database of patients with SARS-CoV-2 Vaccine, we identified several cases of non-traumatic intracranial hemorrhage.

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200.03

Effect of COVID-19 Surveillance Testing on Patient Perceptions in Outpatients Undergoing Cardiovascular Procedures: Results From the Restoring Non-Emergent Cardiovascular Care in the Peri-COVID-19 Era (RECIPE) Registry
Stephen Bruening, Amit Vora, Hemal Gada, Chinmay Patel, Torrey Schmidt, C. Randy Hubbard, David Chang, Ahmed Aladham, William Bachinsky

UPMC Pinnacle, Harrisburg, PA