pacemaker in 76 patients (56%), implantable cardioverter defibrillator (ICD) in 42 patients (31%), cardiac resynchronization therapy defibrillator (CRTD) in 17 patients (13%), and systemic infection in 29 patients (21%). Contrast venography of the access vein was obtained in 123 patients. Venous occlusion was found in 36 patients (29%), bilateral subclavian vein occlusion in 1 patient, and SVC occlusion in 2 patients. In total, 306 leads were extracted: 158 leads (52%) of right atrial (RA) or right ventricular (RV) were passive fixation, 62 leads (20%) of RA or RV were active fixation, 67 leads (22%) were defibrillator leads, and 19 leads (6%) were LV leads in the coronary vein. The mean duration of lead implantation was 88±83 months. Lead extraction tools such as laser or telescoping mechanical sheaths, lead locking devices and snares were utilized in 122 patients 90.4%), and simple traction in 13 patients (9.6%). In one case, a RA lead and an ICD lead could not be explanted by transvenous approach, and was extracted by open-chest surgical approach. Complete success was 291 leads (95.1%), partial success was 11 leads (3.6%), and failure was 4 leads (1.3%). There was no major complication and four minor complications with no peri-procedure mortality. Univariate and multivariate analyses for incomplete success of transvenous lead extraction were shown in the attached table.

	Univariate		Multivariate	
	HR(95% CI)	P value	HR(95% CI)	P value
Age at admission, years	0.99 (0.96-1.02)	0.31		
Numbers of leads at admission	1.54 (0.94-2.44)	0.081		
Palliative surgery	2.01 (0.70-6.59)	0.21		
Venous occlusion	4.93 (1.69-16.2)	0.003	4.23 (1.39-14.4)	0.011
Passive fixation	3.10 (0.96-13.8)	0.059		
RA or RV pacing lead	5.78 (1.13-105.4)	0.032	3.25 (0.54-62.3)	0.21
ICD lead	0.24 (0.01-1.24)	0.17		
Lead duration, years	1.13 (1.06-1.21)	<0.001	1.10 (1.02-1.18)	0.010

Univariate and multivariate analyses

Conclusions: Venous occlusion and longer lead implantation duration were independently associated with incomplete success of infected lead extraction. Our observations indicated that venography was helpful to evaluate the lead extraction strategy and was recommended to be performed before transvenous lead extraction.

P4537 | BEDSIDE
Prevalence of infective endocarditis in patients with gram positive cocci bacteraemia

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Background: Bacteraemia is associated with serious complications and a high mortality. One of the most dreaded complications is infective endocarditis (IE), which has a very high mortality if not treated. Early diagnosis is important, but difficult, because the symptomatic presentation of IE often is unspecific. In patients with positive blood cultures, echocardiography may reveal IE.
Purpose: To investigate the value of screening with echocardiography in patients with Gram positive cocci bacteraemia.
Methods: From March 2016 to December 2016, patients hospitalized at two Danish hospitals with Gram positive cocci bacteraemia were included in the study. Patients were followed until January 2017. Information of demographics, echocardiography, type of bacteria, final diagnosis and outcome, was collected from the patients' medical reports.
Results: During the study period, a total of 392 patients had bacteraemia with a Gram positive coccus. Mean age was 71.0 years (range 13–102 years), 160 (41%) were female and 105 (27%) died during the observation period. The bacteraemia was mainly caused by Staphylococcus aureus, coagulase negative staphylococci and by streptococci (Table). An echocardiography (TTE) was performed in 304 (77.5%) patients and in 224 (73.7%) of these, the examination included a transoesophageal echocardiography (TOE). IE was diagnosed in 53 (17.4%) of the patients undergoing an echocardiography (TOE and/or TTE). Among the 88 (22.4%) patients, who did not have an echocardiography performed, 29 (33.0%) died before a diagnosis of IE could be confirmed or rejected. Assuming that either none or all of the deceased patients without an echocardiographic examination had IE, the true prevalence of IE among the total study population ranges from 13.5% to 20.9%. See table for further information.

Conclusion: In patients with Gram positive cocci bacteraemia between 13.5% and 20.9% had infective endocarditis. These findings strongly support routine echocardiography in patients with Gram positive cocci bacteraemia.

P4538 | BEDSIDE
Therapeutic and prognostic impact of comprehensive geriatric assessment in elderly patients with infective endocarditis

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Background: Geriatric characteristics like multiple comorbidities, nutritional, functional or cognitive statuses, impact the prognosis of several diseases in elderly population.
Purpose: To evaluate the impact of these geriatric conditions on infective endocarditis (IE) prognosis.
Methods: Comprehensive geriatric assessment was performed during the first week after diagnosis of IE (D0) and at 3 months follow-up (M3) in 111 pts ≥75 yrs (mean age 83.1±5.1 yrs, 53% men) hospitalized over one year in 14 French hospitals for definite (n=80, 73%) or possible IE.
Results: Prior to IE, most pts lived at home (n=98, 88%) and were able to walk (n=102, 92%). Cumulative illness rating scale (CIRS-G) comorbidity score was low at 14.1±6.9 (scale 0 to 56) and level of activities in daily living (ADLs) was subnormal at 5.1±1.7 on a total of 6.
AT D0, most pts had an altered general status (WHO performance status at 3 for 43 pts (39%), at 4 for 33 pts (30%)) with impaired functional (ADLs 3.2±2.1), cognitive (MMSE 20.2±7.2) and nutritional (MNA <17 in 37 pts (40%) status; 62% were then unable to walk.
There was a high proportion of pts with intracardiac devices (valvular prosthesis 31%, stimulation device 22%) whereas 47% had no previously known underlying heart disease. Digestive streptococcae (17% group D, 19% Enterococci) and Staphylococcus aureus (28%) were the most prevalent pathogens. Echocardiography revealed major Duke criteria in 79 pts (71%). Rate of extracardiac vascular and/or immunologic complications was 40%. Only 73 pts (65%) had transesophageal echocardiography (TEE).
Surgery was indicated in 36 pts (32%) but performed only in 18, the 18 remaining pts were excluded from surgery because of general weakness in 11 (61%), functional decline in 6 (33%) and multiple comorbidities in 6 (33%). Operated patients had less comorbidities (CIRS-G 9.2±4.3 vs 15.2±7, p<0.001) and better nutritional status (MNA 20.9±4.8 vs 17.4±5.9, p=0.03) than non-operated ones.
M3 geriatric visit was not performed in 56 pts because 29 died before (27%) and 27 pts could not attend or declined the visit (24%). Among the 55 other pts, autonomy was almost back at the initial level (ADLs 4.7±1.8) and around 80% were back at home and walked again.
Among geriatric assessment parameters, bivariate predictors of 3 months mortality were WHO performance status (HR 1.8 (1.1–3.0), p=0.01), ADLs at J0 (HR 0.7 (0.5–0.9), p=0.002), and MNA score (HR 0.9 (0.8–1.0), p=0.006). Mortality was significantly higher in non-operated pts despite theoretical indication (50%) than in operated pts (11%) or in non-operated pts without any indication (24%).
Conclusion: Malnutrition and functional status impairment are frequent at admission in elderly patients with IE. They are associated with a less aggressive management and a poorer prognosis. These findings support the interest of a comprehensive geriatric assessment in order to improve the management of aged pts.

P4539 | BEDSIDE
Assessment of the diagnostic accuracy of 18fluorodesoxyglucose positron emission tomography/computed tomography in prosthetic heart valve and cardiac implantable electronic device infection

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Background: Recent studies have demonstrated that 18Fluorodesoxyglucose

Abstract P4537 – Table 1

Bacteria (n=392)	TTE/TOE performed			Mortality in the observation period (n=105)
	Yes (n=304)		No (n=88)	
	Confirmed IE (n=53)	Not definite IE (n=251)	Not definite IE (n=88)	
Staphylococcus aureus, n=152 (36.8%)	18 (11.8%)	111 (73.0%)	23 (15.1%)	49 (32.2%)
Coagulase negative staphylococci, n=50 (12.8%)	5 (10.0%)	30 (60.0%)	15 (30.0%)	8 (16.0%)
Streptococci, n=116 (29.6%)	14 (12.1%)	67 (57.8%)	35 (30.2%)	22 (19.0%)
Enterococci, n=60 (15.3%)	13 (21.7%)	38 (63.3%)	9 (15.0%)	24 (40.0%)
Other or polymicrobial, n=14 (3.6%)	3 (21.4%)	5 (35.7%)	6 (42.9%)	2 (14.3%)