Abstract P245 Table 1

	Oral Ribavirin	Nebulised Ribavirin	Intravenous Ribavirin
n	11	13	10
Mean Age	52	48	47
Type of transplant	4 Bilateral Lung, 4 Single Lung, 3 Heart Lung	9 Bilateral Lung, 1 Single Lung, 3 Heart Lung.	7 Bilateral Lung, 1 Single Lung, 2 Heart Lung
Gender	7M 4F	7M 6F	5M 5F
Mean time since Transplantation (months)	25.9	24.4	54.4
Percentage change in FEV1±SD	96.4% ± 9.9	92.8%±14.9	93.3%±10.5
95% Confidence interval	5.84 (90.656/102.24)	8.11 (84.769/100.991)	6.50(86.8/99.8)

Results 47 patients were identified. 12 patients were excluded due to insufficient clinical data. Of the remaining 34 patients, 11 were treated with Oral medication, 13 with Nebulised and 10 with Intravenous.

Conclusion Treatment with Ribavirin results in an improvement in lung function. In this small study it appears that there is no difference in lung function between the different routes of administration. Whilst the efficacy appears comparable oral treatment offers significant advantage to the patients and has benefits for treatment cost and bed occupancy.

P246 LUNG TRANSPLANTATION FOR PATIENTS WITH IDIOPATHIC PULMONARY FIBROSIS AND ASYMPTOMATIC CORONARY ARTERY DISEASE

P Riddell, K Redmond, D Eaton, L Nolke, SH Javadpour, D Healy, J McCarthy, JJ Egan. *Mater Misericordiae University Hospital, Dublin, Ireland*

10.1136/thoraxjnl-2014-206260.374

Introduction and objectives Lung transplantation significantly improves the survival of patients with advanced idiopathic pulmonary fibrosis (IPF). Concurrent coronary artery disease (CAD) is a relative contraindication to transplantation and can limit access to this therapy. This is particularly relevant as a high prevalence of CAD has been reported in patients with IPF.[1] We sought to determine whether the presence of asymptomatic CAD impacted upon post-transplant survival.

Methods This retrospective study reviewed all patients who had undergone single lung transplantation for IPF at our centre, between May 2005 to April 2014. We compared post-surgical outcomes for patients with IPF who had an abnormal coronary angiogram (at the time of transplant listing), to those with normal angiography. Kaplan-Meier curves were created to study survival and univarate analysis performed using the Log-Rank score.

Results In this timeframe, 39 patients underwent lung transplantation for IPF, of which 22 patients (56.4%) had abnormal coronary angiography. Eight of these patients had minor disease, 5 had 10–30% stenosis and 5 had 30–50% stenosis. One patient required coronary artery stenting prior to transplantation, but 3 patients with ≥70% stenosis had no inducible ischaemia on dobutamine stress testing and were managed conservatively. All patients had normal pre-operative left ventricular function.

The post-transplant survival of patients with IPF and CAD was 95.7% at 1 year and 70.1% at 5 years. There was no significant difference in survival ($p = 0.52$) between the cohort with CAD and those with normal pre-operative coronary angiograms.

Of note, 1 patient required coronary artery stenting 18 months after transplantation (this patient had 30% LAD stenosis at time of listing). No patients developed chronic arrhythmias, and no patients died as a result of cardiovascular disease.

Conclusion Although CAD remains a relative contraindication to transplantation, the effects of previous PCI or minor CAD are unknown and may be overstated. This finding is particularly relevant for patients with IPF, who may have an increased prevalence of CAD.

REFERENCE

1 Raghu G, Weycker D, Edelsberg J, Bradford WZ, Oster G. Incidence and prevalence of idiopathic pulmonary fibrosis. *Am J Respir Crit Care Med*. 2006;174 (7):810-6

P247 MANAGEMENT OF AIRWAY STENOSIS AND BRONCHOMALACIA WITH BIODEGRADABLE STENTS AFTER LUNG TRANSPLANTATION. SINGLE INSTITUTION EXPERIENCE

[1]S Gelvez-Zapata, [1]A Wilkinson, [1]D Thomas, [2]M Pittman, [1]J Parmar. *[1]Papworth Hospital, Cambridge, UK; [2]Basildon and Thurrock University Hospitals, Basildon, UK*

10.1136/thoraxjnl-2014-206260.375

Introduction Although the rate of airway stenosis following lung transplantation (LT) has reduced dramatically, it is still a significant cause of morbidity and mortality. Traditional self expanding metallic stents (SEMS) carry a high risk of bleeding and hyperplastic granulation tissue formation. Biodegradable stents (BS) present a potential alternative approach that could reduce these complications, though little is currently known about their effectiveness and safety.

Methods A retrospective analysis of our institutions use of 7 BS (polidioxanone) placed in 6 patients who presented bronchial stenoses after LT between December 2011 and January 2013. 2 patients with single (1 right and 1 left) and 4 with bilateral LT. The indications for placing the stents were anastomotic bronchomalacia in 3 cases and bronchial stenoses in 4. The outcomes from these stents were compared with the last 10 patients who have SEMS.

Results Re-stenoses recurred in 3 cases, after 10, 6 and 4 months respectively; 2 responded to balloon dilatation and cryotherapy but 1 patient needed repeat stenting for restenosis. Stent migration occurred in 2 cases. No bleeding was reported. One patient died of obliterative bronchiolitis. The mean increase in FEV1 following treatment was a 312ml increase. Patients required an average of 4.3 (1–9) bronchoscopies following stent

Abstract P247 Table 1 Comparison of the outcomes following biodegradable and metallic stents insertion

	Biodegradable stents	Metallic stents
N. of patients	6	10
Mean of bronchoscopies after stent insertion	4.3	15.3
Difference on FEV1	↑ 312 mls	↓ 590 mls
Mean follow au after stent insertion	12 months	30.5 months
Mean survival after transplantation	48.6 months	34.7 months