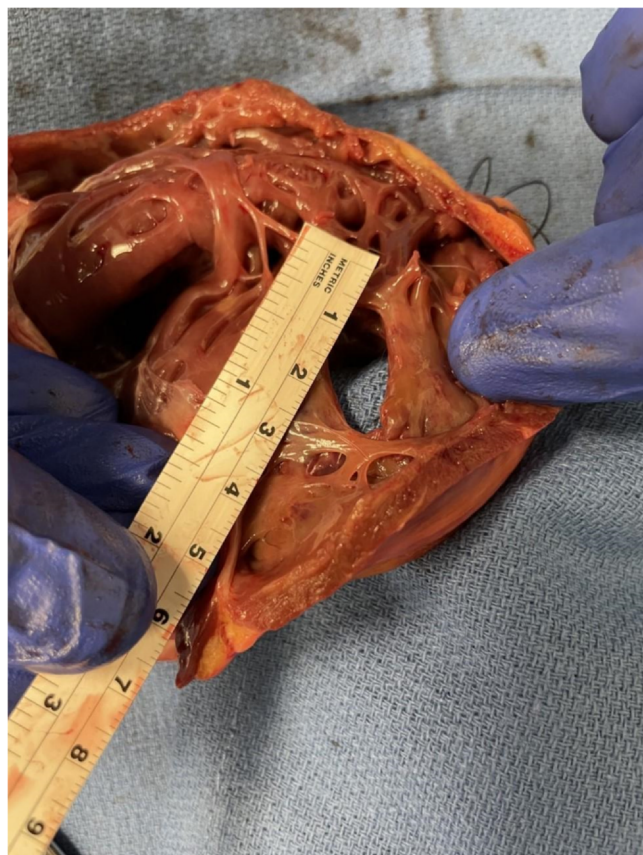


despite biventricular support and was deemed unlikely to benefit from ablative therapies. Given concern for persistent ventricular arrhythmias following surgical patch repair, he was instead listed status 1 for heart transplantation following multidisciplinary discussion. The patient underwent an uneventful orthotopic heart transplantation 3 days later and discharged home on postoperative day 14.

Summary: While there have been some case reports of successful bridge to ischemic VSD repairs with the Impella device, our case illustrates that biventricular support may still be required in the setting of intractable arrhythmias, ultimately leading to the decision for orthotopic heart transplantation instead of VSD repair.



(1262)

Successful Lung Transplantation from a 94-Years-Old Donor Questions the Discussion on Calendar versus Biological Age

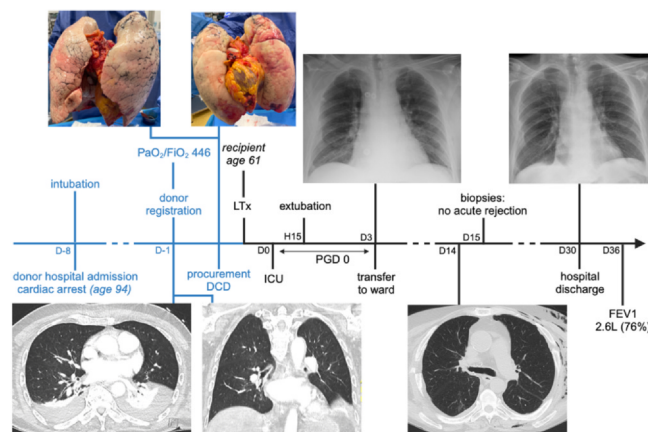
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Introduction: Safely expanding the donor pool is an ongoing challenge in lung transplantation (LTx). Stepwise extension of criteria has increased availability of suitable donors. One important criterium is age, for which recent studies showed that post-LTx outcome with selected donors aged ≥ 70 years equals that of younger donors. It is not known how far donor age can be extended.

Case Report: A 94-years-old male was admitted to the intensive care unit (ICU) for cardiac arrest and was reported for donation after circulatory death (DCD) one week later. BMI was 26, there was no relevant medical history, and he was a social smoker. Chest CT showed bilateral lower lobe atelectasis and pleural fluid. $\text{PaO}_2/\text{FiO}_2$ was 446. Bronchoscopy was normal. After medico-surgical team discussion, the lungs were allocated to a 61-years-old male COPD patient with atrial fibrillation, listed 15 months earlier. The agonal and asystolic phase were 14 min and 12 min.

Macroscopic evaluation was unremarkable with good elasticity upon deflation. LUNGguard preservation was done at 6.9°C during 249 min for the right and 351 min for the left lung after which off-pump double LTx was performed. Immunosuppressants were anti-thymocyte globulin, prednisone, tacrolimus, and mycophenolate mofetil. Primary graft dysfunction was grade 0 at T0-72. The recipient was extubated 15h post-LTx and ICU stay was 3 days. Chest CT 2 weeks post-LTx was normal, and biopsies showed no rejection. In addition to standard amphotericin B nebulization, isavuconazole was started for fungal infection of the right bronchial anastomosis. The patient was discharged on day 30 with 100% saturation at room air. FEV1 at day 36 was 2.6L or 72%.

Summary: We reported successful short-term outcome with a 94-years-old lung donor. Future research on lungs from donors with advanced age can increase our understanding on the difference between calendar and biological age and the impact of senescence through shortened telomere length and DNA methylation.



D, day; DCD, donation after circulatory death; FEV1, forced expiratory volume in one second; H, hour; ICU, intensive care unit; L, litre; LTx, lung transplantation; PGD 0, primary graft dysfunction grade 0

(1263)

Backtable Pulmonary Thromboendarterectomy (PTE) on Donor Lungs with Recent Massive Pulmonary Emboli and Chronic Thromboembolic Disease Prior to Transplantation

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Introduction: Lung transplantation from donors dying of acute pulmonary emboli (PE) remains controversial, while using donors with chronic thromboembolic disease has not been reported. We highlight the first report of using donors with acute PE and unexpected chronic thromboembolic disease successfully treated with backtable pulmonary thromboendarterectomy (PTE) prior to implantation.

Case Report: Lungs from brain-dead donors (DBD) dying of acute massive PE treated with tissue plasminogen activator and catheter thrombectomy were accepted for two recipients. Donor lung assessment revealed normal bronchoscopy, lung compliance, gas exchange, and no pulmonary hypertension. Preoperative imaging showed no persistent large central clots. Lungs underwent standard flush and were transported with the Paragonix LungGuard. During backtable inspection, residual subacute thrombus and chronic thromboembolic disease in the distal pulmonary arteries were encountered. Backtable bilateral PTE was performed down to the subsegmental branches. The two recipients underwent bilateral orthotopic lung transplantation on central VA ECMO. Warm ischemic times were less than 30 minutes. Both patients were weaned to room air by postoperative day (POD) 2. Primary graft dysfunction (PGD) scores were 0 at 48 and 72 hours. Partial pressure of oxygen (PaO_2) improved by more than 100 mmHg over the procurement challenge gases for both recipients. Donor and recipient characteristics and outcomes are listed in Table 1.

Summary: Donors dying of acute massive PE may be used safely and successfully. However, the donors lungs should be inspected carefully for chronic thromboembolic disease on preoperative imaging, at the