diagnosis. The coefficient and Odds Ratio obtained from the final model were used to calculate the score. The score was then calculated for all patients, and the number of point threshold was chosen to obtain a highest sensibility and specificity. 686 patients were retrospectively included of whom 547 HCM (349 from France and 198 from Canada) and 139 HHD from France. Median QRS duration was 88±16 ms for HCM and 98±22 for HHD (p < 0.01). Median LVM was 91±30 and 82±31g/m2 respectively (p=0.03). QRS duration, LVM, hypertension, maximal wall thickness and LGE were significantly linked to HCM in multivariate analysis. An independent negative correlation was found between LVM and QRS duration in the HCM group, while the relationship was reverse in HHD. The HCM diagnostic score includes the following point assignments: High blood pressure +10 pts; MRI fibrosis +6 pts; QRS duration [>100]=0 pts [90-100]=+2 pts [ < 90]=+6 pts; LVM (g/m2) [ < 90]=0 pts, [90-110]=+1 pts, [110-130]=+2 pts, [ > 130]=+3 pts. A score higher than 7 is in favor of HCM with a sensitivity of 88% and a specificity of 70% (preliminary results).

CONCLUSION: QRS duration increases with LVM in HHD and decreases with LVM in HCM. These relationships were independent of other parameters. This HCM-specific relationship could be used as a diagnostic tool in clinical practice. These results need to be confirmed in larger studies.

**P082**
SAME-DAY DISCHARGE FOLLOWING ATRIAL FIBRILLATION ABLATION PROCEDURE

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BACKGROUND: Complications following atrial fibrillation (AF) ablation have steadily decreased over the past decade. Following the global COVID-19 pandemic, significant pressure was put on electrophysiology labs to reduce their use of hospital beds. We sought to determine the feasibility as well as safety of same-day discharge following AF ablation procedure.

METHODS AND RESULTS: Between April 2020 and April 2022, 134 patients underwent an AF ablation in our institution and were scheduled to be discharged the same day. Among them, 86.6% (116) went home an average of 8.1 hours after the sheaths were pulled. As for the remaining 18 patients, the majority stayed because the procedure finished too late for the monitoring period to be complete and had no complications requiring an overnight stay. Of the remaining 5 patients, 3 stayed for groin bleed, 1 for minor pericardial effusion and 1 for pulmonary edema. All except the pulmonary edema patient went home the next day. As for the 116 patients who went home the same day, 9.5% (11) came back in the following week to the ER with either pericardial pain (7), shortness of breath (1), recurrent arrhythmia (1) or minor groin discomfort (3). All of them were safely discharged from the ER the same day.

CONCLUSION: Our data confirms that same-day discharge following AF ablation procedures is both safe and feasible as confirmed by the absence of any major complications in our single center experience. Some patients came back to the emergency room for expected post ablation discomfort, but none required an overnight stay.

**P083**
SEX DIFFERENCES IN ATRIAL FIBRILLATION AND ATRIAL STRUCTURAL REMODELLING: INSIGHTS FROM HIGH-RESOLUTION BI-ATRIAL ELECTROANATOMIC MAPPING

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BACKGROUND: Women are reported to have more AF recurrence following pulmonary vein isolation (PVI) than men, but the underlying mechanism has not been well studied. Structural remodelling, including atrial enlargement and low-voltage atrial myopathy, are important determinants of AF recurrence. Our aim was to compare bi-atrial structural remodelling between men and women with AF after controlling for age.

METHODS AND RESULTS: Patients with AF undergoing their first PVI were prospectively enrolled. Men (n=34) were age-matched 2:1 to women (n=17). Patients underwent high-resolution bi-atrial electroanatomic mapping (>2000 points per atrium) during right atrial (RA) pacing at 750ms. Low-voltage area