hypertensives had significant thrombolysis success rate than their counterparts.

Conclusion: A definite time peak for successful thrombolysis could be detected at the afternoon and early evening hours (12.00 hrs- 21.00 hrs) and failed thrombolysis observed between 21.00 hrs- 24.00 hrs. Hence preference for primary PCI can be considered for those cases presenting in the early morning hours anticipating high thrombolysis failure rates.

Is creatinine clearance an independent variable altering electrocardiographic, echocardiographic and coronary angiographic findings in patients with acute coronary syndrome

S.S. Kabde, N. Borikar, D. Nalawde, S.S. Dhanwale, K. Bedmuthiya, S. Jindal, P. Patil, R. Chavan, D. Singh, S.N. Kide, J. Nawale, A.S. Chaurasia

TNMC and BYL Nair CH Hospital, Mumbai, India

Background: Kidney disease is a poorly recognized but important risk factor for coronary artery disease. Few studies have correlated the effect of creatinine clearance in CAD. Creatinine is a crude indicator of renal function and underestimates renal dysfunction, calculated measures of glomerular filtration rate (cGFR) are superior to assess renal function.

Methods: Study population included 286 ACS patients. Patients were dichotomized into 3 arms: 1st arm:- CrCI 61-125 ml/min; 2nd arm:- 31-59 ml/ min and 3rd arm <30 ml/min

CrCl was calculated using Cockroft-Gault formula. ECG, 2D echo and angiogram were done. All results were obtained after confounding factors were eliminated.

Results: Arrhythmyias were observed in 9%, 12% and 17% of patients with CrCl of 61-125ml/min, 31-59ml/min and <30ml/min respectively. Non sustained VT was the most common arrhythmia. Ventricular fibrillation was more frequent in patients with preserved renal function while VT was more common in patients with reduced renal function. Conduction disturbances were noted in 6%,10% and 14% of patients in arms 1,2,3 respectively.

Patients were analyzed under 3 categories of EF :>45%, 31-45% and <30%). EF was relatively lower as cGFR decreased. An EF <30% was observed in 14%, 39% and 28% in arms 1,2 and 3 respectively. Similarly an EF of >45% was seen in 70%,57%,45% in arms 1,2 and 3 respectively. There was no significant difference in the incidence of mitral regurgitation across the GFR ranges.

LMCA stenosis: was significantly higher as CrCl reduced. 8.3%,39.4% and 30% of patients had significant LMCA stenosis in arms 1,2 and 3 respectively(p=0.001). Lesions were more diffuse in nature as renal function worsened. 16%,37% and 59% had diffuse coronary artery disease in arms 1,2 and 3 respectively. Calcified lesions were equally seen in arms 2 and 3 but was seen rarely in arm 1. Incidence of triple vessel disease in arms 1, 2 and 3 were 26.1%, 33.8% and 57.1%.

Correlation of Chlamydia pneumoniae infection and coronary artery disease in young Indians

Satya Nand Pathak

K G M C, Lucknow, India

Background: Coronary artery disease (CAD) is the largest killer in developed countries and is rapidly becoming one in developing countries. Premature CAD is defined as cardiac events occurring before the age of 55 in men and 65 in women. In its severe form it is defined as CAD occurring below the age of 40 years and known as CAD in the young (CADY).Studies on cardiovascular diseases (CVD) in India have shown that about 10-20 per cent of cases have no obvious risk factors, thus raising a suspicion of infection as an aetiology of CAD

Methods:Is a case control study of 66 young Indian patients, age $\leq$ 40 years and being diagnosed as suspected cases of Coronary artery disease (myocardial infarction, NSTEMI, unstable angina, stable angina). The young Indian patients (age<40 years) found to have angiographically proven coronary artery disease formed the "cases" (N=33) and the age and sex matched healthy Indians found to have normal coronaries on angiography formed the "controls" (N=33).A detailed history and clinical examination done in all patients. All patients underwent investigations like fasting lipid profile, ELISA for IgG anti Chlamydial antibodies, ECG, echocardiography, cardiac enzymes, stress testing and coronary angiography

Results: The IgG for Chlamydia pneumoniae was tested through enzyme immunoassay method with values <9.0 suggest negative test, values between 9.0 and 11.0 suggest equivocal test and values >11.0 suggest positive test. The mean serum IgG value for Chlamydia pneumoniae was 8.22±1.97 in cases (n=33) and 8.16±2.03 in controls (n=33). The difference in mean serum IgG value for Chlamydia pneumoniae was not statistically significant (p=0.9). The prevalence of IgG Chlamydia pneumoniae seropositivity (value $\geq$ 9) was statistically insignificant between cases 12/33 (36.36%) and controls 13/33 (39.39%) [p=0.79, OR 0.87, 95%CI 0.32 to 2.37)

Conclusions: Chlamydia pneumonia seropositivity was not significantly associated with atherosclerotic CAD in young Indian patients.

To study the corelation between carotid artery intima media thickness & coronary artery disease

Rohan Bhagade, Mukesh Laddha, S. Mallakmir, S. Deshpande, G.R. Kane

Padmashree Dr. D.Y.Patil Medical College, Nerul, Navi Mumbai, India

Aim and objectives: To study the CIMT in patients with suspected coronary artery disease. To establish a possible correlation between CIMT with presence and extent of coronary artery disease proved by coronary angiography.

Methods: A total of 200 patients suffering from Cardiac Diseases needing various surgical coronary interventions, who fulfil the inclusion and exclusion criterion and who reported to the Department of Cardiology, D.Y Patil Medical College, Navi Mumbai were included in the study.

Results: The minimum age of the patients in cardiac patients was 25 years where as the maximum age of the patients was 65 years. Mean CIMT, in majority of the cardiac patients visiting the hospital i.e., 80 (40.0%) had >1.30cm thickness, 60 patients had 1.10-1.29, 30(15.0%) patients had 0.80-1.09cm thickness and Only 25 (12.5%) patients had 0.60-0.79cm thickness. This association was found statistically significant (p<0.05). History V/S mean CIMT Range in Cardiac patients association was found statistically significant (p<0.05). Height Range V/S mean CIMT Range in Cardiac