

Conclusion: CAE is rare in patients presenting with STEMI. CAE as culprit lesion is rare in women and obese. Dyslipidemia was most commonly seen in association with CAE, followed by hypertension, smoking and DM. Majority of patients with ectatic arteries had single-vessel disease. PCI could be performed in majority (2/3) of these patients and they have good clinical outcome in terms of MACE at one year follow up.

Coronary artery disease in women: A gender comparative study of angiographic profiles in a tertiary care centre

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Aim: To study the coronary angiographic profile in women in comparison to men.

Material and Methods: The results of angiography performed over a period of three months were evaluated. The results were grouped into female and male data and the demography, risk factors, angiographic anatomy and advice were compared.

Results: 395 females and 462 males underwent angiography during this period.

-Both groups were divided according to age into three groups < 40 years, 40 to 65 years, > 65 years -The number of males aged < 40 was higher than females in the same group (9.3% vs 4% p value 0.008)

-Diabetics were higher in males (44.8 % vs. 45.5 % p value 0.92)

-Hypertension was more among females (69.6 % females vs. 56.7 % p value 0.12)

-Smoking was significantly higher in males (21% vs. 1.5% p value 0.005)

-The number of females with family history of coronary artery disease was marginally higher (8.65% vs. 9.1% p value 0.88)

-The tread mill test as indication for coronary angiography was higher amongst females than males (16.6 % in males vs. 26% in females p value 0.25)

-Unstable angina with NSTMI was more frequent amongst males than females (12.79 % vs. 4.0% p value 0.0001)

-The number of males with triple vessel disease was higher than females (27.92 % vs. 14.17 % p value of 0.001)

-The number of patients undergoing CABG was higher in males

-The number of females with normal coronary anatomy was higher than males (19.8% vs 11.6% p value of 0.06)

-Number of males with triple vessel disease was high amongst males with positive tread mill test (15.5 % vs 8.4 % p value 0.01)

Conclusions: TMT as an indicator for angiography was more in common in females and unstable angina in males. TMT positive's with normal coronary anatomy was more in females. Females were less likely advised CABG. Females in the age group of <40 was less compared to males. Diabetics were more in males and hypertension was common in females.

Prevalence and impact of metabolic syndrome on hospital outcomes in acute myocardial infarction

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Background: The National Cholesterol Education Program's Adult Treatment Panel III report (ATP III) identified the metabolic syndrome as a multiplex risk factor for cardiovascular disease (CVD) that is deserving of more clinical attention.

Aims and objectives: To assess the difference in in-hospital outcomes in patient with acute coronary syndrome – ST elevation myocardial infarction (STEMI) who have metabolic syndrome as compared with those who do not have metabolic syndrome.

Methods: Retrospective analysis of ACS registry data of 427 consecutive patients admitted in ICCU, Medical College, Trivandrum with acute myocardial infarction from September 2013 to February 2014.

Results: The mean age group of the study cohort was 57± 11yrs. Though less in sample size females (48.4%) had a higher incidence of metabolic syndrome. Hypertension was identified as the commonest risk factor (93.6%) among the 5 risk factors for metabolic syndrome. The mortality rate was 9.5%, with no major difference in the outcome data between the two groups.

Conclusions: Though metabolic syndrome is recognized as a major cardiovascular risk factor and determinant of adverse outcomes, in the present study, no major statistical difference among the two cohorts with and without metabolic syndrome were identified.

Rate of reperfusion in patients of ST-elevation MI after window period; comparison with percutaneous angioplasty: a study of 126 consecutive patients

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Background: The most important part of management of ST elevation myocardial infarction is to enable myocardial blood supply as early as possible. The two main modality of treatment in practice now-a-days is to procure myocardial reperfusion by either thrombolytic therapy or percutaneous coronary intervention (PCI).

Aims: In the present study, we used three non-invasive markers and finally coronary angiography as a marker to assess coronary artery patency or ongoing ischemia after revascularization.

Methods: A total of 126 patients with a diagnosis of acute ST elevation myocardial infarction were investigated. Among them 66 patients underwent primary PCI (Group I) and 60 patients were treated with thrombolytic therapy with tenecteplase (Group II). Reperfusion was assessed by clinical disappearance of chest pain, early peak creatinine kinase (CK) activity in < 12 hours after the start of thrombolysis or PCI, > 50% reduction in ST segment elevation, occurrence of reperfusion arrhythmia within first 24 hours of reperfusion therapy. Thrombolysis in Myocardial infarction Grade II or III flow after reperfusion was assessed by coronary angiography in all of the patients.

Results: There was no statistically significant difference between the two groups in the frequency of reperfusion arrhythmias, ST segment regression in ECG or early peak CK level. Although angiographic vessel patency was slightly higher in patients undergoing PCI (97.6% vs. 96.2%, p = 0.08), but complication rate like periprocedural bleeding (28.7% vs. 12.4%, p = 0.06), cardiac arrhythmia (27.3% vs. 13.4%, p = 0.07) and myocardial rupture (2.5% vs. 0.1%, p = 0.06) are significantly higher in the PCI group.