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

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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

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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 ≤ 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 ≥ 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

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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

patients association was found statistically significant (p<0.05). Weight V/S mean CIMT Range in Cardiac patients This association was found statistically significant (p<0.05).

Conclusion: Mean carotid IMT is a valid marker of early coronary atherosclerosis documented by coronary angiography and is associated with risk factors for atherosclerotic disease.

Study of ECG findings in patients with normal CAG

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Objective: To study the variability in ECG findings in patients with normal CAG and to detect prevalence of ECG abnormality in these patients.

Methods: This is a retrospective study conducted in the Dept of cardiology at Narayana medical college Nellore between July 2013-14 to study ECG findings in 100 Patients with normal CAG.

Results: 75% patients had 1 or more risk factors for CAD, >50% patients had significant cardiac symptoms. 40% found to have prominent ECG changes which include significant ST-T changes [ST depression/t wave inversions in anterior/inferior leads] pathological Q waves, and LVH. Others include LBBB, RBBB, and CHB.

Conclusion: This study concludes that statistically significant number of patients with normal CAG have abnormal ECG with ECG being more sensitive but less specific in identifying occlusive CAD.

Clinical profie and short term follow up of patients with coronary artery ectasia

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Background: Coronary artery ectasia (CAE) predisposes to coronary thrombosis and acute coronary syndromes. The endothelium of ectatic coronary is abnormal and is a substrate for atherosclerotic process with fixed obstruction. Apart from academic interest CAE are especially important underlying factor in many young MI.

Methods: Study was done by retrospective analysis of all coronary angiograms done between June 2011- June 2013 to detect presence of CAE. 124 patients had coronary ectasia. Follow-up of these patients was done after 11 months.

Results: Prevalence - 3.1%. Coronary ectasia was more common in males (83.09%). DM (43.66%), Hypertension (42.25%), Smoking (21.12%), Family History (25.35%), Dyslipidemia (16.90%). Types: Type 1-(11.26%), Type2-(15.49%), Type 3 - (8.45%), Type4 - (64.78%). Males had predominantly obstructive CAD with ectasia. In females isolated ectasia was more common. Majority had associated CAD (66.12%). STEMI was the most common mode of presentation. Markis type IV was the commonest type of ectasia. In isolated ectasia group, Type III was common and in obstructive CAD with ectasia Type IV was commonest. RCA was the vessel most commonly involved. Single vessel ectasia was common. Significant number of patients with isolated ectasia had evidence of inducible ischemia as shown by TMT positivity. 26.76% patients underwent CABG, 19.71% underwent PCI, 53.52% were managed medically. At the end of 6 months 11.26% had acutc coronary events, 13.15% in the medical management group, (10.58%) in CABG group, and (7.14%) in PCI group.

Conclusion: There is high incidence of coronary events in patients with CAE. These patients have to be managed aggressively even in the absence of significant obstruction.

Association between accessory nipple with coronary artery disease

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Background: The prevalence of coronary artery disease is rapidly increasing across the world. There are several cutaneous clinical markers associated with coronary artery disease. Accessory nipples are the most common forms of accessory breast tissue malformations but they have not yet been investigated in patient with coronary artery disease.

Methods: A case-control study involving patients admitted with history of USA, chronic stable angina and history of recent or prior MI which were subjected coronary angiography and classified as normal (no lesions detected), minor lesions (<50% occlusion), and single-vessel (> 50% occlusion), double-vessel, and triple-vessel disease. Both groups were assessed as to presence of accessory nipple. Case was defined as patients with coronary artery disease and Control defined as patients without coronary artery disease.

Results: Eighty nine patients were evaluated (61 cases, 28 controls). The prevalence of accessory nipple was higher among cases than controls (24.4% vs. 14.9%).The prevalence among males is higher than females (26% vs 5%) Majority of pts were male (96.77% vs 85.71%) and in the age group of 51-60 yrs (43.22% vs 42 %). Chest pain (60.86 % vs 50%) and dyspnea (29.0% vs 25%) were predominant symptoms. Risk factors like hypertension (37.7% vs 25%), DM (33.96% vs 12.5%), Smoking (3.75% vs 0%), Alcohol (1.88% vs 0%) were more with cases. ECG changes at presentation were normal more in controls(33% vs 85%) and AWMI, AWMI with RBBB, IWMI, IWMI with complete heart block, bundle branch blocks were more in cases compared to controls. Coronary angiography revealed single vessel disease, double vessel disease and triple vessel disease in 42%, 26% and 31% cases and normal coronaries in controls. Most coronary lesions involved LAD (36.8%) and RCA (31.2%).lipid profile revealed little higher dyslipedemia among cases than controls.

Conclusions: The study detected a positive association between accessory nipple with coronary artery disease which may be an external marker for risk identification. Judicious appraisal of various cutaneous markers linked to CAD would help clinicians to suspect disease in the subclinical phase, and thus make it easier to decide who is likely to need further detailed cardiovascular investigation.

HbA1c level correlation as predictor of coronary artery disease and its severity in patients undergoing coronary angiography

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