

test to compare the outcome of various management strategies in each CAE type.

Results: 2539 Coronary angiograms were done in our hospital. The incidence of CAE is 1.22% (N=31). 74.2% were male. The mean age, body surface area, oxygen consumption and Low Density Lipoprotein levels were 61.23 ± 9.8 years, 1.7 ± 0.14 m², 202.9 ± 33 ml/min and 83.8 ± 27.6 mg/dl. No significant association with diabetes mellitus or hypertension but negative association with smoking [Likelihood ratio 0.032]. 77.5% of CAE had left ventricle systolic function >40%. 13 (41.9%) patients underwent CABG, 12 (38.7%) were on medical management and 5 (16.1%) had PCI. One patient had dilatation of ascending aorta along with LAD ectasia and underwent Bentalls. Type I (50%, N=5) & IV (50%, N=5) lesion were predominantly underwent CABG. Whereas both type II (50%, N=2) & III (42.9%, N=3) were kept on medical management. PCI was mostly the option for type III (40%, N=2) ectasia. Six months follow up showed no events in any of the patients.

Conclusions: CAE has got over all good prognoses. There is no association of diabetes or hypertension with Ectasia. But there is negative association of smoking with Ectasia. Type II & III ectasia can be put on medical management alone. Type I ectasia require CABG.

Assessment of high sensitivity C-reactive protein in ETT positive patients with normal coronary angiogram

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Introduction: About 30% of coronary angiographies done for chest discomfort and positive stress cardiac testing are normal. Patients with chest pain with normal coronary arteries have coronary microvascular endothelial dysfunction and myocardial ischemia. Elevated hs-CRP levels have been related to atherogenesis and endothelial dysfunction. Little is known whether low grade chronic inflammation is a pathogenic mechanism.

Aims and objectives: To assess high sensitive CRP in patients of typical chest pain with normal coronary arteries (cardiac Syndrome X).

Methods: Cardiac Syndrome - X patients were compared to controls to see any difference of markers of inflammation in the form of HS-CRP. 120 patients with 50 number of well matched controls were studied. All the patients underwent baseline investigations, ECG, ETT, Echocardiography and coronary angiographies. The serum levels of hs-CRP were estimated.

Results: Among the study group (Group-1), the mean age was $48.12 (\pm 7.87)$ yrs and $47.48 (\pm 7.48)$ yrs among control group (Group-2). In Group-1, 96 (80%) were male and 24 (20%) were female. In Group-2, 40 (80%) were male and 10 (20%) were female. In Group-1, 60% had sedentary lifestyle, 60% were hypertensives, and 50% were diabetics or IGT, 70% were smokers, 40% were dyslipidemics, 30% had family history of CAD and 50% were obese. and serum levels of hs-CRP were found to be significantly higher in Group-1 than in Group-2 patients, (4.10 ± 2.74 mg/L vs 1.18 ± 0.9 mg/L, $p < 0.001$).

Conclusion: hs-CRP levels are higher in patients of cardiac Syndrome-X, suggesting a chronic low grade inflammatory process.

Association of coronary artery disease and carotid artery disease in patients with peripheral vascular disease

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Background: In the decade ahead, patients and primary care physicians will increasingly recognize the clinical burden of peripheral arterial disease (PAD). As new advances in the treatment of coronary artery disease continue to reduce mortality and morbidity, caregivers will increasingly confront the problem of concomitant "noncoronary" arterial disease. Cardiovascular physicians should assume a more proactive clinical role, along with their vascular medicine colleagues, to encourage new therapeutic opportunities for the treatment of arterial disease affecting multiple vascular beds. Multivascular therapeutic approaches are needed because atherosclerosis has a common systemic pathogenesis and simultaneously affects multiple circulations.

Objectives: Peripheral vascular disease patients are at high risk of developing cardiovascular and cerebrovascular events. The aim of this study was to see the association of Coronary artery disease and Carotid artery disease in patients with Peripheral vascular disease.

Methods: 250 (200 males and 50 females) patients with peripheral vascular disease of lower limbs admitted in the National Institute of Cardiovascular Diseases (NICVD), Dhaka between June 2012 to July 2013. Coronary angiography and carotid Doppler study was done in all patients during their hospital stay.

Results: 125 of 250 patients (50%) had significant CAD and 50 patients (20%) had significant carotid artery lesion and 25 patients (10%) had both. In patients with significant CAD, 75 patients of 125 (60%) had severe CAD (left main or triple vessel or proximal LAD lesion). 13 patients (10.5%) had left main, 50 patients (40%) had triple vessel disease and 12 patients (9.5%) had proximal LAD lesion. Among the 25 patients with both lesion, 15 patients (60%) had severe CAD of which 3 patient (12%) had left main, 4 patients (16%) had triple vessel disease and 3 patients (12%) had proximal LAD lesion. The percent of patients with severe CAD (left main, 3 vessel or proximal left anterior descending lesion) among those with Carotid artery disease was higher compared to those without Carotid artery disease.

Conclusions: Both or either Coronary artery disease and/ or Carotid artery disease are quite prevalent in patients with Peripheral vascular disease. So, all peripheral arterial disease patients should be investigated to see presence of any coronary artery disease or carotid artery disease.

Neutrophil count and its correlation with short term morbidity and mortality in patients with acute coronary syndrome

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Background: Inflammation plays a key role in the development of atherosclerosis and acute coronary syndromes, the most important cause of sudden cardiac death. Certain inflammatory