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MEETING ABSTRACT

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Demographics and angiographic patterns in young and very young adults (≥35-40years of Age) with coronary artery disease (CAD)

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Background/Introduction
Significant differences in the risk predictors and coronary angiographic patterns between young (≤35-40 years of age) and older (>40 years) patients with CAD, cause different treatment strategies and outcomes among these groups.

Aims/Objectives
To assess risk profile and coronary angiographic variables in young adults with stable angina (SA) and acute coronary syndrome (ACS).

Method
Enrolled 70 patients 27-40years of age (38,5 ± 0,3) with CAD, including 9 (12,8%) - ≤35 years old. SA verified in 50 (71,4%) patients, among them 35(70%) with early MI; ACS - in 20(28,5%) patients, including 11(61%) with early MI. With regard to the coronary arteries (CA), attention was paid to the presence of any luminal narrowing, number of CA and segments involved.

Results
Risk predictors presented with: early MI in 46 (65,7%) patients; smoking (>1 pack/day) in 26 (37,1%); family history of CAD in y 10 (14,3%); AH in 13 (18,5%); DM in 5 (7,1%); LVEF≥35-40% in 15 (21,4%); MV dysfunction (III-IV) in 5(7,1%); LV aneurysm in 6 (8,6%). BMI 25-30kg/m2 verified in 42,4% patients, BMI> 30кг/м2 - in 25,8%.

 1VD revealed in 21 (30%) patients; 2VD - in 17 (24,3%); ≤3VD - in 32 (45,7%). RCA lesion verified in 39 (55,7%) patients; LAD - in 69 (98,6%); LCx- in 43 (61,4%); Left main-in in 4 (5,7%).

 70 patients underwent CABG: 58 (82,9%) - On-pump, 12 (17,1%) - OPCAB with number of anastomoses 2,8 ± 0,1 & 1,0, accordingly. 9 (12,9%) patients underwent CABG on 5-48 months after early PCI (5 patients- on 9-12 months after PCI).

 Risk predictors, coronary angiographic patterns, and in-hospital results of CABG compared in ACS and SA groups.

Discussion/Conclusion
1. Young adults with ACS manifest with prevalence of patients ≥30-35 years, non atheromatous 1VD, and one independent risk predictor; 2. Young adults with SA dominate with patients 35-40years, atheromatous multi-VD, early MI, LV dysfunction, and ≤2-3 risk predictors; 3. Proportion of patients ≥30-35years in ACS and SA groups comprised 2:1.

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