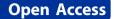


# **MEETING ABSTRACT**



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

Fuad Z Abdullayev<sup>1\*</sup>, Rashad M Makhmudov<sup>2</sup>, Imadaddin M Bagirov<sup>1</sup>, Nigar J Kazimzade<sup>1</sup>, Larisa S Shikhiyeva<sup>1</sup>

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## **Background/Introduction**

Significant differences in the risk predictors and coronary angiographic patterns between young ( $\leq$ 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  $(38,5 \pm 0,3)$  with CAD, including 9 (12,8%) -  $\leq$ 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 $\ge$ 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

<sup>1</sup>Dept Cardiac Surgery, Topchibashev Research Centre of Surgery, Baku, AZ 1122, AZ 1122, Azerbaijan

Full list of author information is available at the end of the article



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(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  $\pm$  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  $\geq$ 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  $\leq$ 2-3 risk predictors; 3. Proportion of patients  $\geq$ 30-35years in ACS and SA groups comprised 2:1.

#### Authors' details

<sup>1</sup>Dept Cardiac Surgery, Topchibashev Research Centre of Surgery, Baku, AZ 1122, AZ 1122, Azerbaijan. <sup>2</sup>Dept Cardio - Vascular Diseases, Central Hospital of Oil Workers, Baku, AZ 1025, Azerbaijan.

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