Table

	Females	Males	p value
No of patients	42	158	
Age (yrs)	37.9±7.3	40.5±4.3	ns
Hypertension	29 (69.1%)	69 (43.7%)	0.008
Diabetes	14 (33.3%)	36 (22.8%)	0.07
Smoking	02 (4.8%)	75 (47.5%)	0.00
Presentation(acs)	19 (45.2%)	99 (62.7%)	0.03
Presentation(mi)	8 (19.1%)	49 (31.1%)	0.03
LV dysfunction	10 (23.8%)	41 (25.9%)	0.3
Presence of anemia	10 (23.9%)	07 (4.4%)	0.0003
Multi vessel	8 (19.1%)	35 (22.2%)	ns
No of lesions per pt	1.3	1.3	ns
No of lesions	53	198	
Complexitity of lesion (b2 or c)	36 (85.7%)	125 (79.1%)	0.02
Calcium at lesion	0	2 (1.3%)	ns
Toruosity of vessel	1 (2.4%)	5 (3.2%)	ns
site of lesion			
LAD/D1	32	100	
LCX/OM	5	35	
RCA	14	61	
LMCA	1	0	
SVG	1	2	
Success of PCI	100%	98.42%	ns
Complications			
No reflow	0	1 (0.63%)	ns
Acute or Subacute stent thrombosis	1 (2.3%)	2 (1.3%)	ns

Conclusion: Young females had more frequently hypertension, Diabetes, acute coronary syndrome without MI, mild anemia, complex lesions than young males, but with same success and complication rate of PCI.

CRT-75

Importance Of Coronary Calcium In Detection Of Location And Severity Of Coronary Artery Disease

Maddury Jyotsna, S Siva Ramakrishna
Nizam's institute of medical sciences, secunderabad, India

Aim: Coronary calcium along with the lesion severity and site of lesion can be detected with good accuracy by noninvasive 64 slice CT coronary angiogram. We want to study the efficiency of fluoroscopic coronary calcium detection in guiding the location and severity of significant coronary artery stenosis, which is much cheaper, easily available with less radiation.
Methods: We recruited the patients above 60 yrs, admitted for Coronary angiogram (CAG) and detected fluoroscopic calcium on Siemen's Flat panel (with CAG setting and double magnification). We noted the type of CAD presentation, known coronary risk factors and 2D echo features. Details of CAG including the location, severity (significant coronary lesion means >50% diameter stenosis) and number of coronary vessel involvement were noted. We calculated the clinical risk score depending on type of presentation (Acute coronary syndrome -ACS as 1 or chronic stable angina -CSA as 0), Risk factor scoring (1 to 4 depending on number of risk factors) and Echo scoring (RWMA as 1 and good LV function as 0, Mild LVD as 1, moderate LVD as 2, severe LVD as 3) and combined coronary diseases predicting score (CCDP score - by combing all three scores).
Results: In 771 above 60 years age suspected CAD patients, 486 showed coronary calcium on fluoroscopy (63%). Average age was 67±5.8 yr with 102 females.

In 69 patients CCDP score is 0 and 417 pts CCDP score is ≥ 1. In these 69 CCDP score 0 patients, CAG showed no lesion in 20 and significant coronary lesion in 49 pts (False negative for significant CAD detection is 10.08%). In 417 pts with CCDP score ≥ 1, 28 pts does not have lesion (False positivity is 6.7%) and 389 (80.04%) lesion was present (True positive detection rate). Coronary calcium was corresponding to the significant coronary lesion site in 268 pts(64.3%). On CAG, significant coronary lesion with calcium was present in 438 patients(90%). In these 438 patients with calcium and coronary lesion, 302 patients has lesion at the site of calcium (68%). In 49 patients (11%) the CCDP is 0 still had significant coronary lesion. So, in a pt with > 60 yr age with CCDP ≥ 1 and fluoroscopic calcium, the true positivity of the lesion is 93.3%. Not only that we can localize the site of lesion to the site of coronary calcium in 64.3% of cases.
Conclusion: In a suspected CAD pt with > 60 yrs age with CCDP ≥ 1, if fluoroscopic coronary calcium is detected then 93.3% of cases we can detect the significant coronary lesion with 64.3% of cases localizing the site of lesion to the site of coronary calcium.

CRT-76

Married Patients Undergoing Elective Or Urgent PCI Benefit From Improved Short- And Long-term Outcome - The Spouse effect

Israel Moshe, Michael Gaglia, Rebecca Torguson, Saar Minha, Salem badr, Joshua Loh, Hironori Kitabata, Lakshmana Pendyala, William Suddath, Kenneth Kent, Lowell Satler, Augusto Pichard, Ron Waksman
MedStar Washington Hospital Center, Washington, DC

Background: Marriage confers various health advantages in the general population. However, there is inconsistent data regarding the added value of marriage among patients who undergo percutaneous coronary intervention (PCI) beyond the standard cardiovascular risk factors. We aimed to assess the effects of marital status on long term outcome of urban population undergoing elective or urgent PCI.
Methods: Clinical observational analysis of consecutive patients undergoing elective or urgent PCI from 1993 - 2011 was performed. Patients were divided to men and women and according to their marital status comparing married to unmarried patients. Cox models of men and women were used to assess gender differences and included marital status, MI, hypertension, diabetes, smoking, clopidogrel cessation, renal failure and lesion type.
Results: A total of 11,216 patients were included in the present analysis, 7332 men (64% married) and 3881 women (38% married). In both genders, prevalence of hypercholesterolemia and smoking status were more frequent among unmarried patients. However, among women, there were no significant differences in prevalence of hypertension and diabetes. In terms of indication for PCI, the distribution of indications were comparable to the entire cohort with lower percentage of the married patients who underwent PCI for acute MI and higher rates of procedures done for stable angina. The 30-day MACE outcome of married males and females was superior to that of unmarried patients, however in multivariable analysis, married men but not married women remained independent predictors of lower MACE rates (Figure).
Conclusions: Married men who undergo urgent or elective PCI have superior short and long term outcome as compared to unmarried men. These outcome benefits of marriage were less pronounced in women.