



CLINICAL AND ANGIOGRAPHIC PROFILE OF YOUNG STEMI IN POST COVID ERA

Cardiology

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ABSTRACT

BACKGROUND: Coronary Artery Disease(CAD) is no more a disease of old age, as the incidence of ACS among younger age group is increasing alarmingly especially in these post covid era. Clinical and angiographic data regarding the extent and severity of young STEMI is very limited which we discuss here. **METHODS:** An observational study was done from 1st January 2022 to 22nd august 2022, selecting all STEMI patients with age 40 and below presenting within 7 days of chestpain, admitted to a tertiary care centre in Chennai . Their clinical presentation, risk factors, complications and angiographic profile were studied **RESULTS:** Of the 57 cases admitted , seven lost to followup, hence 50 patients participated in study of which 88% were male, 18% diabetics, 20% hypertensive, 32% dyslipidemic , 36% smokers and 44% had history of past covid infection without any comorbid . Of 50 patients 78% were thrombolysed with streptokinase/tenecteplase while rest presented late. 64% patients presented with AWMi. 6% patients presented with cardiogenic shock ,4% in pulmonary edema and 2% in complete heart block and 2 deaths. In coronary angiogram 88% patients had LAD disease ,10% patients with TVD and 4% had LM involvement. **CONCLUSION:** Acute STEMI in younger age group almost exclusively occurs in male patients with AWMi being most common presentation and LAD involved in 88% patients. The major risk factors seen in these patients were conventional like diabetes, hypertension , dyslipidemia and interestingly more post covid patients. **CONFLICTS OF INTEREST:** The authors have none to declare.

KEYWORDS

Total Stemi Patients Studied N=50		
Demographic Characters		
Age Group	19-30	9(18%)
	31-40	41(82)
Sex	Male	44(88%)
	Female	6(12%)
	Tenecteplase/Streptokinase/Not Lysed	22/17/11
Risk Factors	Diabetes Mellitus	9(18%)
	Systemic Hypertension	10(20%)
	Dyslipidemia	16(32%)
	Smoking	18(36%)
	Chronic Kidney Disease	1(2%)
	Alcoholism	22(44%)
	Past Covid	22(44%)
	Congenital Heart Disease	1(2%)
Stemi	Anterior Wall Mi	32(64%)
	Inferior Wall Mi	14(28%)
	Rvmi(Along With Iwmi)	3
	Anterior +Inferior	1
	HLmi	3
Complications	Cardiogenic Shock	3
	Pulmonary Edema	2
	Mechanical Complications	Nil
	Lvef(Mild/Moderat/Severe)	30/16/4
	Arrythmias	3
	Complete Heart Block	1
	Death	2(4%)
Angiographic Profile(N=50)		
Single Vessel Disease		19
Double Vessel Disease		09
Triple Vessel Disease		05
LAD		44
LCX		10
RCA		13
Minimal Cad/re canalised Vessel		14
Left Main		02
Normal Coronaries		03
PCI		25
CABG		06