

20186**Clinical and angiographic characteristics and short-term outcomes of patients with non-ST elevation acute coronary syndrome with metabolic syndrome**

Doctor Uzokov J¹; Sir Alyavi AL¹; Professor Alyavi BA²; Doctor Payziev DD¹; Mrs Mukhitdinova OY²; Doctor Orziev DZ¹; Assistant Professor Rakhimova DA¹

Republican Specialized Scientific-Practical Medical Center Therapy and Medical Rehabilitation, Tashkent, Uzbekistan

Tashkent Pediatric Medical Institute, Tashkent, Uzbekistan

Funding Acknowledgements: Type of funding sources: None.

Background: Less evidence is available regarding clinical, angiographic characteristics and outcomes of patients with non-ST elevation acute coronary syndrome (ACS) with metabolic syndrome (MS).

Purpose: We aimed to assess the clinical, angiographic characteristics and short-term outcomes of patients admitted to our hospital with non-ST elevation ACS with MS.

Methods: 128 patients with non-ST elevation ACS were enrolled in the study (Aged 38-75 years; mean age 56.2±16.85 years; male 53%). Patients were divided into two groups according to concomitant metabolic syndrome. Group I consisted of 64 patients with MS and Group II (n=64) without MS. Anthropometric, laboratory and instrumental data were assessed at baseline together with clinical and angiographic characteristics. All statistical analysis were done with STATA software.

Results: Non-ST elevation ACS patients with MS (Group I) tended to be younger (52.5 vs. 58.6, P<0.05), female gender (57% vs. 46%, P<0.05), smoked less (21.0 vs. 28.2%, P<0.05), having greater BMI (30.4 vs 26.8, P<0.05), having less pronounced symptoms (P<0.05) and greater extensive lesions in coronary angiography (P<0.05) than those without MS. There were similar single-vessel (52% vs. 55%, P>0.05) and multi-vessel (28% vs 26%, P>0.05) lesions in both groups in coronary angiography. New revascularization was higher in Group I than Group II (72% vs. 65%, P<0.05). In 12% of patients non-ST elevation ACS was occurred due to vasospasm in Group I and in 11% in Group II. There were similar hospitalization days in both groups (P>0.05), however short-term outcomes was better in Group II in 6 months (P<0.05).

Conclusion: MS is associated with higher rate of revascularization and worse outcome in patients presenting non-ST elevation ACS.