

## Clinical profile of acute coronary syndrome in tertiary care hospital of northern India, Punjab

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**Background:** Coronary artery disease is a major cause of morbidity and mortality across the globe. Although rich data is available regarding clinical profile of acute coronary syndrome (ACS) patients in the western world, very few studies have been done in Punjab population in India. Our study will contribute towards filling this gap.

**Aim:** To study clinical profile, risk factors, angiographic findings and immediate and short term mortality statistics in ACS patients of Punjab, India.

**Materials and Methods:** It was a prospective observational study done on the ACS patients who were admitted to Guru Nanak Dev Hospital/ Government Medical College Amritsar between the period from July 2016 to June 2017.

**Results:** In this study 393 patients with ACS were recruited. Out of these 299 (79.08%) were males and 94 (23.92%) were females. The mean age of our population was  $64.52 \pm 11.04$ . Hypertension was present as a risk factor in 301 patients (76.59%), 263 patients (66.92%) were smokers, 234 (61.83%) had BMI more than 25, while 35 patients (4.33%) had a family member with was diagnosed with ACS. 55 patients (31.99%) were classified in advanced Killip class (Class 3 or 4) at the time of presentation. 263 patients (66.92%) had ST segment elevation myocardial infarction (STEMI), 113 (28.75%) had non- ST segment elevation myocardial infarction (NSTEMI), while 17 (4.33%) patients were diagnosed to have unstable angina(UA). Most patients had involvement of single vessel

disease (N=230, 58.52%). 73 patients (18.58%) patients had double vessel disease, 44 patients (11.20%) patients had triple vessel disease, while 7 patients (1.78%) had left main vessel involvement. Diabetic patients had more chances of mortality as compared to non diabetics during initial hospital admission (N= 21, 12.73% Vs N=13, 5.70%, p value <0.05) as well as during 30 day follow up period (N= 11, 7.64% Vs N=7. 3.26%, p value <0.05).

**Conclusion:** LAD was most commonly involved vessel, followed by LCX and RCA respectively, Hypertension and smoking were two most commonly associated risk factors with ACS. Diabetes in ACS patients leads to more aggressive course of disease and leads to higher mortality as compared to non-diabetic ACS patients.

### Speaker Biography

Nirankar Singh Neki, MBBS, MD(Internal Medicine) is working as Professor and Head of Medicine unit 2 at Govt. Medical College Amritsar, India. He has teaching experience of 30 years as undergraduate teacher and 28 years as postgraduate teacher. He has an entry in the Limca Book of Records of 2015 for being the recipient of four Fellowships of the Royal College of Physicians (Edinburgh, Glasgow, Ireland and London). In total he has 38 fellowship awards with different institutes. He is recipient of FACC(USA), FAHA(USA), FESC, FACP(USA), and holds name in cardiology. Dr. Neki holds 13 different Oration Awards and has been a named author in 365 scientific publications, including book chapters. He is also Editor in Chief, Senior Editor, Editor, Section Editor, and Associate Editor of more than 13 national and international medical journals. Dr. Neki has been a Visiting Professor at James Cook University Hospital in Durham, UK and at the University of Manitoba's Institute of Cardiovascular Sciences at St. Boniface Hospital & Research Centre, Winnipeg, Canada.

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