RESULTS

This study included 60 patients who were divided into 2 groups:

Group I: young patients (below 40 years)

Group II: old patients (above 40 years)

All patients had documented acute coronary syndrome and were subjected to careful history taking, clinical examination, echocardiography, and coronary angiography.

The mean age in group I was 35.2±4.9 years and in group II was 54.4±6.2 years.

The 2groups of patients were compared statistically as regard age, sex, type of acute coronary syndrome, risk factors, echocardiography, and coronary angiographic findings ,

Table 3: comparison between both groups as regard age and sex:

Group / Parameter	Group I (N = 30)	Group II (N = 30)	P value
Age	35.2±4.9	54.4±6.2	>0.05
M / F	28 / 2	25 / 5	>0.05

M=male F=female

According to this table there was no statistically significant difference between both groups as regard age and sex.

Figure 1 : Male and Female distribution in both groups :

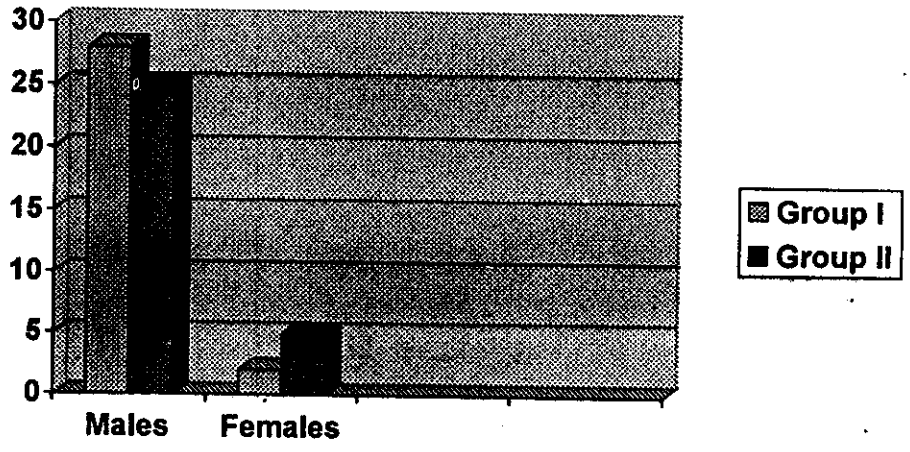

Table 4: Comparison between both groups as regard diagnosis:

Group / Diagnosis	Group I (N=30)	Grgoup II (N=30)	P value
STEMI	27(90%)	20 (66.7 %)	< 0.05
NSTEACS	3(10%)	10(33.3%)	< 0.05

STEMI: ST segment elevation myocardial infarction.

NSTEACS: non-ST segment elevation acute coronary syndromes

The table showed that there was a statistically significant difference between both groups as regard type of acute coronary syndromes. STEMI was more common in young patients than old patients.

Table 5: Types of ACS in both groups:

Group / Type of ACS	Group I (N = 30)	Group II (N = 30)	P value
Inferior MI	15 (50%)	9 (30 %)	> 0.05
Anterior MI	12 (40 %)	11 (36.6 %)	> 0.05
NSTEMI	2 (607%)	5 (16.7%)	> 0.05
UA	1 (3.3%)	5 16.7%)	> 0.05

NSTEMI: non-ST segment elevation myocardial infarction.

UA: unstable angina.

According to these results, there was no statistically significant difference between the two groups as regard types of ACS.

According, also, to this table, inferior MI was the most common type of ACS in young patients as 15 patients (50%) had inferior MI.

As regard group II, anterior MI was the most common type of ACS as 11 patients (36.6%) had anterior MI.

Table 6: Distribution of risk factors in both groups:

Group / Risk factors	Group I (N = 30	GroupII N = 30	P value
DM	3 (10%)	16 (53.3%)	< 0.05
HTN	8 (26.6%)	12 (40%)	> 0.05
Smoking	24 (80 %)	18 (60%)	> 0.05
Dyslipidemia	16 (53.3%)	14 (46.6%)	> 0.05
Obesity	4 (13.3%)	8 (26.6%)	> 0.05
+ve FM	6 (20%)	2 (606%)	> 0.05

* DM Diabetes Mellitus * HTN: hypertension

* +ve FM: positive family history

This table showed that the risk factor that had a statistically significant difference between both groups was DM (as only 10% of young patients were diabetics compared with 53.3% of old patients)

The other risk factors showed no statistically significant difference between the 2 groups.

According to these results, smoking was the most important risk factor in young patients as 80% of them were smokers. The second common risk factor was dyslipidemia as 53.3% of them were dyslipidemics.

Hypertensive patients were 26.6%, positive family history was 20% & obesity 13.3%

The least important risk factor, according to these results, was DM with only 10% of patients being diabetics.

As regard group II (old patients), the most common associated risk factor was also smoking with 60% of them being smokers.

Figure 2: Distribution of risk factors:

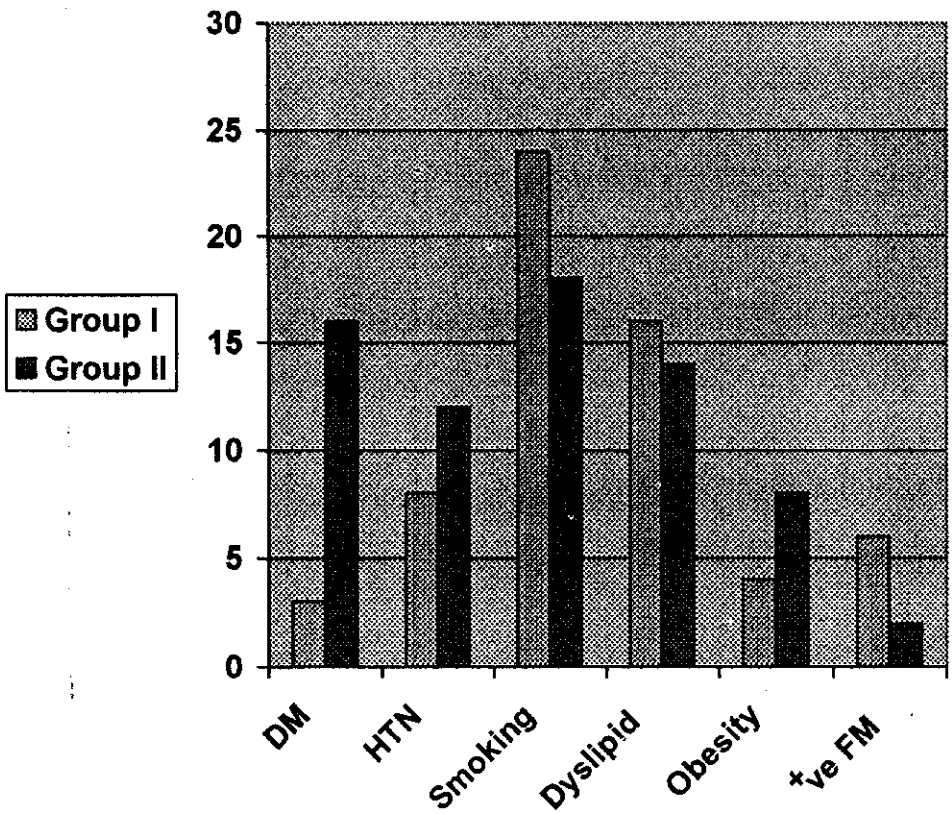

Table 7: Types of dyslipidemia.

Group / parameter	Group I (N = 30)	Group II (N = 30)	P value
High cholesterol.	12 (40%)	8 (26.7%)	>0.05
High TGs	7(23.3%)	10(33.3%)	>0.05
Low HDL	4 (13.3%)	7 (23.3%)	>0.05

TGs = Triglycerides.

HDL = High density Lipoprotein.

The dyslipidemic patients included in our study were 16 young patients (53.3%) and 14 old patients (46.6%)

Among young patients, 12 patients had high cholesterol, 7 patients had high TGs and 4 patients had low HDL level.

Among old patients, 8 patients had high cholesterol, to patients had high TGS and 7 had low HDL levels. So, most of our patients had mixed defects of hypercholesterolemia, hypertriglyceridemia, and low HDL levels at lipid profile.

Figure 3: Types of dyslipidemia

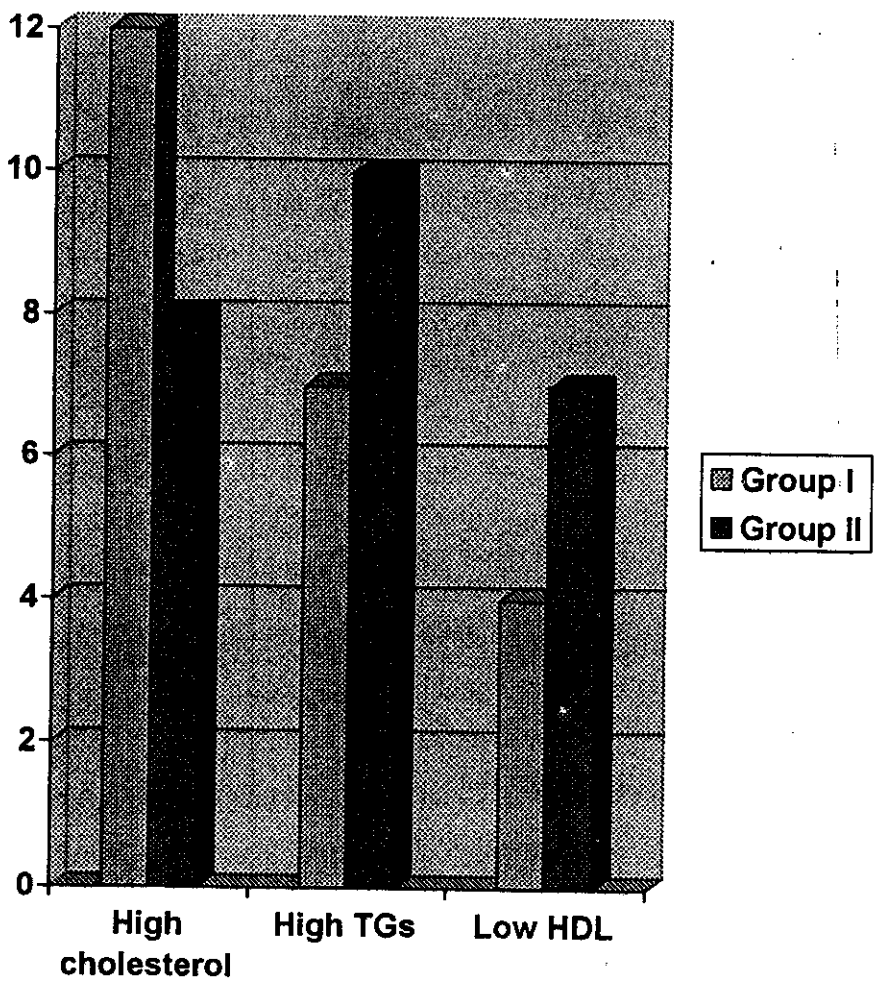

Table 8: Relation between risk factors and the type of ACS:

Risk factor \ Type of ACS		STEMI	NSTEACS	P value
DM	Group I	2 (7.4%)	1 (33.1%)	>0.05
	Group II	10 (50%)	6 (60%)	>0.05
HTN	Group I	6(22.2%)	2(66.7 %)	>0.05
	Group II	7 (35%)	5 (50%)	>0.05
Smoking	Group I	22(81.5%)	2 (66.7%)	>0.05
	Group II	13(65%)	5 (50%)	>0.05
Dyslipidemia	Group I	13 (48.1%)	3 (100%)	<0.05
	Group II	10 (50%)	4 (40%)	>0.05
Obesity	Group I	3 (11.1 %)	1 (33.3)	>0.05
	Group II	5 (25%)	3 (30%)	>0.05
+ve FM	Group I	6 (22.2%)	0 (0%)	>0.05
	Group II	2 (10%)	0 (0%)	0.05

According to the results of previous table, there was no statistically significant association between different risk factors and the type of ACS in both groups EXCEPT for dyslipidemia in group I, as it was mostly associated with non-ST segment elevation ACS (NSTEACS).

Table 9: Clinical course and complications in both groups:

Group / parameter	Group I (N = 30)	Group II (N = 30)	P value
Preceding angina (>1 month)	9 (30%)	18(60%)	>0.05
Recurrent angina	3 (10%)	20(66.7%)	<0.05
Pump failure	11(36.7%)	9(30%)	>0.05
Primary VF	6 (30%)	15 (50%)	>0.05
Secondary VF	1(3.3%)	13(43.3%)	<0.05
Conduction disturbances	0 (0%)	10(33.3%)	<0.05

VF: ventricular fibrillation

According to this table, there was a statistically significant difference between both groups as regard the clinical course and complications. Old patients had more recurrent angina after relief of ACS as 20 patients (66.7%) developed recurrent chest pain during admission compared to 3 young patients (10%) with statistically significant difference (p value<0.05).

Heart failure was more common among young patients as 11 patients (36.7%) developed heart failure compared to 9 patients (30%) in group II, however, there was no statistical difference between both groups.

Secondary ventricular fibrillation was more common among old patients than young ones as 13 old patients (43.3%) developed 2ry ventricular arrhythmias compared to 1 young patient (3.3%) with statistically significant difference.

Conduction disturbances were more common among old patients than young ones with statistically significant difference as 10 old patients (33.3%) experienced AV block during admission.

Echocardiography:

- Mean EF in young patients was 54.9% and in old patients was 51.2% with no significant difference ($p > 0.05$)
- In group I (young patients)

- 24 patients had no MR
- 4 had trivial MR
- 2 had Mild MR
- one patients had LV thrombus
- 21 patients had SWMA at rest

- In group II

- 22 patients had no MR

-8 patients had had trivial MR

-2 patients had LV thrombus.

Table 10: Echo findings in both groups

EF = Ejection faction, **SWMA** = systolic wall motion abnormality

MR = Mitral regurgitation

Group / parameter	Group I	GroupII	P valve
EF	54.9±8.9	51.2±9.7	>0.05
MR			
No	24 (80%)	22(73.3%)	
Trivial	4 (13.3%)	8 (26.7%)	>0.05
Mild	2 (6.7%)	0 (0%)	
SWMA	21 (70%)	22 (73.3%)	>0.05

Table 11: Number of vessels affected in both groups as detected by coronary angiography:

Group / No. of vessels	Group I (N = 30)	Group II (N = 30)	P value
Normal	10 (33.3 %)	1 (3.3%)	≤0.05
Single-vessel disease	12 (40%)	8 (26.7%)	>0.05
Multi-vessel disease	8(26.6%)	21 (70%)	≤0.05

According to this table, there was a statistically significant difference between both groups of patients as regard the angiographic findings. Normal coronary angiography was more common in group I (young patients) than in group II (old patients) as 10 patients (33.3%) in group I had normal coronary angiography compared to 1 patient (3.3%) in group II. Multi-vessel disease was more common in old patients than young ones as 21 old patients (70%) had multi-vessel disease compared to 8 young patients (26.6%)

Table 12: Distribution of affected coronary artery in both groups:

Group / Vessel	Group I (N = 30)	Group II (N = 30)	P value
LAD	15 (50%)	23 (76.7%)	>0.05
LCX	7 (23.3%)	17 (56.7%)	>0.05
RCA	9 (30 %)	19 (63.3 %)	>0.05
D	0 (0%)	3 (10%)	>0.05
OM	0 (0 %)	4 (13%)	>0.05

* LAD: left anterior descending artery

* LCX: left circumflex artery

* RCA: right coronary artery

* OM: obtuse marginal artery *D: diagonal artery

According to this table, there was no statistically significant difference between both groups as regard distribution of affected vessel. However, LAD was the most common affected artery in both groups (50% in group I and 76.7% in group II), followed by the RCA (30% in group I and 63.3% in group II).

Table 13: Distribution of coronary artery affection in single and multi-vessel disease in group I:

CAD / Artery affected	Single-vessel (N = 12)	Multi-vessel (N = 8)
LAD	7 (84%)	7 (87.5%)
•RCA	2 (16.7%)	7(87.5%)
LCX	3 ((25%)	4 (50%)

•p value<0.05

According to this table, LAD was the most common coronary artery affected in single-vessel disease patients of group I as 7 patients (84%) with single-vessel disease had LAD lesions.

There was equal affection of both LAD and RCA as a multi-vessel disease where there were 7 patients with multi-vessel disease (87.5%) had LAD and RCA lesions.

There was a significant statistical association between multi-vessel disease and RCA affection (p value<0.05).

Table 14: Distribution of coronary artery affection in single and multi-vessel disease in group II:

CAD / Artery affected	Single-vessel (N = 8)	Multi-vessel (N = 21)
LAD	5 (62%)	8 (38.1%)
•RCA	2 (25%)	18(85.7%)
LCX	1 (12.5%)	16 (76.2%)

•p value<0.05

According to this table, LAD was the most common coronary artery affected in single-vessel disease patients of group II as 5 patients (62.5%) with single-vessel disease had LAD lesions.

RCA was the most common coronary artery affected in multi-vessel disease patients of group II as 18 patients (85.5%) had RCA lesions.

There was a significant statistical association between multi-vessel disease and RCA (p value<0.05).

Table 15: Severity of lesions in both groups:

Group / parameter	Group I (N = 30)	Group II (N = 30)	P value
Type A lesion	7 (23.3%)	15 (50%)	<0.05
Type B lesion	10 (33.3%)	15 (50%)	>0.05
Type C lesion	3 (10%)	18 (60%)	<0.05
Total occlusion	7 (23.3%)	15 (50%)	<0.05
Average%of lesions	74%	85%	<0.05

According to this table, there was a statistically significant difference between both groups as regard the severity of lesions.

Type A lesion was more common in group II than in group I, as 15 patients (50%) in group II had type A lesion compared to 7 patients (23.3%) in group I (p value<0.05).

Type C lesion was more common in group II than in group I, as 18 patients (60%) in group II had type C lesion compared to 3 patients (10%) in group I (p value<0.05).

Type B lesion was the most common type among patients in group I as 10 patients (33.3%) had type B lesion, while type C

lesion was the most common type of lesions among patients in group II as 18 patients (60%) had type C lesion.

The average percentage of lesion stenosis was higher in group II than in group I (85% in group II and 74% in group I) with statistically significant difference (p value<0.05).

Total occlusion was more common in group II than in group I as 15 patients (50%) in group II had totally occluded arteries compared to 7 patients (23.3%) in group I.

Table 16: Relation between risk factors and coronary angiographic findings in group I:

CA finding / Risk factor	Normal (N=10)	Single-vessel (N=12)	Multi-vessel (N=8)	P value
DM	O (0%)	2 (16.6%)	1 (12.5%)	>0.05
HTN	1 (10%)	3 (25%)	4 (50%)	>0.05
Smoking	9 (90%)	9 (75%)	6(75%)	>0.05
Dyslipidemia	6 (60%)	7 (58.3%)	5(62.5%)	>0.05

CA: coronary angiography DM: diabetes mellitus

HTN: hypertension

According to this table, there was no statistically significant association between different risk factors and coronary angiographic findings in group I.

Table 17: Relation between risk factors and coronary angiographic findings in group II:

CA finding / Risk factor	Normal (N=1)	Single-vessel (N=8)	Multi-vessel (N=21)	P value
DM	1 (100%)	4 (50%)	7 (33.3%)	>0.05
HTN	1 (100%)	4(50%)	8 (38.1%)	>0.05
Smoking	0 (0%)	4(50%)	14 (66.7%)	<0.05
Dyslipidemia	1 (100%)	4(50%)	9 942.8%)	>0.05

CA: coronary angiography DM: diabetes mellitus

HTN: hypertension

According to this table, there was statistically significant association between smoking and multi-vessel disease in group II.

There was no significant statistical association between other risk factors and coronary angiographic findings.

Table 18: Relation between risk factors & type of lesion in group I:

Lesion type / Risk factor	Type A (n = 7)	Type B (n = 10)	Type C (n=3)
DM	0 (0%)	2 (20%)	1 (33.3%)
HTN	4(57.1%)	3(30%)	0(0%)
Smoking	4(57.1%)	8(80%)	3(100%)
Dyslipidemia	6(85.7%)	6(60%)	1(33.1%)

P value >0.05

According to this table, there was no significant statistical association between different risk factors and type of lesion in group I. However, according to this table, DM was commonly associated with type C lesion, hypertension was commonly associated with type A lesion, smoking was commonly associated with type C lesion, and dyslipidemia was commonly associated with type A lesion.

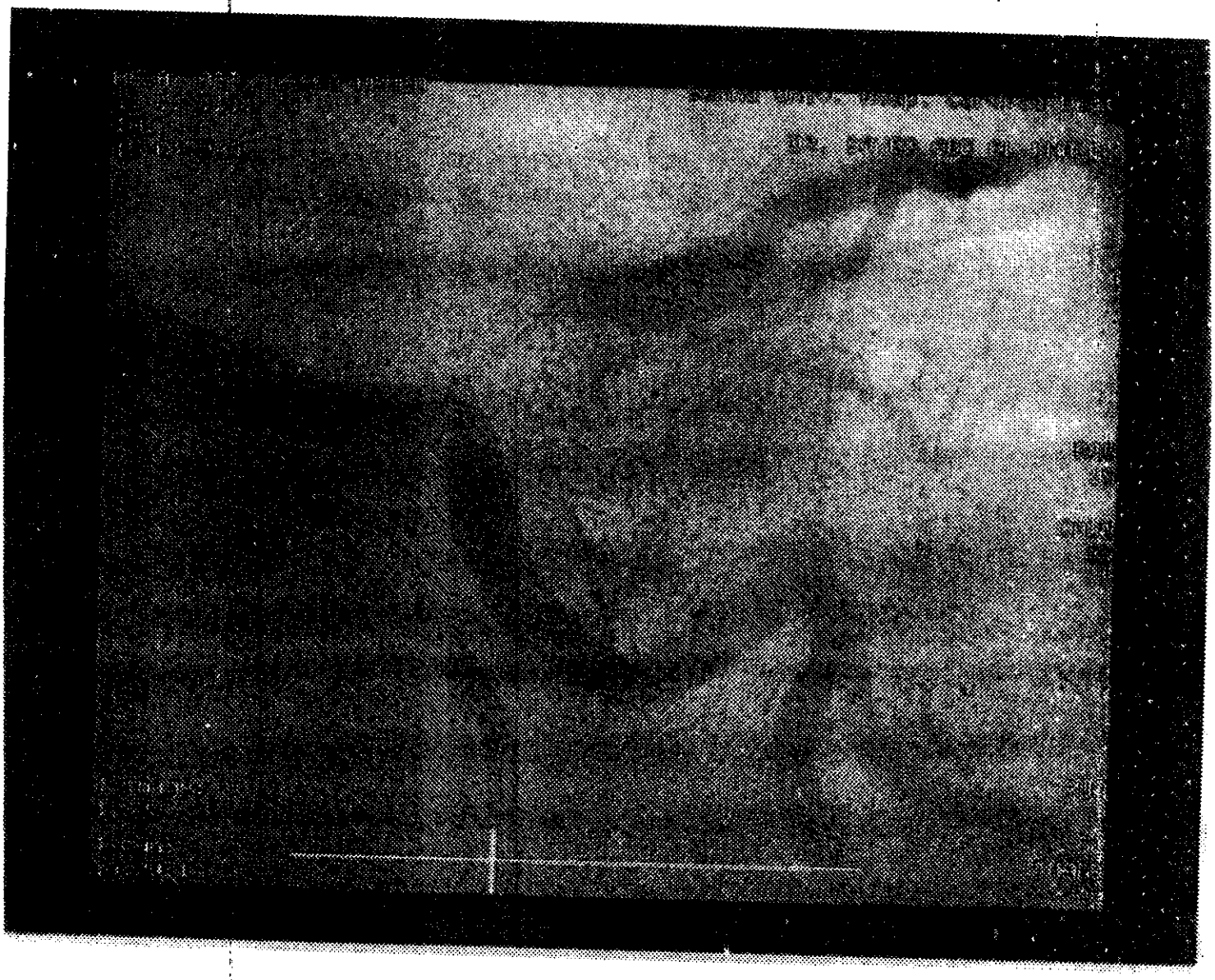

Fig (4)

Case no. (28) coronary angiography of the left system showing long proximal subtotal LAD lesion with good distal runoff .

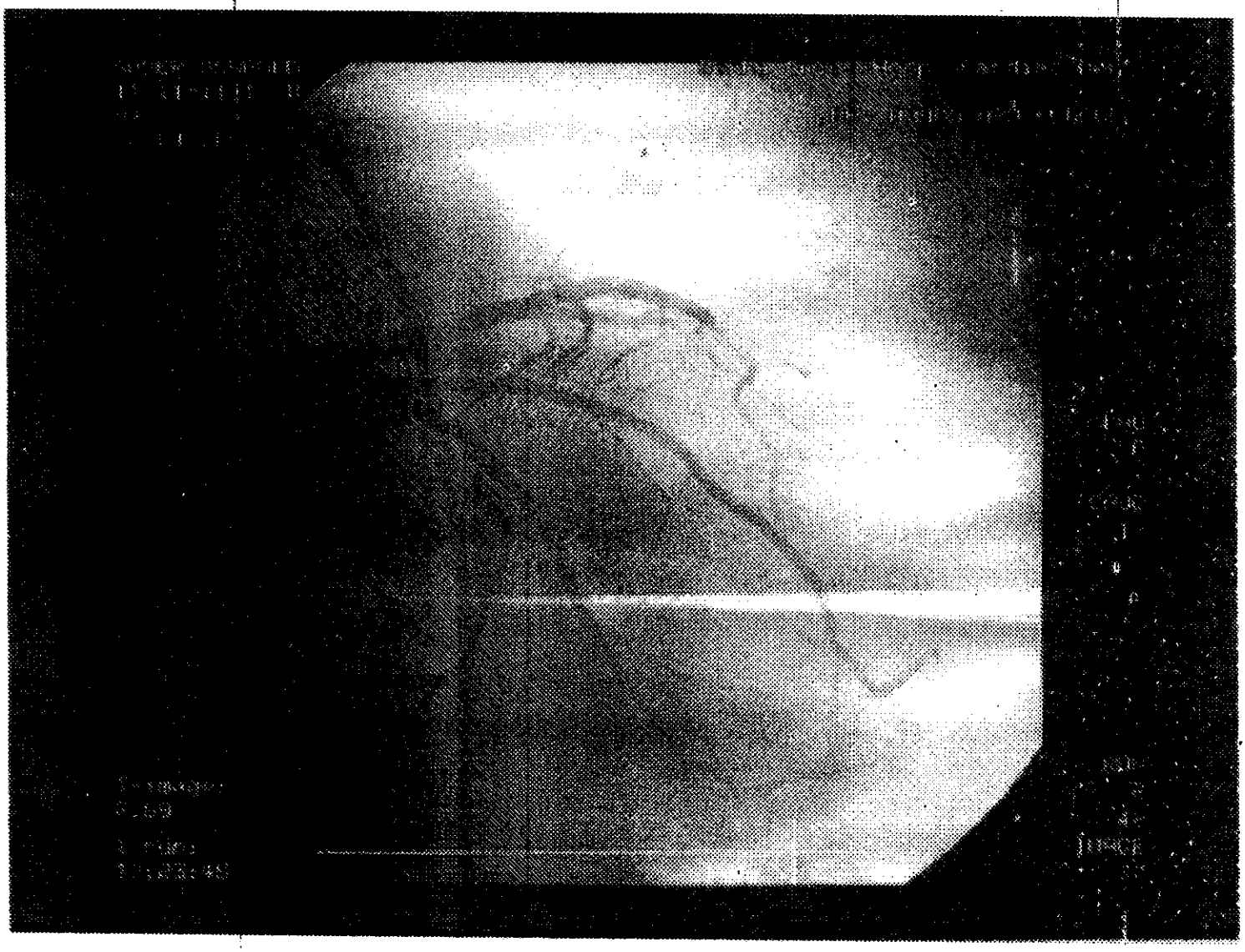

Fig (5)

Case no. (1) coronary angiography of the left system showing 90% eccentric lesion of LCX after 2nd OM .

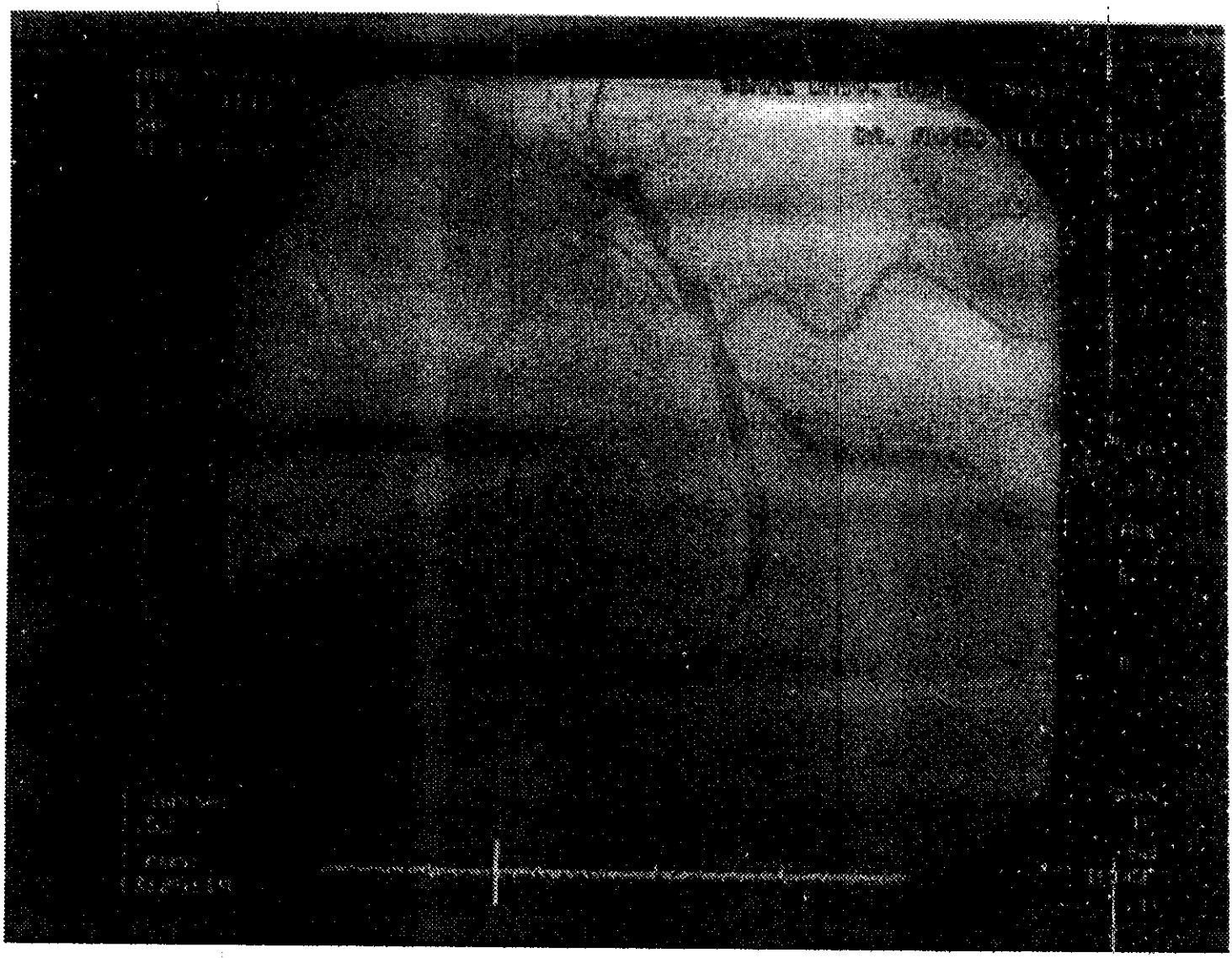

Fig (6)

Case no. (23) coronary angiography of the RCA showing 3 lesions

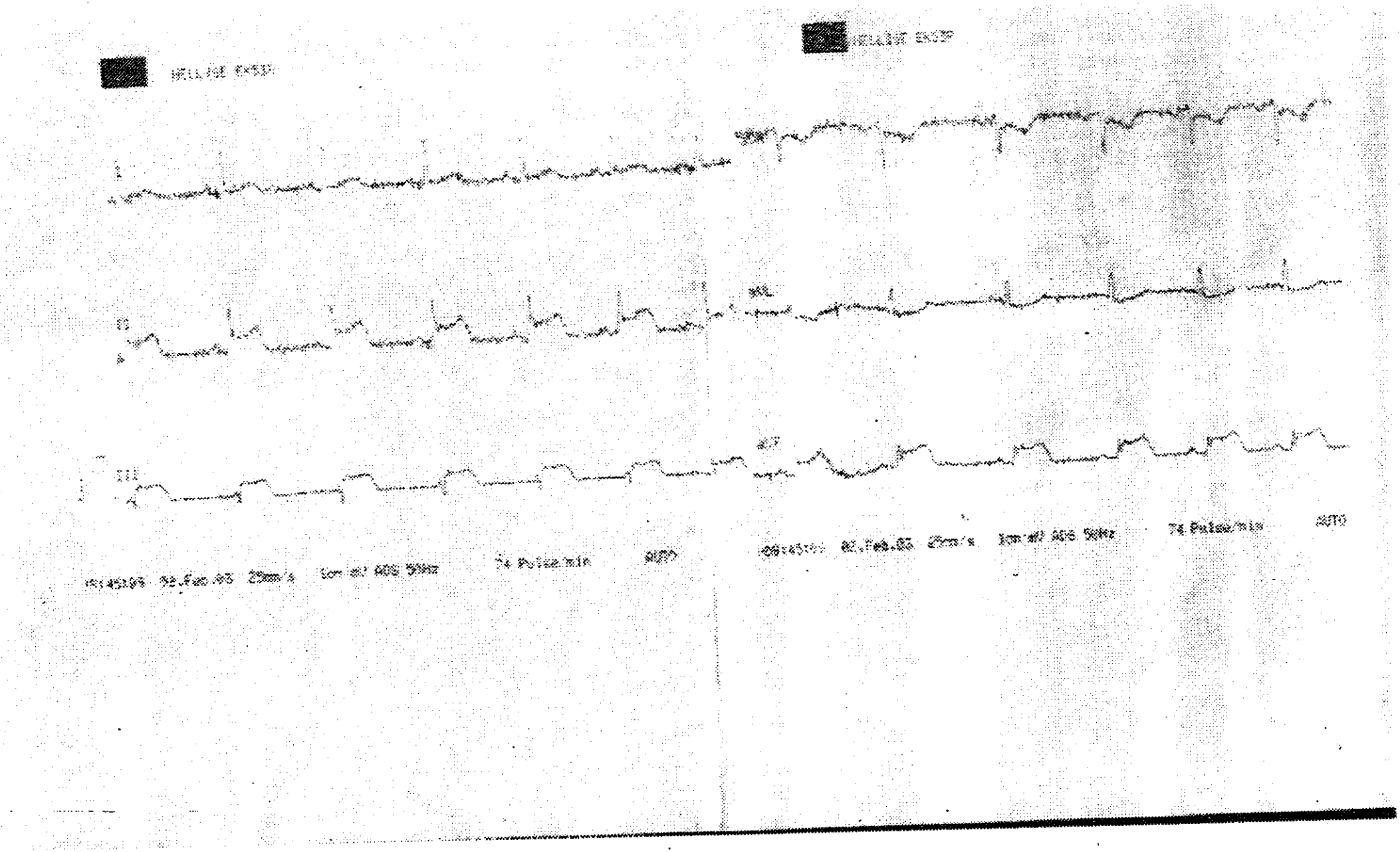

Fig (7)

Case no. (1) ECG showing recent inferior MI

No	Age	Sex	Diagnosis	D.M.	HTN	Smoking	Dyslipidemia	Type of Dyslipidemia	Obesity	FH
1	32y	M	Inferior MI	- ve	- ve	+ ve	- ve	- ve	- ve	-ve
2	40y	M	U.A.	+ ve	+ ve	+ ve	+ ve	High cholesterol	- ve	- ve
3	35y	M	Inferior MI	- ve	- ve	+ ve	+ ve	High cholesterol	- ve	- ve
4	28y	M	Ant. MI	- ve	- ve	+ ve	+ ve	High cholesterol	- ve	- ve
5	32y	M	Ant. MI	- ve	+ve	+ ve	- ve	- ve	- ve	- ve
6	31y	M	Inferior MI	- ve	- ve	- ve	+ ve	High cholesterol	- ve	- ve
7	40y	M	Inferior MI	- ve	- ve	+ ve	+ve	High cholesterol	- ve	- ve
8	34y	M	NSTEMI	- ve	- ve	+ ve	+ ve	High cholesterol High TGS	- ve	- ve
9	24y	M	Inferior MI	- ve	- ve	+ ve	- ve	-ve	- ve	- ve
10	24y	M	Anteroseptal MI	- ve	- ve	+ ve	- ve	- ve	- ve	- ve
11	40y	M	Anteroseptal MI	- ve	+ ve	+ ve	+ ve	High cholesterol High TGS	- ve	- ve
12	33y	M	Inferior MI	- ve	- ve	- ve	+ ve	High cholesterol	- ve	+ ve
13	40y	M	NSTEMI	- ve	+ ve	- ve	+ ve	High cholesterol	+ ve	- ve
14	33y	M	Inferior MI	- ve	- ve	- ve	- ve	- ve	- ve	- ve
15	36y	M	Anteroseptal MI	- ve	+ ve	+ ve	+ ve	High TGS	- ve	- ve
16	36y	M	Anteroseptal MI	- ve	+ ve	- ve	+ ve	High cholesterol	- ve	+ ve
17	36y	M	Anteroseptal MI	- ve	- ve	+ ve	+ ve	Low HDL	- ve	- ve
18	38y	M	Inferior MI	- ve	- ve	+ ve	+ ve	- ve	- ve	- ve
19	38y	M	Anteroseptal MI	- ve	- ve	+ ve	+ ve	High cholesterol High TGS Low HDL	- ve	- ve
20	40y	M	Inferior MI	- ve	+ ve	+ ve	- ve	- ve	- ve	+ ve
21	39y	M	Inferior MI	- ve	+ ve	+ ve	- ve	- ve	- ve	- ve
22	40y	M	Anteroseptal MI	- ve	- ve	+ ve	+ ve	High TGS Low HDL	+ ve	- ve
23	39y	M	Inferior MI	- ve	- ve	+ ve	+ ve	High TGS Low HDL	+ ve	- ve
24	39y	M	Inferior MI	- ve	- ve	+ ve	- ve	- ve	- ve	- ve
25	35y	M	Anteroseptal MI	- ve	- ve	+ ve	- ve	- ve	- ve	- ve
26	30y	M	Inferior MI	- ve	+ ve	+ ve	- ve	- ve	- ve	+ ve
27	40y	M	Inferior MI	- ve	- ve	- ve	- ve	- ve	+ ve	- ve
28	30y	F	Anteroseptal MI	- ve	- ve	+ ve	+ ve	High cholesterol High TGS	- ve	- ve
29	39y	M	Inferior MI	- ve	- ve	+ ve	- ve	High cholesterol High TGS Low HDL	- ve	- ve
30	29y	F	Anterior MI	- ve	+ ve	- ve	- ve	- ve	- ve	+ ve

No	Age	Sex	Diagnosis	D.M.	HTN	Smoking	Dyslipidemia	Type of Dyslipidemia	Obesity	FM
31	48y	M	Anteroseptal MI	- ve	- ve	+ ve	- ve	- ve	- ve	- ve
32	52y	M	Anteroseptal MI	+ ve	+ ve	- ve	- ve	- ve	- ve	- ve
33	55y	M	Anteroseptal MI	- ve	- ve	- ve	+ ve	High cholesterol High TGS	+ ve	- ve
34	51y	M	Inferior MI	+ ve	+ ve	- ve	+ ve	High TGS Low HDL	+ ve	- ve
35	52y	M	NSTEMI	+ ve	- ve	+ ve	- ve	- ve	- ve	- ve
36	59y	M	UA	- ve	- ve	+ ve	- ve	- ve	- ve	- ve
37	51y	M	NSTEMI	- ve	- ve	+ ve	- ve	- ve	- ve	- ve
38	57y	M	Inferior MI	+ ve	+ ve	- ve	- ve	- ve	+ ve	- ve
39	54y	M	Inferior MI	+ ve	+ ve	+ ve	- ve	- ve	- ve	- ve
40	46y	M	Inferior & Right MI	- ve	- ve	+ ve	+ ve	High cholesterol High TGS	+ ve	+ ve
41	55y	M	Anteroseptal MI	+ ve	+ ve	- ve	+ ve	High cholesterol High TGS Low HDL	- ve	- ve
42	50y	M	Anteroseptal MI	- ve	- ve	+ ve	+ ve	High TGS	- ve	- ve
43	47y	M	Anteroseptal MI	- ve	- ve	+ ve	- ve	- ve	- ve	- ve
44	51y	M	Inferior MI	+ ve	- ve	+ ve	+ ve	Low HDL	- ve	- ve
45	55y	M	U.A	- ve	+ ve	- ve	+ ve	High TGS Low HDL	- ve	- ve
46	46y	M	Anteroseptal MI	+ ve	+ ve	+ ve	+ ve	High cholesterol High TGS	- ve	+ ve
47	70y	M	NSTEMI	+ ve	- ve	- ve	- ve	- ve	+ ve	- ve
48	56y	M	Anteroseptal MI	- ve	+ ve	+ ve	- ve	- ve	- ve	- ve
49	47y	M	Anteroseptal MI	- ve	- ve	+ ve	- ve	- ve	- ve	- ve
50	54y	M	Anterior MI	+ ve	- ve	- ve	- ve	- ve	- ve	- ve
	56y	M	Inferior MI	- ve	- ve	+ ve	+ ve	Low HDL	- ve	- ve
52	51y	M	Inferior MI	- ve	- ve	+ ve	- ve	- ve	- ve	- ve
53	72y	M	NSTEMI	- ve	+ve	+ ve	- ve	- ve	- ve	- ve
54	55y	M	Inferior MI	+ ve	- ve	+ ve	+ ve	High TGS Low HDL	- ve	- ve
55	55y	M	Anterior MI	- ve	- ve	- ve	+ ve	High cholesterol High TGS Low HDL	- ve	- ve
56	56y	F	NSTEMI	+ ve	+ ve	+ ve	+ ve	High cholesterol	+ ve	- ve
57	50y	F	Inferior MI	+ ve	- ve	- ve	- ve	- ve	- ve	- ve
58	55y	F	U.A	+ ve	+ ve	+ ve	+ ve	High cholesterol	- ve	- ve
59	60y	M	U.A	+ ve	+ ve	+ ve	- ve	- Ve	- ve	- ve
60	65y	F	U.A	+ ve	- ve	- ve	+ ve	High cholesterol High TGS	+ ve	- ve

NO	PRECEDING ANGINA	RECURRENT ANGINA	HEART FAILURE	1RY VENT ARRHYTHMIAS	2RY VENT ARRHYTHMIAS	CONDUCTION DISTURBANCES
1	+VE		+VE			
2			+VE			
3						
4			+VE		+VE	
5	+VE		+VE	+VE		
6						
7						
8	+VE					
9				+VE		
10			+VE			
11						
12	+VE	+VE				
13			+VE			
14	+VE					
15				+VE		
16	+VE		+VE			
17						
18				+VE		
19			+VE			
20	+VE	+VE				
21				+VE		
22	+VE					
23			+VE			
24	+VE					
25						
26		+VE				
27				+VE		
28			+VE			
29						
30			+VE			

NO	PRECEDING ANGINA	RECURRENT ANGINA	HEART FAILURE	1RY VENT. ARRHYTHMIAS	2RY VENT. ARRHYTHMIAS	CONDUCTION DISTURBANCES
31	+VE	+VE				
32			+VE	+VE	+VE	
33	+VE	+VE				
34				+VE	+VE	+VE
35	+VE	+VE	+VE		+VE	
36	+VE	+VE		+VE		
37			+VE	+VE	+VE	+VE
38	+VE	+VE				+VE
39				+VE	+VE	
40	+VE	+VE				+VE
41		+VE		+VE	+VE	
42	+VE		+VE	+VE	+VE	
43		+VE	+VE			
44	+VE	+VE				+VE
45				+VE	+VE	
46	+VE	+VE	+VE		+VE	
47	+VE			+VE		
48		+VE			+VE	
49	+VE	+VE				
50	+VE	+VE	+VE	+VE	+VE	+VE
51		+VE				
52	+VE	+VE		+VE		+VE
53			+VE		+VE	
54	+VE	+VE		+VE		+VE
55			+VE		+VE	+VE
56	+VE	+VE		+VE		
57						+VE
58	+VE	+VE		+VE		
59	+VE	+VE				
60	+VE	+VE		+VE		

No	ECG	Echocardiography			Normal	Coronary Angiography		Type of lesion
		EF	MR	SWMA		I v	Multivessel	
1	ST elevation in Inferior leads	58 %	No	Inferior wall hypokinesia	- ve	Lcx	- ve	Type B
2	Normal	59 %	No	Inferior wall hypokinesia	- ve	LAD	- ve	Total Occlusion
3	ST elevation in Inferior leads	66 %	No	Inferior wall hypokinesia	- ve	RCA	- ve	Type B
4	ST elevation in V1 -V6	48 %	Mild	- Mid septal & apicoseplal hypokinesia - Lat wall hypokinesia & apicoseptal	+ ve	- ve	- ve	-ve
5	ST elevation in V1 V6 &I,,aVL	47 %	Trivial	- dyskinetic apex - akinetic mid septum & apicoseptarn	- ve	- ve	LAD LCX	LAD & LCX Type B
6	ST elevation in Inferior leads	60 %	No	No	+ ve	- ve	- ve	- ve
7	ST elevation in Inferior leads	60 %	No	No	+ ve	- ve	- ve	-ve
8	STepression in V4 – v6	V1 %	No	Posteroloteral & Inferior wall hypokinesia	- ve	LCX	- ve	type A
9	ST elevation in Inferior leads	65%	No	No	+ ve	- ve	- ve	- ve
10	ST elevation in V1 – v 4	38 %	Trivial	- akinetic apex - Mid septal hypokinesia	- ve	LAD	- ve	Total occlusion
11	ST elevation in V1 – v4	50%	Trivial	ant wall hypokinesia	+ ve	- ve	- ve	- ve
12	ST elevation in Inferior leads	45 %	No	Inferior wall hypokinesia	- ve	- ve	RCA LCX	RCA – total LCX – typ A
13	ST depression V1 – v6	62 %	No	Inferior wall hypokinesia	- ve	LCX	-ve	Total occlusion
14	ST elevation in Inferior leads	50 %	Mild	Inferior wall hypokinesia	- ve	- ve	LAD RCA	LAD – type B RcA – type B
15	ST elevation in V1-V3	64 %	Trivial	Septal hypokinesia	- ve	LAD	-ve	Type A
16	ST elevation in V1 - V3	50 %	No	apical hypokinesia	- ve	- ve	LAD RCA	LAD type B RCA type A
17	ST elevation in V1 - V3	50 %	No	- Mid septal & apicoseptal hypokinesia	+ ve	- ve	- ve	- ve
18	ST elevation in inferior leads	50 %	No	inferior hyrokinesia	+ ve	- ve	- ve	- ve
19	ST elevation in V1-V4	52 %	No	Apical hypokinesia	- ve	LAD	- ve	Total occlusion
20	ST elevation in Inferior leads	60 %	No	No	- ve	- ve	LAD LCX RCA	LAD& LCX Type A RCA type B
21	ST elevation in Inferior leads	63 %	No	No	- ve	LAD	- ve	Type B
22	ST elevation in V1 - V3	60 %	No	Septal hypokinesia	- ve	- ve	LAD RCA	LAD type B RCA type B
23	ST elevation in Inferior leads	38 %	Mid	Akinetic apex Apical filling defect (thrombus)	- ve	RCA	-ve	Type C
24	ST elevation in Inferior leads	63 %	No	No	- ve	- ve	LAD RCA	LAD type A RCA type C
25	ST elevation in V1 - V3	60 %	No	Septal hypokinesia	+ ve	- ve	-ve	- ve
26	ST elevation in Inferior leads	60 %	No	No	- ve	- ve	LAD LCX RCA	Type A
27	ST elevation in Inferior leads	60 %	No	No	+ ve	- ve	-ve	- ve
28	ST elevation in V1-V4	40 %	No	Akinetic apex Septal hypokinesia	- ve	LAD	-ve	Type B
29	ST elevation Inferior leads	60 %	No	No	+ ve	- ve	-ve	- ve
30	ST elevation in V1 - V3	40 %	No	Akinetic septum	- ve	LAD	-ve	Total occlusion

No	ECG	Echocardiography			Normal	Coronary Angiography		Type of lesion
		E F	M R	SWMA		I v	Multivessel	
31	ST elevation in V1 - V3	62 %	No	Apicoseptal hypokinesia	- ve	- ve	LAD RCA D_1	LAD – type A RCA – type B D_1 – total
32	ST elevation in V1 - V4	52 %	No	- Apicoseptal hypokinesia - apical thrombus	- ve	- ve	LAD LCX OM_2	LAD type B LCX – type C OM_2 –type A
33	ST elevation in V1 - V3	50.%	No	Septal hypokinesia	- ve	LAD	- ve	Total occlusion
34	ST elevation in Inferior leads	61%	Trivial	Inferobasal hypokinesia	- ve	-ve	LCX RCA	LCX- type B RCA – type C
35	ST depression in V1 - V6	50 %	trivial	Apical anterior hypokinesia	-ve	- ve	LAD LCX RCA	LAD – type B LCX type C RCA – total
36	ST depression in V1 - V6	40 %	No	Apicoseptal hypokinesia	- ve	- ve	LAD LCX RCA	LAD – type C LCX – type A RCA – type C
37	ST depression in V1 - V6	35 %	trivial	akinetic apex LV apical thrombus	- ve	- ve	LAD LCX RCA	LAD – type C LCX – type B RCA – total
38	ST elevation in Inferior leads	53 %	No	Inferobasal hypokinesia	- ve	RCA	- ve	Total occlusion
39	ST elevation in Inferior leads	61 %	No	No	- ve	- ve	LAD LCX RCA	LAD – type A LCX type A RCA – type C
40	ST elevation in Inferior leads & v3 R & v4 R	48 %	No	Inferior hypokinesia	- ve	RCA	- ve	Total
41	ST elevation in V1 - V3	45 %	No	mid-septal hypokinesia	- ve	- ve	LAD LCX	LAD - total LCX - type C
42	ST elevation in V1 - V4	55%	No	Akinetic apex	- ve	- ve	LAD, LCX,RCA	C, B &A
43	ST elevation in V1 - V3	43 %	No	Akinetic septum	- ve	- ve	LAD, LCX,RCA	A,B &C
44	ST elevation in Inferior leads	V1 %	Trivial	No	- ve	- ve	LAD LCX RCA	LAD – type C LCX – type B RCA – type A
45	ST depression in V1 – v3	55 %	No	No	-ve	- ve	RCA D_1	RCA – total D_1 – type A
46	ST elevation in V1 - V3	45 %	No	Apical hypokinesia	- ve	- ve	LAD RCA OM_2	LAD – type C RCA – type B OM_2 - total
47	Depressed ST in V1 – V3	35 %	No	Global hypokinesia	- ve	- ve	LAD OM_1	LAD – type C OM_1 – type A
48	ST elevation in V1 - V3	60 %	Trivial	Septal hypokinesia	- ve	LAD	- ve	Type B
49	ST elevation in V1 - V3	56 %	No	Apicoseptal hypokinesia	- ve	LAD	- ve	Type A.
50	ST elevation in V1 - V6	45 %	No	Apicoseptal hypokinesia	- ve	- ve	LAD RCA OM_2	LAD type C RCA – total OM_2 – type B
51	ST elevation in Inferior leads	58 %	No	No	- ve	- ve	LAD LCX RCA	LAD – type B LCX – type B RCA – type A
52	ST elevation in Inferior leads	55 %	Trivial	No	- ve	- ve	LAD LCX RCA	LAD – type B LCX – type A RCA – total
53	Depressed ST in V1 – V6	25 %	No	Akinetic ant wall	- ve	- ve	LAD LCX RCA	LAD – type A LCX – type C RCA – type C
54	ST elevation in Inferior leads	45 %	No	Inferior wall akinesia	- ve	- ve	LAD LCX RCA	LAD – type A LCX – type C RCA – total
55	ST elevation in V1 - V6	45 %	No	Akinetic apex Mid-septal hypokinesia	-ve	- ve	LAD LCX RCA D_2	LAD- type C LCX – type B RCA – type B D_2 - total
56	Normal ECG	50 %	No	Ant wall hypokinesia	- ve	LAD	- ve	Type B
57	ST elevation in Inferior leads	55 %	No	Inferior wall hypokinesia	- ve	- ve	RCA LCX	RCA – total LCX – type C
58	Inverted T wane In v1 – v6 depressed ST v1 – v6	56 %	Trivial	No	+ ve	-ve	- ve	- ve
59	ST depression in inferior leads	60 %	trivial	No	- ve	LCX	- ve	Type C
60	Inverted T wane In v3 – v6 Depressed ST v3 – v6	65 %	No	No	- ve	LAD	-ve	Total