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Coronary angiographic profile of diabetic women with acute coronary syndrome in South India

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Objective: Diabetes mellitus is known to be a major risk factor for the development of coronary artery disease (CAD). The aim of this study was to assess and compare the extent and the severity of coronary artery disease (CAD) in diabetic and non-diabetic women with acute coronary syndrome.

Methods: Angiographic findings of diabetic and non-diabetic women, who presented with acute coronary syndrome were analyzed and compared. Two interventional cardiologists determined the presence and characteristics of atherosclerotic lesion, according to the American Heart Association classification.

Results: 283 women who presented with acute coronary syndrome were studied, of these 166 with mean age of 60.84±9.49 years were diabetic and 117 with mean age of 58.70±11.78 years were non-diabetic. Unstable angina was significant among non-diabetic women [(99 vs. 84, p=0.035, OR 1, (CI 0.349–0.965)], while ST elevation myocardial infarction (STEMI) was significantly higher among diabetic women [36 vs. 12, p=0.012, OR 2.423 (CI 1.201–4.89)]. Diabetic women had higher incidence of triple vessel disease (TVD) [44 vs. 12, p<0.001 OR 3.156, (CI 1.584–6.289)], while non-diabetic women had higher incidence of angiographically normal epicardial coronary arteries [14 vs. 30, p<0.001 OR=1, (CI 0.134–0.531)]. Segmental distribution showed that proximal segment disease was the commonest; however, diabetic women had a greater number of lesions per patient (2.47 vs. 1.31). Diabetics also had a greater number of left main stem disease, though not statistically significant (10 vs. 3, p=0.735). Left anterior descending (LAD) artery was more commonly involved among non-diabetic women (112 vs. 60, p=0.007). Diabetics had greater type B2 [124 vs. 16, p<0.001, OR=3.692, (CI 2.113–6.449)] and type C [228 vs. 69, p=0.027, OR=1.514, (CI 1.047–2.190)] lesions, while non-diabetics had greater percentage of type A [20 vs. 28, p<0.001, OR=1, (CI 0.126–0.423)] and B1 [48 vs. 44, p<0.001, OR=1 (CI 0.209–0.525)] lesions.

Conclusion: These findings confirm that diabetic women have more severe and extensive coronary artery disease than non-diabetics, especially among South Indian women.

Biography

Biji Soman completed his Graduation from Government Medical College, Trivandrum in 1996. He served in the Indian Army as a Short Service Commission (SSC) Officer for five years and later joined Sree Uthradom Thirunal (SUT) Hospital in Trivandrum, a reputed tertiary care cardiac centre as Registrar in Cardiology and Cardiac Catheterization Lab. He went to the United Kingdom in 2005 and trained at the prestigious Guy's and St. Thomas' NHS Trust Hospital, London in Cardiology. He did a Post-graduate Diploma in Clinical Cardiology from Kerala Institute of Medical Sciences (KIMS), Trivandrum and passed out with Distinction and First Rank in Kerala state. He obtained Membership of Royal College of Physicians (MRCP–UK) in 2013 and became Substantive Consultant Cardiologist in 2014. He was elected as a Collegiate Member of Royal College of Physicians and Surgeons of Glasgow MRCPS in 2014. Presently, he is affiliated with Sree Gokulam Medical College and Research Foundation, Trivandrum as a Consultant Cardiologist. He has won awards for best paper presentations in national conferences and has been Faculty in international and national conferences in Clinical Cardiology. He has several academic publications to his credit in both national and international peer reviewed scientific journals and his areas of interest lies in cardiovascular diseases among women.

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