

Category : **Cardiovascular: coronary syndromes**

A42 - Correlation between dyslipidemia on admission and the severity of acute coronary syndrome: a prospective moroccan study.

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Introduction:

The lipid panel measures should be systematically performed on admission in patients admitted for acute coronary syndrome (ACS). However, few data have examined the predictive performance of these tests in our center. The aim of this study was to assess the prognosis impact of serum lipid levels in patients admitted for ACS in our unit.

Methods:

We prospectively included 364 patients admitted to the cardiology intensive care unit of Ibn Rochd Hospital in Casablanca between September 2019 and January 2021 for ACS. We divided them into 2 groups : Group1 (N = 158) defined by lipid abnormalities at admission (CT> 2 g / L, HDL<0.65, LDL>1.8 or TG> 2g / l) and Group 2 (N = 206) defined by normal values of lipid parameters. We compared their clinical, echocardiographic, biological, angiographic and evolutionary data.

Results:

Patients in group 1 were younger than the second group (56.8 years vs 63 years respectively), more often presenting with hypertension (56,2% vs 43%), diabetes mellitus (54,1% vs 33.9%), and dyslipidemia (17.28% vs 1.45%) but with less chronic smokers (35.7% versus 60.7%). LVEF was not significantly different in both groups. Both average HS Troponin (1582 vs 897 ng/L) and CRP (84.3 vs 42 mg / l) were higher in group 1. No significant association was found between CHT, TG, LDL-c, LDL/HDL and CHT/HDL ratios, and the Syntax score in our serie, however, low HDL-c levels were significantly associated with a high Syntax score>32 (p=0,031). Moreover, no difference was noted between the two groups in term on in-hospital mortality, but mortality after 3 months was significantly higher in the first group (7,8% versus 1,3%, p=0.037).

Conclusion:

High lipid levels on admission were predictive of poor outcomes and higher 3 months mortality in patients with ACS. A low HDL-c level was significantly associated with pluritroncular or left main coronary lesions in our population, unlike other lipid parameters that were not correlated to the severity of coronary lesions assessed by the Syntax scoring.