Methods: Patients admitted in National Institute of cardiovascular diseases , Al-Helal Heart Institute and Uro-Bangla Heart Hospital for coronary angiogram with various valvular and non-valvular pathologies were selected. All patients with age $\geq$ 35 years and an indication for open heart surgery underwent pre-operative coronary angiogram and were included in the study.
Results: The mean age was 48.4 $\pm$ 8.13 years. 840 (70%) patients were males and 360 (30%) patients were females. Out of 1200 patients, 960 (80%) patients had valvular heart disease (VHD) and 240 (20%) patients had non-valvular heart disease. Rheumatic heart disease (RHD), mitral valve prolapse (MVP), degenerative aortic valve disease (DAVD) and bicuspid aortic valve (BAV) was present in 600 (50%), 60 (5%), 240 (20%) and 60 (5%) patients respectively. Overall, 120(10%) patients were found to have significant CAD. CAD was significantly more common in patients with VHD as compared to patients with other etiologies. In the valvular group, DAVD patients had maximum prevalence of CAD (48 patients, 40%).
Conclusion: Only 10% patients of non-coronary lesions undergoing open heart surgery had significant coronary artery diseases and most of them had degenerative aortic valvular diseases.

EAS-0270.
ASSESSMENT OF HIGH SENSITIVITY C-REACTIVE PROTEIN IN ETT POSITIVE PATIENTS WITH NORMAL CORONARY ANGIOGRAM

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Introduction: About 30% of coronary angiographies done for chest discomfort and positive stress cardiac testing are normal. Patients with chest pain with normal coronary arteries have coronary microvascular endothelial dysfunction and myocardial ischemia. Elevated hs-CRP levels have been related to atherogenesis and endothelial dysfunction . Little is known whether low grade chronic inflammation is a pathogenic mechanism.

Aims and objectives: To assess high sensitive CRP in patients of typical chest pain with normal coronary arteries (cardiac Syndrome X).
Methods: Cardiac Syndrome - X patients were compared to controls to see any difference of markers of inflammation in the form of HS-CRP . 120 patients with 50 number of well matched controls were studied. All the patients underwent baseline investigations, ECG, ETT , Echocardiography and coronary angiographies. The serum levels of hs-CRP were estimated.
Results: Among the study group (Group-1), the mean age was 48.12 ($\pm$ 7.87) yrs and 47.48 ($\pm$ 7.48) yrs among control group (Groyp-2). In Group-1 , 96 (80%) were male and 24 (20%) were female. In Group-2 , 40 (80%) were male and 10 (20%) were female . In Group-1, 60% had sedentary lifestyle, 60% were hypertensives, and 50% were diabetics or IGT, 70% were smokers, 40% were dyslipidemics, 30% had family history of CAD and 50% were obese. and serum levels of hs-CRP were found to be significantly higher in Group-1 than in Group-2 patients, (4.10 $\pm$ 2.74 mg/L vs 1.18 $\pm$ 0.9 6mg/L, $p < 0.001$).
Conclusion: hs-CRP levels are higher in patients of cardiac Syndrome-X, suggesting a chronic low grade inflammatory process.

EAS-0288.
IMMEDIATE AND IN-HOSPITAL COMPLICATIONS OF PERCUTANEOUS CORONARY INTERVENTION

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Background: Ischemic Heart Disease (IHD) is a major and increasing health care issue in Bangladesh. Since the first human percutaneous transluminal coronary angioplasty (PTCA) procedure was performed in 1977, the use of this procedure has increased dramatically, becoming one of the most common medical interventions performed.
Methods: A prospective study was conducted in National Institute of Cardiovascular Diseases (NICVD) Dhaka ; Al-Helal Heart Institute and Hospital, Mirpur Dhaka; Urobangla Heart Hospital, Lalmatia, Dhaka , Lab-Aid Cardiac Hospital, Dhaka and Metropolitan Hospital, Mohakhali, Dhaka from August 2003 to July 2014. A total of 1200 patients underwent coronary angioplasty and stenting. Angioplasty was done as elective & adhoc basis.
Results: Most of the cases are of middle age group. 88% are male. 58% are smokers, 40% hypertensives, 33% have diabetes and 28% are dyslipidemic. 54% had STEMI, 20% had unstable angina, 14% had chronic stable angina. 75% had single vessel disease, 20% had double vessel diseases, 5% had triple vessel diseases. 180 patients had total occlusion. 47 % had lesion in LAD, 33% had lesion in RCA, 12% had lesion in LCX. In most of the indicated cases PCI was done efficiently with very minimum rate of failure & complications. In hospital mortality was only 1.6% with 0.8% periprocedure MI - due to sub acute stent thrombosis.
Conclusion: Our result of PCI correlates well with the other studies worldwide. Complications during and in-hospital period are very few.

EAS-0341.
CORONARY ARTERY BYPASS GRAFTING IN PATIENTS WITH ISCHEMIA CARDIOMYOPATHY

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Aim: Patients with ischemia cardiomyopathy (ICMP) and low left ventricular ejection fraction undergoing coronary artery bypass grafting (CABG) are at increased risk of postoperative morbidity and mortality. This study assessed the clinical outcomes in a consecutive series of patients with ICMP undergoing CABG at this institute.

Materials and methods: Data of 4,437 consecutive patients undergoing isolated CABG from January 2003 to August 2013 were reviewed. Patients with either acute myocardial infarction or received operations other than CABG were excluded. Ninety-three patients with preoperative left ventricular EF less than 30% (mean 21.7$\pm$4.3%) received CABG for more than one year was identified and their data analyzed. The patient's preoperative characteristics, surgical results, long-term survival and functional status were obtained.
Results: 84 males and 23 females were enrolled in this study; their mean age was 63.2$\pm$9.9 years. The average number of distal anastomosis was 3.5$\pm$1.1. The surgical mortality and hospital mortality was 2.2% and 5.2%, respectively. Survival with free from cardiogenic death at 1,3,5 and 10 years was 93.5%, 84.8%, 79.9%, and 74.3%, respectively. Survival with free from any causes of death at 1,3,5 and 10 years was 87.2%, 74.5%, 64.6%, and 50.4%, respectively. The postoperative LVEF will be improved within 3 months, and the improvement will be limited at 8 moths postoperatively.
Conclusion: Through careful patient selection, intra-operative management, and postoperative care, CABG may offer encouraging survival and improve life quality in patients with ischemia cardiomyopathy and severe left ventricular dysfunction.

EAS-0509.
VALUE OF THE TIME FACTOR ON THE EFFICACY OF MYOCARDIAL REVASCULARIZATION IN PATIENTS WITH ACUTE CORONARY SYNDROME WITH ST SEGMENT ELEVATION

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The purpose of this study was to evaluate the effectiveness of the study of myocardial revascularization versus time "symptom-needle" and "simptom- balloon."