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Coronary artery disease in diabetic women, peculiarity and insufficiency

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Introduction & Aim: Diabetes is an independent risk factor for cardiovascular disease affecting men and women. We have tried to identify the peculiarities of coronary artery disease in women with diabetes, paying particular attention to the detection of myocardial ischemia in accordance with the recommendations of the European Society of Cardiology and the findings of coronary angiography.

Methods: Our study is a descriptive, mono-centric, retrospective study of a series of 328 consecutive women received in our department during the year 2016 and candidates for coronary angiography preceded by an evaluation in accordance with the recommendations of the European Cardiology Society of 2013 in the management of stable coronary artery disease, or in the course of an acute coronary syndrome. Our work aims to compare the coronary lesions according to the diabetes and of the pretest screening in the management of the stable coronary artery disease. The secondary objective is to compare coronary lesions in woman according to diabetes.

Results: Of the 328 patients, 199 (61%) were diabetic. The average age was 62±9.32 years for diabetic patients versus 56±8.13 years for those who were not. The prevalence of all risk factors was significantly higher in patients with diabetes. Stable chronic angina was the main coronary angiography pattern (59% stable Angor, 34% NSTEMI, 7% STEMI). Despite a nearly similar screening of myocardial ischemia via the pretest probability for both groups, diabetes was more associated with the presence of coronary lesions (63% vs. 29%, $p<0.001$), persistent significance after elimination of confounding factors. The same was true for the positivity of myocardial scintigraphy and its angiographic translation (63% vs. 30%, $p<0.001$). Tri-troncular coronary lesion was more frequent in diabetics (38% vs. 21%, $p<0.001$), whereas non-diabetic patients had more mono-troncular lesions (57% vs. 30%, $p<0.001$).

Conclusion: Insufficiency in the management of women's coronary artery disease is often related to a deceptive symptomatology that can go in the direction of the false positive but also the false negative, especially when associated with diabetes known to provide atypical symptoms. The diabetes is not taken into consideration in pretest probability screening of coronary artery disease but should be considered, it would be associated with more coronary artery disease at the coronary angiography for the same evaluation comparing to women who are not diabetic.

Biography

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