multivariate analysis, preprocedural RWPT was found to be among inde-
pendent predictors for NR (OR: 8.8, 95% CI: 1.8–43.3, P < 0.008). The pre-
dictive power of preprocedural RWPT was statistically non-inferior to SResolution (STR) (difference between area under curves := 0.029, P = 0.595).

Conclusion. RWPT is strongly associated with and significantly predicts the development of NR. This association was statistically non-inferior to the well-known association between STRs and NR.

Keywords: ST-elevation myocardial infarction, no-reflow

PLASMA LEVELS OF CHEMERIN, LEPTIN AND PSORIASIN AS POTENTIAL MARKERS OF SUBCLINICAL ATHEROSCLEROSIS IN PSORIASIS PATIENTS

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Background and objectives: Chemerin, leptin and psoriasis are pro-in-
flammatory and immune-modulatory proteins associated with psoriasis and displayed higher circulating levels. Their relation to atherosclerosis in psoriatic patients has been investigated in numerous studies with wide-
ranging results. Therefore, the present study aimed to assess plasma levels of chemerin, leptin and psoriasis and evaluate their relationship with carotid intimamedia thickness (CIMT) and epicardial fat thickness (EFT) as potential predictors for subclinical atherosclerosis in psoriasis patients.

I: The study included fifty psoriatic patients and forty age and gender matched healthy controls. Clinical severity of psoriasis was evaluated by PASI Area and Severity Index (PASI). Fasting glucose and lipid profile were estimated. Plasma levels of high sensitivity-CRP (hs-CRP), chemerin, leptin and psoriasis were measured by ELISA. CIMT and EFT were assessed by Ultrasonography and Echocardiography, respectively.

Results: Plasma levels of hs-CRP, chemerin, leptin and psoriasis as well as CIMT and EFT were significantly elevated in psoriasis patients compared to controls (P < 0.001). CIMT and EFT were significantly positively correlated with PASI, plasma hs-CRP, chemerin, leptin and psoriasis (P < 0.001). Moreover, significant positive correlation was demonstrated between PASI and plasma hs-CRP, chemerin, leptin and psoriasis (P < 0.001). Multiple linear regression analyses showed that chemerin, leptin and psoriasis were independently correlated with CIMT and EFT and exhibited high significance for predicting their values.

Conclusion: It can be concluded that chemerin, leptin and psoriasis might represent an important link between psoriasis and atherosclerosis. Measurements of plasma chemerin, leptin and psoriasis along with CIMT and EFT seem to be valuable potential markers of subclinical atherosclerosis in patients with psoriasis.

Keywords: soriasisin, leptin, Atherosclerosis

GENDER-RELATED DIFFERENCES IN RISK FACTORS AND TREATMENT STRATEGIES IN PATIENTS WITH ACUTE CORONARY SYNDROME ACROSS EGYPT: PART OF THE CARDIORISK PROJECT

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Background. Strategies to improve acute coronary syndrome (ACS) pre-
vention and management in low-and-middle-income countries are hampered by economic considerations and by the paucity of data from these countries. Egypt is the most populous country in Middle East and North Africa, and has >15% of the cardiovascular deaths in the region.

Methods. Data was collected from 1681 patients diagnosed with ACS in 30 coronary care units in 11 governates across Egypt, spanning the Mediterranean coast, Nile Delta, and Upper Egypt. Risk factors and manage-
ment procedures were compared in men and women.

Results. Women constituted 25%. Premature ACS was common, with 43% of men aged <55y, and 67% of women <65y. Most men had STEMI (49%), while a larger percentage of women had unstable angina and NSTEMI (32% each; P < 0.001). Central obesity was present in 80% of men and 89% of women, with 32% of men and women having atherogenic dyslipidemia. Men were more frequently smokers (62% vs 5% of women; P < 0.001). A larger proportion of women had type-2 diabetes (53% vs 34% of men), hypertension (69% vs 49%), dyslipidemia, and obesity (71% vs 43%; P < 0.001 for all). There were no gender differences in most diagnostic and therapeu-
tic procedures, but among STEMI patients, 51% of men underwent primary PCI compared to 46% of women (P = 0.064).

Conclusions. Obesity, central obesity and smoking are extremely preva-
lent in Egypt, likely contributing to an increased burden of premature ACS. The recognized tendency in many parts of the world to treat men more aggressively was absent or not pronounced.: Atherosclerosis, Cardiordisk, Risk factors, Dyslipidaemia

Keywords: Acute coronary syndrome, Risk factors, Atherosclerosis, Egypt, Cardiordisk

ELEVATED HIGH SENSITIVITY C-REACTIVE PROTEIN AFTER PERCUTANEOUS CORONARY INTERVENTION IN PATIENTS WITH STABLE CORONARY ARTERY DISEASE: A PROOF-OF-CONCEPT STUDY

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Objectives. Elevated levels of high sensitivity C-reactive protein (hs-CRP) is associated with increased incidence of cardiovascular events. We aimed to investigate whether iatrogenic disruption of plaques by percutaneous coronary intervention (PCI) in patients with stable coronary artery disease (CAD) would result in a meaningful rise in hs-CRP that could impact short-
term outcome.

Methods: From September 2017 to May 2018, we measured hs-CRP in 60 patients divided into 3 groups; group 1 (20 patients with stable CAD undergoing elective PCI), group II (20 patients with NSTE-ACS undergoing PCI) and group 3 (20 patients with stable and unstable CAD undergoing angiography without PCI). Samples for hs-CRP testing were withdrawn before the procedure, 6 and 24 hours later.

Results: In group I, levels increased from 2.4 ± 0.6 at baseline to 8.2 ± 1.7
From August 2017 to June 2018, 19 cases with FH (26% males, 36.6 ± 2.9 years of age) were included in the pilot phase of the Egyptian FHRF registry. Significant differences in baseline or 24 hours hs-CRP levels were found between those who developed 30-day endpoints and those who did not.

**Conclusion:** Iatrogenic disruption of plaques by PCI in stable CAD resulted in a significant rise of hs-CRP. However, this does not impact short-term outcome.

**Keywords:** hs-CRP; PCI; Stable CAD

**PILOT PHASE OF THE EGYPTIAN FAMILIAL HYPERCHOLESTEROLEMIA RESEARCH FORUM REGISTRY**

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**Background and Objectives:** The aim of the familial hypercholesterolemia research forum (FHRF) is to collect data about the clinical and laboratory phenotypes of the Egyptian patients with FH. We present data from the pilot phase of the Egyptian registry.

**Methods:** An online electronic case report form (e-CRF) was prepared to collect data matching the protocol of the familial hypercholesterolemia Studies Collaboration (FHSC) of the European Atherosclerosis Society (EAS).

**Results:** From August 2017 to June 2018, 19 cases with FH (26% males, mean age 36.6 ± 10.4 years) were enrolled. Median time from diagnosis to enrolment was 4 (range 1-13) years. Dutch Lipid Network criteria was used in all patients, with 63%, 11% and 26% in the definite, probable and possible categories respectively. Mean baseline levels for total cholesterol was 393 ± 129 mg/dl, for triglycerides was 281 ± 181 mg/dl, for LDL-C was 293 ± 131 mg/dl and for HDL-C was 40 ± 16 mg/dl. For economic reasons, no genetic tests were done for diagnosis confirmation. All patients received lipid-lowering therapy (32% monotherapy and 68% combination with Ezetimibe). Fibrates were added in 26% of cases. Only one patient received lipoprotein apheresis. No patients received PCSK-9 inhibitors.

**Conclusion:** The pilot phase of the Egyptian FHRF registry, to our knowledge, is the first FH registry in Egypt. The preliminary data showed that the e-CRF system is feasible and reliable. The phenotype of enrolled FH cases showed very high lipoprotein levels, aggressive atherosclerosis and inadequate therapeutic interventions. Further registry data will provide detailed insights about the magnitude of the problem in Egypt.

**Keywords:** Familial hypercholesterolemia; Atherosclerosis; Dyslipidaemia

**THE IMPlications of DIABETES MELLITUS ON THE PATTERN OF RISK FACTORS PROFILE AND TREATMENT STRATEGIES IN PATIENTS WITH ACUTE CORONARY SYNDROME**

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**Background:** Diabetes Mellitus (DM) is one of the most important risk factors for cardiovascular disease. The impact of diabetes mellitus (DM) on the pattern of risk factors profile and treatment strategies in patients with acute coronary syndrome is unclear. The objective of the present study was to assess the pattern of risk factors profile and treatment strategies in patients with acute coronary syndrome and to identify differences between diabetic patients and non-diabetic patients.