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[Cardiovascular damage during lupus in black African subjects](#)

Introduction: Systemic lupus is a disseminated inflammation of the conjunctive tissue. Cardiovascular lesions are the first cause of morbidity and mortality in the course of that disease. These lesions are prevalent in 30 to 62% of cases, depending on whether the diagnostic tool is clinical, echocardiographic, or autopsic. Any part of the heart can be affected, yielding manifestations of pericarditis, endocarditis, coronary heart disease, conduction disorders, and rarely myocarditis.

Objective: Describe cardiac manifestations during the follow up of patients diagnosed with systemic lupus.

Patients and Methods: We conducted a transversal descriptive study over a period of 27 months, in the departments of Internal Medicine, Dermatology, and Cardiology of Yalgado Ouedraogo University Hospital of Ouagadougou. All patients diagnosed with systemic lupus according to the American College of Rheumatology criteria, and having done an EKG, a Holter EKG, or a transthoracic echocardiography, were included in the study. Data were collected from inpatient medical records, outpatient follow up registry and booklets.

Results: Cardiovascular lesions were prevalent in 7 cases (43.75%) out of 16 patients diagnosed with systemic lupus. Mean age of patients was 36 years, with extremes of 23 and 51 years. Only female patients were affected in our study. Cardiac manifestations were mainly benign pericarditis, heart failure, and conduction disorders.

Conclusions: Cardiovascular manifestations are frequent during the course of systemic lupus, and occur after few years of disease progression. Transthoracic echocardiography and EKG remain useful non-invasive explorations for the assessment of cardiovascular lesions, despite minor shortcomings.

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[Assessment of risk factors and MACE rate among occluded and non-occluded NSTEMI patients undergoing coronary artery angiography: A retrospective cross-sectional study in Multan, Pakistan](#)

Objectives: The prime focus of the present study was to evaluate the most occluded coronary artery (OCA) among non-ST elevated myocardial infarction (NSTEMI) patients, and risk factors associated with occluded and non-occluded NSTEMI. Also, major adverse cardiovascular event (MACE) were evaluated among patients during index hospitalization.

Methods: A retrospective, cross-sectional study was conducted in Multan Institute of Cardiology, Pakistan between 1st February, 2017, and 31st September, 2017. The data were collected from medical records of the outpatients and inpatients who were index hospitalized. Data were analyzed by using Statistical Packages for Social Sciences (IBM SPSS Statistics for Windows, Version 21.0. Armonk, NY: IBM Corp.) And Microsoft Excel (MS Office 2010).

Results: Among 624 patients, angiographic findings revealed that 63.9% were suffering from non-occlusive NSTEMI while 36.1% of the patients had occluded NSTEMI. In occluded NSTEMI patients, 30.3% were having single vessel occlusion while 5.8% were having multi-vessel occlusion. Also, 49.8% were having occlusion of right coronary artery (CA) while 44% were having occluded left anterior descending (LAD) artery. Multivariate analysis revealed that age ($p=0.001$) and left ventricular ejection fraction (LVEF) ($p=0.001$) had a statistically significant association. The incidence of MACE was high among non-OCA patients as compared to OCA patients but no statistically significant association was found ($p=0.44$).

Conclusions: Angiography confirmed that most of the NSTEMI patients had OCA. But the MACE rate was not significantly differ among OCA and non-OCA patients. The risk factors associated with OCA were low LVEF and age.
