**EXPLORING SUDDEN CARDIAC DEATH- AN AUTOPSY STUDY FROM SOUTH INDIA**

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Two-thirds of sudden cardiac death (SCD) is attributed to CAD in USA and Europe. Causes and pathology of SCD is largely unknown in India. To understand this, we evaluated the pathological reports from autopsy of patients presenting with unexplained sudden death (USD).Records of patients brought in for USD to a tertiary suburban center were reviewed for: demographics, medical history and pathological findings. Patients with trauma, positive toxicology, known medical causes were excluded. Chi square test and t test were used to compare proportions and mean respectively using STATA 10, with significance level < 0.05.In 2011, 96 patients (mean age 54 + 10 yrs, BMI 27 + 4, 80% male, 26% alcohol use; 52.1% smokers; 32.3% known CAD; hypertension 34.3%; dm 29.1%) presented with USD, 19 were non cardiac causes. Of the others, Structural heart disease (SHD) was present in majority, 83% had myocardial infarction (MI), 2.6% hypertrophy, and 14.3% had normal hearts. Of the MI, 79.3% were acute (95% anterior MI, 43% known CAD),, 44% had precipitating lesion (PL) in coronary artery. Infarct size was small or moderate in 76.6%. There was no difference in LV mass in those with and without structural heart disease. Considering vital statistics of local population, SCD rate is estimated at 16.2/100,000 about eight times that of USA. Majority of SCD is attributable to small or moderate MI, half without known CAD, 14.3% have structurally normal hearts. Access to emergency care will prevent SCD in a country with high prevalence of CAD.