**PREVALENCE OF CORONARY ARTERY DISEASE WITH BOTH CEREBRAL VASCULAR ACCIDENT & PERIPHERAL ARTERIAL DISEASE**

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Objective: To evaluate effect of both peripheral arterial disease (PAD) and ischemic cerebral vascular accident (ICVA) on incidence of coronary artery disease (CAD).

Background: CAD is prevalent in patients who have either PAD or ICVA. However, data on the incidence of CAD in patients with history of both PAD and ICVA is scant.

Methods and results:A retrospective study of 3,087 patients referred for cardiac catheterization for chest pain or high clinical suspicion for CAD between 2006 to 2010 was done. Obstructive CAD was defined as ≥ 70% stenosis in any major vessel or ≥ 50% in left main. Patients were divided into three groups i.e., group I (PAD and ICVA, n= 82), group II (PAD alone, n=343) and group III (ICVA alone, n=248). PAD was defined as ABI < 0.9 and/or phx of amputation due to PAD, phx of revascularization or angiographic evidence of PAD. Patients with cardio-embolic CVA and phx of CAD were excluded. All patients with ICVA had evidence of ischemic stroke on their brain CT scan. Angiographic findings were compared in all groups. Group I had higher incidence of multi-vessel disease (VD) than group II (80% vs 58%, *p*< 0.001) and group III (80% vs 46% , *p*< 0.001). However, incidence of single VD was lower in this group (11% vs 16% vs 17%). The overall risk of developing any type of obstructive CAD (1VD or 2VD or 3VD) was also greater in group I as compared to group II (91% vs 73%) and group III (91% vs 64%) , *p*-values < 0.001 for both. All cause mortality was also higher in group I as compared to group II (62% vs 46%) and group III (62% vs 42%), *p*< 0.001 for both.

Conclusion: Patients who have history of both PAD and ICVA are at greater risk for obstructive CAD as compared to patients with either of these alone.