

Material & Methods

Aneurysms involving the ascending aorta and aortic root can be repaired with low operative risk with proper analysis. Operations such as composite valve-graft root replacement or valve-sparing root reconstruction carry expected mortality <5% with few peri-operative complications. The primary outcome was mortality; secondary outcomes included infection and nutritional risk index (NRI) scores.

Results:

One Hundred Thirty Six Cardiac surgery cases were performed during the study period. Nutritional depletion developed in 65% of patients and was more likely in patients undergoing valve-graft root replacement (82%) or valve-sparing root reconstruction (59%) (P = .0005). Patients who developed malnutrition had similar mortality as patients who did not develop

postoperative malnutrition (7.7% vs. 2.2%; P =0.68); however, malnourished patients had higher rates of postoperative infection (19.2% vs. 6.7%; P = .03).

Conclusions

Patients undergoing major composite valve-graft root replacement or valve-sparing root reconstruction have high rates of postoperative malnutrition, with patients undergoing operations on the ascending aorta and aortic root having the highest rates of postoperative malnourishment and infection. Patients with chronic state undergoing cardiac surgery are associated with increased risk for postoperative malnourishment and may be a group to target for peri-operative risk factor modification and nutritional supplementation. A thorough and thoughtful review of all peri-operative data and analysis is essential to achieve a successful outcome.

Assesment and Evaluation of CAD Risk in HIV Positive Patients in Indian Setting

Anmol Sharma*, Amitabh Sagar**, Navreet Singh***, Biju****, Ruby*****

Armed Forces Medical College, Pune, India
E-mail: sharmarocks22@gmail.com

Background

Cardiovascular disease is the leading cause of non-HIV-related death in people with HIV infection. Risk in HIV-infected persons appears to reflect contributions of non-HIV-related cardiovascular risk factors, the chronic inflammatory response in HIV infection, as well as metabolic adverse effects of antiretroviral therapy like insulin resistance, dyslipidemia, abnormal fat distribution, and hypertension.

Aims & Objectives

To ascertain the magnitude of the problem of coronary artery disease in HIV positive patients and to ascertain if Framingham screening score can be used in HIV patients.

Material & Methodology

This cross sectional study was conducted in a multispecialty hospital. All male patients above the age of 35 years were included. The study included 25 consecutive HIV positive male inpatients and 15 age

matched controls. Each individual in the study underwent basic biochemical analysis, Electrocardiogram, CD4 count (Only for TEST ARM) along with basic history. All cases were subjected to a 2D Echocardiogram and Tread Mill Test. The controls were matched for age, smoking, exercise habits as required. Standard protocol forms were made for each patient. Anonymity of all patients was strictly ensured. Consent was taken in all cases. Ethical clearance from the institution had been taken.

Results

Bio statistical comparative analysis of the data showed greater Framingham heart score and Risk percentage of CAD to be more in retropositive patients as compared to the controls in age matched sub groups. Preliminary biochemical analysis also showed association with the results.

Conclusion

Risk of developing CAD is more in HIV positive patients than HIV negative patients in Indian Setting.