

**Results:** Thirty-eight studies including 27,435 patients [mean age 61.5 and 70.9 years] were analysed. The pooled prevalence of pre-existing CAD was 12.6% (95% CI: 11.2-16.5%, I<sup>2</sup>:95.6%), and resulted higher in ICU patients (17.5%, 95% CI: 11.9-25.1, I<sup>2</sup>: 88.4%) and in European cohorts (13.1%, 95% CI: 7.8-21.6%, p < 0.001, I<sup>2</sup>: 98.4%). COVID-19 patients with pre-existing CAD had a twofold risk of short-term mortality (OR 2.61, 95% CI 2.10-3.24, p < 0.001, I<sup>2</sup>=73.6%) (Figure 1); this risk was higher among Asian cohorts (OR: 2.66, 95% CI: 1.79-3.90, p < 0.001, I<sup>2</sup>: 77.3%) compared to European (OR: 2.44, 95% CI: 1.90-3.14, p < 0.001, I<sup>2</sup>:56.9%) and American (OR: 1.86, 95% CI: 1.41-2.44, p < 0.001, I<sup>2</sup>: 0%) populations (Figure 2). The association between CAD and poor short-term prognosis was influenced by age, prevalence of HT, DM and CKD.

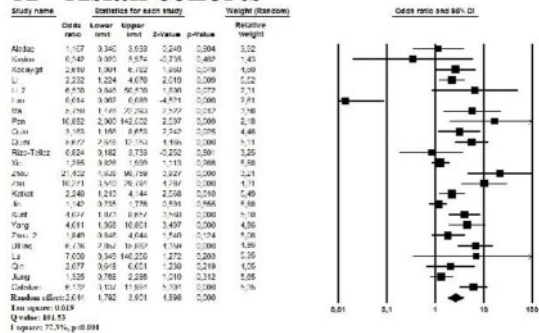
**C90 PRE-EXISTING CORONARY ARTERY DISEASE AMONG COVID-19 PATIENTS: A SYSTEMATIC REVIEW AND META-ANALYSIS**

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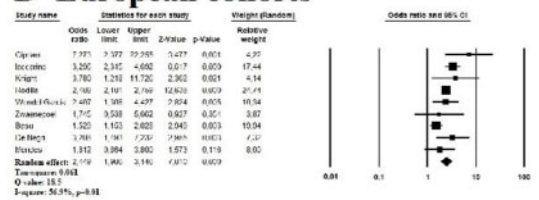
**Background:** The prevalence and prognostic implications of coronary artery disease (CAD) in patients infected by the novel coronavirus 2019 (COVID-19) disease remain unclear.

**Methods:** We conducted a systematic review and meta-analysis to investigate the prevalence and mortality risk in COVID-19 patients with pre-existing CAD. We searched Medline and Scopus to locate all articles published up to December 8, 2021, reporting data of COVID-19 survivors and non-survivors with pre-existing CAD. Data were pooled using the Mantel-Haenszel random effects models with odds ratio (OR) as the effect measure with the related 95% confidence interval (CI).

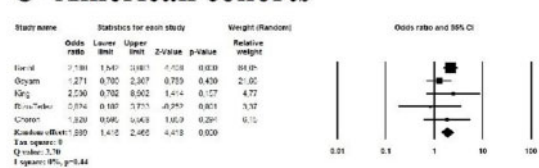
**A - Asian cohorts**



**B - European cohorts**

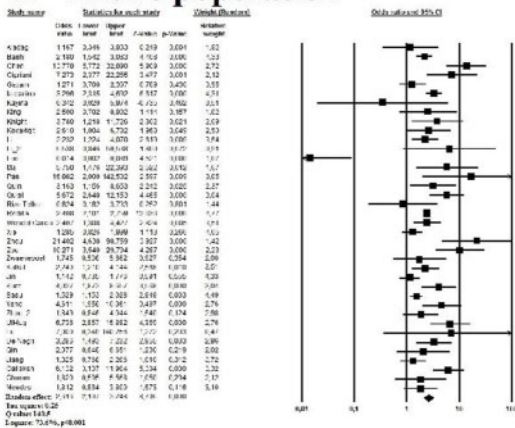


**C - American cohorts**



**Conclusions:** Pre-existing CAD is present in approximately 1 in 10 patients hospitalized for COVID-19 and significantly associated with an increased risk of short-term mortality, which is influenced by age, HT, DM and CKD.

**A - Entire population**



**B - ICU patients**

