Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Table 43
Table summarising all six patients

Patient	Age	Sex	Initial presentation	Deterioration on day	Diagnosed by	outcome
1	35yrs	Male	Anterior wall AMI	6th day of admission	HRCT chest and echocardiography	Recovered and discharged
2	60yrs	Female	NSTEMI	11th day from diagnosis	CT pulmonary angiography	Recovered and discharged
3	70yrs	Male	Inferior wall AMI	8th day of admission	echocardiography	Recovered and discharged
4	56yrs	Male	NSTEMI	7th day of admission	HRCT chest and echocardiography	Recovered and discharged
5	49yrs	Male	Inferior wall AMI	10th day of admission	echocardiography	Recovered and discharged
6	65yrs	Male	NSTEMI	9th day of admission	echocardiography	Recovered and discharged

Abstract – 140

THE INCIDENCE OF THROMBOTIC EVENTS AND ITS IMPACT ON CLINICAL OUTCOME IN PATIENTS WITH COVID 19 INFECTION

Dr. Bhoj Raj Sharma, Dr. Shibba Takkar Chhabra, Dr. Gurbhej Singh.

Background: Corona virus disease-2019 (COVID-19) infections significantly increase thrombosis, which increases mortality. The purpose of this study is to estimate the incidence of thrombotic events (TE) and their impact on clinical outcomes in COVID-19 patients who are hospitalized.
Methods: This was a cross-sectional study that was analytical. COVID-19 patients hospitalized with the disease comprised the study population. The clinico demographic data, thrombotic events and clinical outcomes were collected from electronic health records.
Results: The study comprised of total of 1274 patients. The median age of the study population was 56 years (IQR:44-66 years). The estimated prevalence of TE was 5.8%(n=74); 60.8% of these TE occurred in patients having severe/critical COVID-19 illness and 70.3% of TE occurred in patients in the intensive care unit. Venous events(3.9%) were common compared to arterial events(1.9%).Total leukocyte count, C-reactive protein, and D-dimer level were found to be the independent predictors of having TE by using multivariate logistic regression analysis. Receiver operator curve revealed a cut-off point of 872.5 DDU μg/L for D-dimer level (sensitivity:67.6% and specificity:72.1%; p<0.001, area under curve=0.78) for predicting TE. Patients with TE had significantly higher mortality compared to those without TE (58.1% vs 22.2%; p<0.001); and the presence of TE (OR=2.94; 95% CI:1.7-5.1, p<0.001) was found to be the independent predictor of mortality.
Conclusion: Thrombotic complications are common in hospitalized COVID-19 patients, and it is more common in individuals with severe/critical COVID disease. According to studies, persons who have thrombotic complications are twice as likely to die than those who don't have thrombotic complications.

Abstract – 141

THE PROGNASTIC VALUE OF TIME FROM SYMPTOMS ONSET TO THROMBOLYSIS IN PATIENTS WITH PULMONARY EMBOLISM

Dr. Manikandan Murugan Vairaperumal, Dr. Nambirajan Jeyapalan.

Objective: In clinical practice guidelines states thrombolysis can be administered during the 14 days after beginning of symptoms in PE (Pulmonary embolism). However, the role of the early thrombolysis in PE has not been comprehensively evaluated. In this study we evaluated the effect of short symptom to thrombolysis time (STT) in these patients who received the thrombolytic therapy within the 48 hrs.
Method: A total of 50 patients with PE who underwent thrombolytic therapy in Coimbatore medical college emergency and ICCU (Intensive cardiac care unit) during a period of 1 year march 2021 -march 2022 were included in this study. The patients were stratified into two groups according to STT as < 48 hrs. as group 1 and >48 hrs. patients into group 2. In hospital events and long-term mortality were compared between the 2 groups.
Result: Group 2 had higher in hospital mortality, acute kidney injury, cardiogenic shock, asystole, and the use of mechanical ventilation. The survival rate in group 1 (80%) is better than group 2 (50%). According to this study a STT > 48 hrs. independently associated with in hospital and long-term mortality.
Conclusion: A short STT has a great importance in patients with PE who treated with thrombolytic therapy. The efficacy of systemic thrombolysis significantly drops after 24 hrs. Because of this, the period between the symptoms onset and thrombolytic therapy should be kept short as much as possible.

Abstract – 142

INDIAN RECOMMENDATIONS ON ANTITHROMBOTIC MANAGEMENT FOR CHRONIC CORONARY SYNDROME: AN EXPERT CONSENSUS DELPHI STUDY

Dr. Kamal Sharma, Dr. Jay Shah, Dr. Prakash Hazra.

Background: The unique characteristics of Indian patients with Chronic Coronary Syndrome (CCS) demand consensus for antithrombotics in CCS.
Method: Three round Delphi study were conducted using a virtual online-digital connect approach with 20 key opinion leaders (ROVOR Study Group) in cardiology with a cumulative experience of 550 man-years of experience across different specialties. The recent Asia Pacific consensus recommendations were the benchmark to draw a consensus based on an online mapping followed by a discussion based on the statements and a repeat pool during the virtual meeting. A consensus was defined if more than 75% of the experts endorsed the statement.
Results: The mean number of statements that were for agreed- strongly agreed was 12 (±1, 95% CI 12 to 13). Of 13 questions, five were unanimously (100%) rated consistently with the agreement-strong agreement and six received a unanimous response, at least in one of the three rounds of the poll, p=0.72 (NS). The mean man-years of experience of respondents were 27 years (±10, 95% CI 21 to 34). There was a unanimous consensus, with absolute agreement consistently for drug-eluting stents should be preferred for PCI, bleeding and thrombotic risk should determine the choice of antithrombotic regimen, and single antiplatelet therapy is suited for low ischaemic risk or excessive bleeding risk. Dual pathway inhibition therapy (aspirin with rivaroxaban) is recommended for Indian CCS patients with high thrombotic risk and without high bleeding risk
Conclusion: The statements for use of antithrombotics in CCS as a reflection of the contemporary evidence apply to current clinical practice in India.