

## Spontaneous coronary artery dissection in the elderly: clinical features, angiographic findings, management and outcomes

P. Diez Villanueva<sup>1</sup>, M. Garcia-Guimaraes<sup>2</sup>, A. Vera<sup>1</sup>, J. Moreu<sup>3</sup>, S. Ojeda<sup>4</sup>, J.M. Nogales<sup>5</sup>, J. Salamanca<sup>6</sup>, G. Veiga<sup>7</sup>, M. Masotti<sup>8</sup>, S.J. Camacho-Freire<sup>9</sup>, S. Jimenez-Valero<sup>10</sup>, M. Jimenez-Kockar<sup>11</sup>, I. Lozano<sup>12</sup>, T. Bastante<sup>6</sup>, F. Alfonso<sup>6</sup>

<sup>1</sup>Hospital Universitario La Princesa, Madrid, Spain; <sup>2</sup>Hospital del Mar, Cardiology, Barcelona, Spain; <sup>3</sup>Hospital Virgen de la Salud, Cardiology, Toledo, Spain; <sup>4</sup>University Hospital Reina Sofia, Cardiology, Cordoba, Spain; <sup>5</sup>Hospital Infanta Cristina de Badajoz, Cardiology, Badajoz, Spain; <sup>6</sup>University Hospital De La Princesa, Cardiology, Madrid, Spain; <sup>7</sup>University Hospital Marques de Valdecilla, Cardiology, Santander, Spain; <sup>8</sup>Barcelona Hospital Clinic, Cardiology, Barcelona, Spain; <sup>9</sup>Hospital Juan Ramon Jimenez, Cardiology, Huelva, Spain; <sup>10</sup>University Hospital La Paz, Cardiology, Madrid, Spain; <sup>11</sup>Hospital de la Santa Creu i Sant Pau, Cardiology, Barcelona, Spain; <sup>12</sup>Hospital de Cabuenes, Cardiology, Gijon, Spain

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**Background:** Spontaneous coronary artery dissection (SCAD) is a rare cause of acute coronary syndrome (ACS). Clinical features, angiographic findings, management and outcomes of SCAD in elderly patients remain unknown.

**Methods:** The Spanish multicenter prospective SCAD registry included 318 consecutive patients with SCAD diagnosis. Patients were classified according to age in two groups: <65 and ≥65 years old.

**Results:** A total of 55 patients (17%) were 65 or older (Table). Elderly patients had more often hypertension (29% vs 76%,  $p<0.01$ ) and dyslipidemia (30% vs 56%,  $p<0.01$ ), and less smoking history (51% vs 7%,  $p<0.01$ ). Previous history of coronary artery disease was also more frequent in older patients (4% vs 11%,  $p=0.044$ ). Interestingly, an identifiable

trigger was more often found among patients under 65. Coronary artery tortuosity ( $1\pm0.99$  vs  $1.4\pm1$ ,  $p=0.027$ ) and coronary artery ectasia (9% vs 24%,  $p<0.01$ ) were both more frequent in elderly patients, who were more often managed conservatively (75% vs 89%,  $p=0.025$ ). A trend toward a higher mortality rate was found among patients ≥65, with no differences in terms of in hospital stay, new acute myocardial infarction, unplanned coronary angiography or heart failure.

**Conclusions:** Elderly patients with SCAD show different clinical and angiographic characteristics and they receive distinct management. Short-term outcomes do not significantly differ from those seen in younger patients.