**PRESENCE OF AORTIC PLAQUE MAY PREDICT CORONARY ARTERY DISEASE**

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We evaluated association between aortic plaque and coronary artery disease (CAD). *Methods*: Carotid sclerosis was diagnosed by carotid ultrasonography (US), and plaque score (PS) was calculated by summation of max thickness of each plaque. Aortic plaque was evaluated by US. We evaluated hypertension, diabetes mellitus, dyslipidemia and smoking history as risk factors for arteriosclerosis.

*Results*: Out of consecutive patients who underwent aortic US, 70 @patients had aortic plaque and 59 patients did not. Mean age was 70.09 }6.30 (mean }standard deviation)in patients with plaque (P patient)  and 67.9 }9.16 in patients without plaque (NP patients). In P patients, 41 had CAD (58.6%), 6 had PAD and 8 had CI. In NP patients, only 6 (10.2%) had CAD, 2 had CI and none had PAD. Prevarence of CAD was higher in P patients than that in NP patients (P<0.01). Mean PS was 9.11 }4.0 in P patients and 3.49 }7.18 in NP patients iP<0.0001 j, and mean number of risk factor was 2.79 }0.80 in P plaque and 1.52 }0.82 in NP patients iP<0.001).  In 46 patients with abdominal aortic aneurysm (AAA), mean PS was 10.2 }6.0. In AAA group, CAD was observed in 12(26%) patients and CI was observed in 6 (13%)  patients. CAVI was 11.8 }1.66 in P patients, 10.3 }1.0 in AAA, and 9.1 }1.22 in NP patients(P<0.001 vs AAA, or Plaque)

*Conclusions*: Aortic plaque is more closely associated with CAD than AAA, and presence of both aortic and carotid plaque may have sensitivity of more than 95% for diagnosis of CAD.