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Introduction  Etiologies of sudden death (SD) have been well characterized, but some causes in our experience seem more exceptional while some are more frequent that previously said.

Objective We would to investigate if regional or temporal differences/trends exist in SD etiologies.

Method Files of all resuscitated sudden death referred to the University Hospital Toulouse over the last ten years were retrospectively reviewed.

Results A total of 333 SD were found:
- there was 247 coronary-related SD (74%): 35 occurred on previous myocardial infarction (MI) vs. 112 occurred because of ischemia (acute MI in all except coronary spasm in 4). There was no case of abnormal coronary artery connection (ANOCOR);
- there was 52 non-coronary-related SD (16%): hypertrophic/restrictive cardiomyopathy (n = 4), right ventricular arrhythmogenic CM (n = 2), dilated CM (n = 1), amyloidosis (n = 1), aortic stenosis (n = 2), hemochromatosis (n = 1), mitral dystrophy (n = 1), unexplained left ventricular fibrosis (n = 2), myocardiit (n = 3), sarcoidosis (n = 2), Tako-Tsubo (n = 2), AV block (n = 2), hypokalemia (n = 2), toxic (n = 2). Brugada syndrome (n = 5), malignant early repolarisation (n = 8), idiopathic VF (n = 11), catecholaminergic polymorphic VP (CPVT) (n = 1) were diagnosed in the remaining cases;
- there was 34 SD in children <18 yo (10%) (after exclusion of demonstrated drowning): hypoxemic SD because of respiratory causes (n = 8), left CM (n = 8), right ventricular CM (n = 2), congenital heart disease (n = 2) (unknown in 2) and AV block in one. Four were considered infant SD syndrome and two only were clearly related to chanelopathy (long QT and CPVT) and three remained unexplained.

Conclusion SD was mainly caused by coronary artery disease, and mainly because of acute ischemia versus malignant arrhythmia on remote MI. There was no case of ANOCOR. Channelpathies were more frequent than left or right CM in adults, while respiratory causes were frequent in children.

Disclosure of interest The authors declare that they have no competing interest.

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074 Global epidemiology of LEAD and association with risk factors in the 21st century (2000—2021): A systematic review and meta-analysis C. Adou1,∗, J. Magne2, N. Gazere1, V. Aboyans3

Introduction Lower extremity arterial disease (LEAD) is the third most common cardiovascular disease but its epidemiology is evolving. While in the last century men who smoked were most at risk, in the 21st century new profiles, such as diabetics, people living in low- and middle-income countries (LMICs) and women, also appear to be at risk.

Objective With this in view, we aimed to identify the risk factors associated with LEAD in the general population and by region in the 21st century.

Method We performed a systematic literature review through PubMed, Cochrane, Scopus, Science Direct and Google Scholar databases, restricted to studies in general population performed between 01/2000 and 09/2021 with LEAD defined by a low ankle brachial index (< 0.90 < 0.90). The Newcastle-Ottawa Scale was used to evaluate the quality of the articles before data extraction. A meta-analysis on the association of LEAD with cardiovascular risk factors was conducted. Due to high heterogeneity, random effect model was applied.

Results Among 1683 references extracted, 42 articles (162,357 participants) were retained. Significant association was found between LEAD and diabetes (odds-ratio [OR] = 2.4, 95% CI: 2.0—2.9) with a higher association in South-Center Asia and South America. Hypertension was significantly associated with LEAD (OR = 2.4, 95% CI: 2.0—2.8) and in particular in North America (OR = 3.1, 95% CI: 2.5—3.8). Obesity and history of dyslipidemia were also significantly associated with LEAD (OR = 1.4, 95% CI: 1.2—1.8 and OR = 3.3, 95% CI: 1.5—7.2, respectively). Finally, significant association was found between the prevalence of LEAD and current smoking (OR = 2.0, 95% CI: 1.5—2.6) and past smoking (OR = 1.7, 95% CI: 1.4—2.0) versus never smoking (see Fig. 1). It can be noted that...