

Supplementary material

Pęksa JW, Pawlik A, Dziewierz A et al. Unexpected severe coronary artery disease in a young patient with only one modifiable risk factor. Kardiol Pol. 2022.

Please note that the journal is not responsible for the scientific accuracy or functionality of any supplementary material submitted by the authors. Any queries (except missing content) should be directed to the corresponding author of the article.

Table 1. Laboratory parameters at admission

Laboratory parameter	Outcome	Normal range
WBC, $\times 10^3/\mu\text{l}$	8.42	4.00–10.00
Hemoglobin, g/dl	14.7	14.0–18.0 ^a
Hematocrite, %	43.0	40.0–54.0
PLT, $\times 10^3/\mu\text{l}$	198	140–440
Serum sodium, mmol/l	139.0	136.0–146.0
Serum potassium, mmol/l	4.3	3.5–5.5
APTT, s	28.5	26.0–36.0
PT, s	9.6	10.4–13.0
TSH, $\mu\text{IU/ml}$	0.751	0.270–4.200
Serum creatinine, $\mu\text{mol/l}$	82.8	62.0–106.0
Troponin T hs, ng/l	2194.0	<14.0
Glucose, mmol/l	5.4	3.9–5.8

Total cholesterol, mmol/l	3.7	3.2–5.2
LDL-C, mmol/l	1.47	<3.4
HDL-C, mmol/l	1.81	>1
Triglycerides, mmol/l	1.58	<2.26
Apolipoprotein B, g/l	0.56	<0.55**
Lipoprotein a, g/l	0.05	<0.3**
Homocysteine, μ mol/l	10.4	<15

^aValue for men

^bDepending on the estimated cardiovascular (CV) risk according to ESC/EAS 2019

Abbreviations: APTT, activated partial thromboplastin time; HDL-C, high density lipoprotein cholesterol;

hs, high sensitive; LDL-C, low density lipoprotein cholesterol; PLT, platelet count; PT, prothrombin time;

TSH, thyroid stimulating hormone; WBC, white blood cell count

guidelines for patients with extremely high CV risk