Table 1

	Group 1 (Psoriatic) (n=115)	Group 2 (Control) (n=60)	p
Age (years)	33.6 ± 6.0	32.5 ± 8.3	NS
Male gender (%)	62 (53.9%)	28 (46.7%)	NS
Current smoker (%)	46.9 (54/115)	38.3 (23/60)	NS
Family history of CAD (%)	18.3 (21/115)	16.7 (10/60)	NS
BMI (kg/m2)	26.1 ± 3.1	25.2 ± 3.2	NS
Waist circumference (cm)	92.3 ± 10.1	88.7 ± 11.9	NS
Office SBP (mmHg)	121.9 ± 10.6	118.3 ± 11.6	NS
Office DBP (mmHg)	75.8 ± 8.7	73.2 ± 9.6	NS
HR (bpm)	78.5 ± 9.9	74.1 ± 11.5	NS
Fasting glucose (mg/dL)	92.2 ± 11.6	88.5 ± 12.7	NS
Total cholesterol (mg/dL)	185.4 ± 37.4	179.1 ± 33.8	NS
Serum LDL cholesterol (mg/dL)	129.4 ± 33.7	127.7 ± 26.1	NS
Serum HDL cholesterol (mg/dL)	49.2 ± 12.9	48.4 ± 13.5	NS
Serum triglycerides (mg/dL)	125.3 ± 77.3	126.2 ± 67.0	NS
Sedimentation (mm/h)	14.4 ± 10.2	11.0 ± 9.6	NS
hsCRP (mg/dL)	0.52 ± 0.45	0.19 ± 0.17	0.001

Demographic characteristics of the study population. Data were presented as mean ± standard deviation.

PP-142

Evaluation of Surrogate Markers of Atherosclerosis in Patients with Venous Thromboembolism

Ahmet Kaya[1], Eftal Bakırcı[2], Zeki Yüksel Günaydın[1], Ali Bekir Kurt[3], Kamuran Kalkan[4], Selim Topçu[4], İbrahim Halil Tanboğa[4]
[1]Department of Cardiology, Ordu University Medical School, Ordu, [2]Department of Cardiology, Erzincan University Medical School, Erzincan, [3]Department of Radyology, Ordu University Medical School, Ordu, [4]Department of Cardiology, Atatürk University Medical School, Erzurum

Background: An increased cardiovascular risk has been evidenced in patients with deep venous thrombosis. We aimed to investigate the relationship between the extent of venous thromboembolism (VTE) and epicardial fat thickness (EFT) and carotid intima-media thickness (CIMT).
Methods: In this study 38 patients with VTE (distal and proximal), and 37 age and sex matched patients were enrolled as control group. The patients who had known coronary artery diseases, had abnormal wall motion, and had history of angina were excluded. Echocardiographic EFT and ultrasonographic CIMT were measured in all subjects.
Results: The study group consisted of 38 patients,with a mean age 59±11,(55% male) and 37 healty control group with a mean age 57±12 (54% male). There was no difference between in diabetes mellitus. hypertension, smoking in two groups. Similarly, total cholesterol, low density cholesterol high density cholesterol, and triglicerides levels did not have any difference. According to control group EFT was significantly higher than VTE group (7.1±2.1 mm vs 5.3±2.5 mm, p=0.001). Besides this according to control group CIMT was significantly higher than VTE group. (0.91±0.34 cm vs 0.66±0.22 cm, p<0.001).
Conclusions: This study showed that surrogate markers of atherosclerosis were more frequently seen in patients with VTE. The measurement of EFT and CIMT, may represent a useful and reliable method to evaluate cardiovascular risk in patients with VTE.

PP-143

The Relationship between Epicardial Adipose Tissue and Endothelial Dysfunction in Patients with Type 2 Diabetes Mellitus

Ahmet Çelik[1], Mustafa Topuz[2], Ahmet Gündeş[1], Emrah Yeşil[1], İsmail Türkay Özcan[1]
[1]Department of Cardiology, Mersin University Medical Faculty, Mersin, [2]Department of Cardiology, Turhal State Hospital, Tokat

Cardiovascular disease is the most important cause of mortality in patients with type 2 diabetes and is preceded by endothelial dysfunction.Epicardial adipose tissue has shown to be related to cardiovascular risk. An increased epicardial adipose tissue is associated with incident coronary artery disease and major adverse cardiac events. The aim of the present study is to investigate the relationship between epicardial adipose tissue and endothelial function in patients with type 2 Diabetes Mellitus (DM).
Methods: Type 2 DM patients were divided into two groups according to their brachial flow mediated dilatation values. The endothelial dysfunction group consisted of 46 participants with flow mediated dilatation change <7%, while 46 participants with flow-mediated dilatation change >7% were accepted as the non-endothelial dysfunction group. Thickness of the epicardial adipose tissue (EAT) was measured to right ventricular free wall adjacent to the parasternal long and short axis images. The patients' demographic, anthropometric and laboratory findings were recorded.
Results: The mean FMD values of patients were 13.2±4.9% in Non-ED Group and 3.5±3.4% in ED Group (p<0.001). Table 1 shows the baseline characteristics of patients. The EAT short and long axis diameters were shown in Figure 1. The HbA1c levels were significantly higher in ED Group than Non-ED Group (respectively, 8.7±1.9%, 7.9±1.6%, p<0.038). There were a negative correlation between FMD values and EAT short and long axis diameters (respectively; r=-0,349, p=0.001, r=-0,351, p=0.001). The hematologic parameters including; white blood count, hemoglobine, platelet, lymphocyte count, red cell distribution width, mean platelet volume, neutrophil lymphocyte ratio and platelet lymphocyte ratio were similar between two groups. The neutrophil counts were higher in ED group than Non-ED Group (4723±1651 vs 4091±1252, p=0,041). In logistic regression analyses, HbA1c and EAT short axis diameter were found as predictors for ED (CI 95% was 2,278 for HbA1c, p=0.006 and CI 95% was 2,953 for EAT short axis diameter, p=0.0022).
Conclusıon: Increased EAT diameters and HbA1c predict ED in patients with type 2 DM.

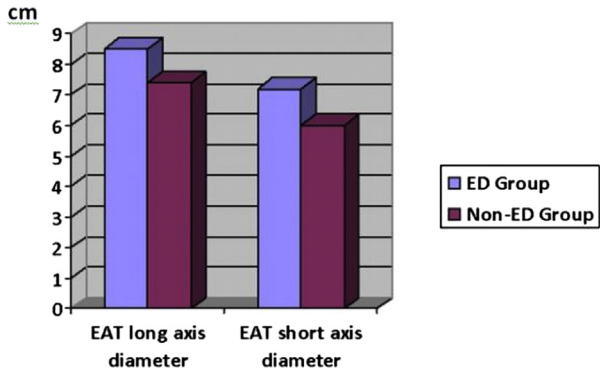


Table 1

	ED Group (n=46)	Non-ED Group (n=46)	P value
Age (years)	54.6±8.5	53.9±8.0	0.6
Female (%)	71.7	73.9	0.5
Duration of diabetes mellitus (month)	50.3	42.6	0.1
History of (%)			
Hypertension	80.4	78.3	0.5
Smoke	28.3	19.6	0.2
Fasting glucose (mg/dL)	202±80	189±70	0.3
Creatinin (mg/dL)	0.86±0.19	0.88±0.19	0.4
Tryglyceride (mg/dL)	208±115	182±83	0.2
Total- Cholesterole (mg/dL)	205±51	199±45	0.5
Low Density Lipoprotein Cholesterole (mg/dL)	124±37	117±39	0.3
High Density Lipoprotein Cholesterole (mg/dL)	41±9	43±10	0.5
HbA1c (%)	8.7±1.9	7.9±1.6	0.038
CRP (mg/dL)	5.5± 5.0	4.5± 5.1	0.3
Body Mass Index (kg/m2)	32.4±5.8	31.1±3.7	0.1

The clinical and biochemical properties of patients with type 2 diabetes mellitus.

PP-144

Comparison of Inflammatory Markers in Patients with Ischemic and Non-ischemic Heart Failure

Mustafa Karabacak[1], Abdullah Doğan[2], Ercan Varol[2], Bayram Ali Uysal[2], İbrahim Yıldız[1]
[1]Isparta State Hospital, Cardiology Department, Isparta, [2]Medical Faculty, Süleyman Demirel University, Isparta

Background: Heart failure (HF), which is a major cardiovascular health problem, has still a poor prognosis despite advances in its management. Several studies suggested that inflammation has an important role in HF progression. However, the location of inflammation in diagnosis and treatment of patients with HF is still unclear. Therefore, we aimed to compare inflammatory markers in patients with ischemic and non-ischemic HF.
Methods: This study included 46 ischemic HF (33 male, age 69±10 years) and 55 non-ischemic HF (35 male, age 61±11 years) patients who had functional class I-II, asymptomatic, low left ventricular ejection fraction (LV EF <40%). In addition, there was no coronary artery disease or angiographycally significant stenosis (≥50% in diameter) in non-ischemic HF patients. An age, sex-matched control group was composed of 40 (17 male, age 58±13 years) patients. We evaluated clinical and laboratory characteristics which are associated with inflammatory process such as red blood cell distribution width (RDW), white blood cells (WBC), neutrophil-to-lymphocyte counts (NLR), uric acit and high sensivity C reactive protein (Hs CRP). Echocardiography was performed. The left atrial size, LV diameter and volumes, wall thickness were measured. LV EF was calculated by Simpson's method.
Results: Age, diabetes mellitus, hyperlipidemia, systolic and diastolic blood pressure were significantly higher in HF group when compared with control group. LV EF (29.6±4.8 vs 31±5, p=0.20), diameters and volumes was similar between ischemic and non ischemic HF groups. According to control group, RDW (15.8±1.9 vs 15.5±1.8 vs 14±1.5, p<0.05), neutrophil-to-lymphocit ratio [348 (169-768) vs 269 (65-722) vs 177 (58-268), p<0.05], uric acid (6.9±1.9 vs 6.1±1.8 vs 4.5±1.3 mg/dl, p<0.05) levels were significantly higher in heart failure groups., Hs CRP levels [18.8 (1.1-92.7) vs 8.7 (1-42) mg/L, p<0.05], NLR [348 (169-768) vs 269 (65-722), p<0.05] were significantly higher in ischemic HF group when compared with non-ischemic HF group.

POSTERS

Conclusıon: Our findings show that markers associated with inflammation in HF, especially increase in patients with ischemic HF. Therefore, we believe that the inflammatory process should be evaluated in diagnosis and treatment of patients with HF. However, this result needs to be validated in large-sized studies.

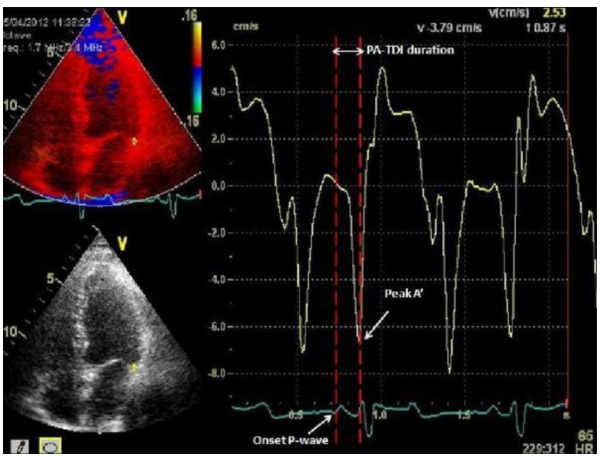
Key words: Heart Failure, Inflammation, C reactive protein.

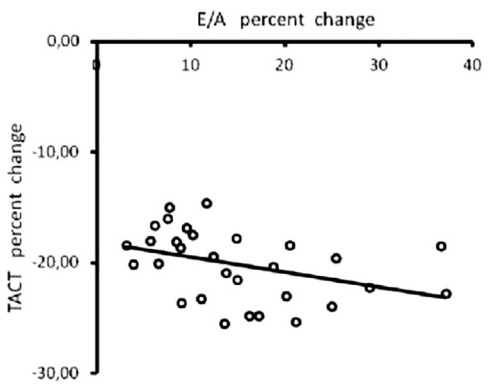
PP-145

Cilostazol Decreases Total Atrial Conduction Time in Patients with Peripheral Artery Disease

Elnur Alizade[1], Müslim Şahin[1], Zeki Şimşek[2], Göksel Açar[1], Mustafa Bulut[1], Ahmet Güler[1], Anıl Avcı[1], Mehmet Emin Kalkan[1], Selçuk Pala[1], Mustafa Akçakoyun[1], Ali Metin Esen[1]
[1]Kartal Koşuyolu Heart Training Research and Eductıon Hospital, Istanbul, [2]İskilip Atıf Hoca Government Hospital, Çorum

Background: Total atrial conduction time (TACT) is the most important parameter predicts the development of new-onset atrial fibrillation. We investigate the effect of cilastazol therapy on TACT in patients with peripheral artery disease.
Methods: Thirty patients with peripheral artery disease were treated with cilastazol (200mg/day) for 6 months. Baseline echocardiographic total atrial conduction time parameter was compared with the 6-month follow-up.
Results: The TACT duration (Figure 1) was decreased in all patients compared with baseline after therapy (121.8±19.3 vs. 109.1±15.9 milliseconds, p<0.001). However, LA diameter was not different at the sixth month of therapy compared with the baseline. The reduction of TACT duration was correlated with the increase in mitral E wave velocity/mitral A wave velocity ratio (r=-0.48, P < 0.003) (Figure.2).
Conclusıon: Our result showed that 200-mg cilastazol treatment decreased TACT duration in patients with peripheral artery disease, which suggest that there might be a link with cilastazol treatment and atrial fibrillation development and/or recurrence.





PP-146

Increased Mean Platelet Volume May Reflect a Disturbance in the Autonomic Nervous System in Patients with Vasovagal Syncope

Hasan Kutsi Kabul[1], Murat Çelik[1], Emre Yalçınkaya[1], Uygar Çağdaş Yüksel[1], Yalçın Gökoğlan[1], Barış Buğan[1], Erkan Yıldırım[1], Erkan Kaya[2], Kubilay Karabacak[2], Turgay Çelik[1], Atila İyisoy[1]
[1]Gulhane Military Medical Academy, Department of Cardiology, Ankara, [2]Gulhane Military Medical Academy, Department of Cardiolvascular Surgery, Ankara

Objectıve: Vasovagal syncope (VVS) is supposed to be modulated by increased sympathetic tone following an orthostatic maneuver. This pathological process mainly related to a generalised involvement of the autonomic nervous system (ANS). Increased mean platelet volume (MPV) may reflect increased platelet activation or increased numbers of large, hyperaggregable platelets an, is accepted as an independent cardiovscular risk factor. Increased sympathetic activity may have an important role in MPV, either by peripheral activation and splenic release or by effects on thrombocytopoiesis. Since sympathovagal balance is affected in patients with VVS, in the present study, we aimed to show the effects of increased sympathetic activity on platelet size during asymptomatic time periods in patients with VVS.
Materıal-Methods: Thirty seven patients with VVS were compared with age- and sex-matched 33 patients without VVS. All patients were underwent into 24-hour holter monitoring for assessing heart rate (HR) variability analysis. Time-domain HRV analysis were done. Blood samples were taken for MPV measurements were taken before the holter monitoring. Statistical analyses (Independent-Samples T test and Chi-Square tests) were used to evaluate the differences between two groups.
Results: Group 1 was consisted of 37 patients with VVS (mean age 35,27±20,09 years, 22 male (66,7%9)) and group 2 was consisted of 33 patients without VVS (mean age 29,27±11,68 years, 25 male (67,6%)). In terms of basal demographic characteristics, there was no statistically significant difference between two groups. When we evaluated the time-domain HRV analysis parameters, we observed that SDNN, SDNN index, SDSD, RMSDD, PNN50 count were significantly lower in patients with VVS (p<0.05 for all). Also, MPV was found significantly higher in patients with VVS. Pearson's correlation analysis showed that MPV was moderately negatively correlated with SDNN (r=-0,421), SDSD (r=-0,396), NN50 count (r=-0,395), RMSDD (r=-0,393). There was not a statistically significant correlation between MPV and time-domain HRV analysis parameters in patients without VVS.
Conclusıon: We found that MPV was significantly higher in the patients with VVS, and MPV is also closely associated with increased sympathetic activity in patients with VVS. Our analysis supports the hypothesis that alterations of autonomic status may play a role in the development of platelet size.

	GROUP 1 (n=37)	GROUP 2 (n=33)	P value
Age, (years)	35,27 ± 20,09	29,27 ± 11,68	0,138
Male, n (%)	22 (66,7%)	25 (67,6%)	0,936
HT, n (%)	6 (18,2%)	8 (21,6%)	0,719
HL, n (%)	4 (12,1%)	5(13,5%)	0,862
DM, n (%)	5 (15,2%)	4(10,8%)	0,588
SMOKING, n (%)	8 (24,2%)	8 (21,6%)	0,592
ALCOHOL, n (%)	7 (21,2%)	6 (16,2%)	0,794
SDNN, (msec)	149,56 ± 51,55	181,98 ± 59,31	**0,017**
SDSD, (msec)	44,94 ± 23,40	63,29 ± 39,57	**0,020**
NN50 count, (%)	12495,81 ± 11010,67	19434,75 ± 13573,27	**0,021**
RMSDD, (msec)	44,98 ± 23,44	63,35 ± 39,59	**0,020**
SDANN, (msec)	59,99 ± 54,46	62,00 ± 57,84	0,884
SDNN index	56,97 ± 29,27	75,42 ± 39,94	**0,030**
PNN50	12,49 ± 12,02	22,71 ± 16,95	**0,005**
WBC	6786,48 ± 1787,01	6266,66 ± 1552,35	0,201
HB	13,84 ± 1,51	14,49 ± 1,35	0,064
HCT	41,74 ± 4,06	43,28 ± 3,65	0,102
PLT	254,18 ± 66,28	260,54 ± 52,94	0,662
MPV	9,21 ± 0,70	8,46 ± 0,73	**< 0,001**
PDW	16,39 ± 2,09	15,21 ± 1,87	**0,016**
MCV	85,56 ± 8,10	87,47 ± 4,36	0,232
RDW	14,64 ± 1,65	14,04 ± 1,55	0,084
Neutrophil	3984,05 ± 1569,48	3439,09 ± 1054,88	0,097
Lmphocyte	2063,51 ± 513,21	2137,36 ± 680,63	0,608
N/L ratio	2,03 ± 0,87	1,73 ± 0,78	0,150

PP-147

Association Between Serum Total Antioxidant Status and Flow Mediated Dilatation in Patients with Systemic Lupus Erythematosus

İsa Sincer[1], Ertuğrul Kurtoğlu[2], Fatma Yılmaz Çoşkun[1], Emre Akkaya[1]
[1]Department of Cardiology, Gaziantep State Hospital, Gaziantep, [2]Elazig Education and Research Hospital, Department of Cardiology, Elazig

Objectıve: To evaluate the relationship between the endothelial dysfunction assessed by flow mediated dilation (FMD) in the brachial artery and serum total antioxidant status (TAS) in SLE patients.
Methods: Thirty-four patients with SLE and thirty-nine healthy volunteers without any cardiovascular disease and atherosclerotic risk factors were included in this study. Doppler ultrasound system was used to measure FMD from the brachial artery in the antecubital fossa to assess endothelial function. Serum TAS was measured with TAS kit. High-sensitivity C-reactive protein (hs-CRP), a marker of inflammation, was also determined.
Results: The mean TAS value was significantly lower in patients with SLE than in controls (1.60±0.11 versus 1.73±0.15; p<0.0001). hs-CRP levels were significantly higher in patients with SLE than in controls (8.2±6.0 vs 2.9±4.0; p<0.0001). There was no difference between groups regarding baseline and hyperemic diameters. However, FMD percent was found to be significantly lower in SLE patients than in controls. FMD significantly positively correlated with TAS (r=0.448, p=0.001) and significantly inversely correlated with serum hs-CRP levels (r=-0.314, p=0.001). In regression analysis, only TAS was independently correlated with FMD (b=0.575, p=0.002).
Conclusıon: SLE patients without cardiovascular risk factors have endothelial dysfunction and this can be releated with underlying inflammation and impairment of TAS.