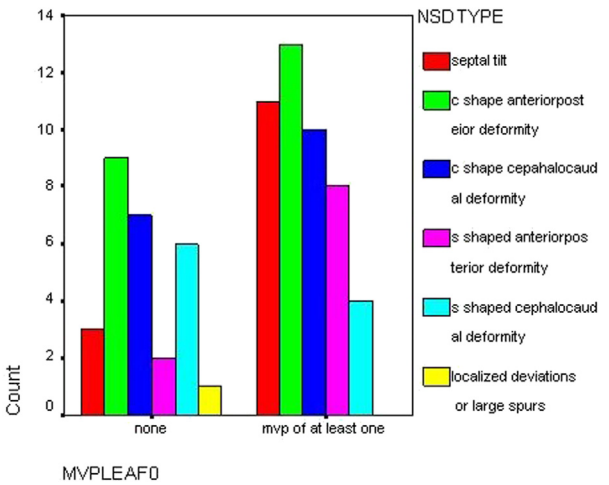
	Mitral Valve Prolapse				Total
	None (n,%)	Anterior leaflet	Bileaflet	Posterior leaflet	
Normal nasal passage	28 (73.7)	7 (18.4)	0	3 (7.9)	38 (100)
Subjects with NSD	28 (37.8)	12 (16.2)	18 (24.3)	16 (21.6)	74 (100)

MVP	Type I septal tilt (n, %)	Type II C-shaped anteroposteri or deformity	Type III C-shaped sefalocaudal deformite	Type IV S-shaped anteroposteri or deformity	Type V S-shaped sefalokaudail deformity	Type IV local deformity (large spur)	P
None	3 (21.4)	9 (40.9)	7 (41.2)	2 (20.0)	6 (60.0)	1 (100.0)	0.232
MVP (at least one leaflet)	11 (78.6)	13 (59.1)	10 (58.8)	8 (80.0)	4 (40.0)		



PP-408

Mitral Valve Area Influences the Impact of Atrial Fibrillation onto Quality of Life among Patients with Mitral Stenosis

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Purpose: Valvular heart diseases, particularly mitral stenosis, can potentially disturb quality of life. In this study, we aimed to search whether presence of atrial fibrillation (AF) influence the quality of life in patients with mitral stenosis.
Methods: Eighty seven consecutive patients with mild to moderate rheumatic MS, who were admitted to outpatient department, were enrolled into the study. All patients underwent quality of life scoring via SF-36 after complete transthoracic echocardiographic evaluation. Patients were classified into two as those with mitral valve area (MVA) ≤1.5 cm2 (hemodynamically significant) and those with valve area >1.5 cm2.
Results: Mean age was 49.3±14.6 years (72 females, 15 males). Mean planimetric valve are was 1.55±0.27 cm2, mean peak transmitral gradient was 14±5.5 mmHg with a mean EF of 56±8%. 51 patients were in sinus rhythm whereas 36 patients had atrial fibrillation during evaluation (persistent or permanent). Of note, as per protocol, all patients were well treated in terms of rate control before echocardiographic evaluation, and no patient was exceeding 100 beats/min. MVA was not related with AF such that 60.5% (26/43) of those with MVA ≤1.5 cm2 had AF versus 56.8% (25/44) of those with MVA >1.5 cm2 had AF (p=0.898).

In the group with MVA ≤1.5 cm2, presence or absence of AF did not influence total score of SF-36 (92±18 vs. 90±19, p=0.437) including all subscales of SF-36. Those with AF were older than those without AF (58.5±12.4 vs. 44.9±12.4, p=0.002). Those with and without AF were similar with regard to transmitral gradients, mitral valve area, EF.

In the group with MVA>1.5 cm2, presence of AF influenced physical functioning subscale of SF-36 such that physical functioning score of those with AF was 19±5, whereas, physical functioning score of those without AF was 24±4 (p=0.004). This also resulted in nonsignificant difference in total SF-36 score as well (90±14 vs. 98±16 respectively, p=0.078). Also in this subgroup, those with AF were older compared to those without AF (55.8±9.1 vs. 43.9±16.4 years, p=0.003). Of note, transmitral gradients, MVA, EF were similar again in those with and without AF.
Conclusıon: It seems presence of AF influences quality of life with regard to severity of MVA. In those with significant mitral stenosis (MVA ≤1.5 cm2), presence or absence of AF seems not to influence quality of life, whereas, in those with milder forms of mitral stenosis presence of AF seems to worsen physical functioning.

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Early and Midterm Clinical Experience of 3-Dimensional Saddle Shape Rigid Annuloplasty Ring in Mitral Valve Repair

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Objectıve: Mitral valve repair generally preferred as a surgical approach in isolated mitral valve disease. We preferred 3-dimentional saddle shape ring depending on its benefits over semi-flexible ring for majority of the mitral pathologies.
Methods: From October 2009 to May 2012, we implanted 3-D saddle shape rigid annuloplasty ring (St. Jude Medical® Rigid Saddle Ring with EZ Suture™ Cuff) for valvular regurgitation in 87 patients, 43 males and 44 females with a mean age of 59,11±13,36 years. The etiology of mitral regurgitation was degenerative in 39 patients (%44,8), ischemic in 36 patients (%41,3) and rheumatic in 12 patients (% 13,7). Of these patients, 32,1% (n=28) had moderate, 67,9% (n=59) had severe MR. 87% of these patients had concomitant surgical procedures (CABG, AVR, David-V procedure, Tricuspid reconstruction).
Results: There were 7 (8%) hospital mortality due to low cardiac output syndrome, sepsis and acute renal failure. At follow up, freedom from reoperation was 98,8% with one patient who required reoperation for detachment of the ring. Complete follow-up was available in 97,5% (n=78) of survivors. The mean size of inserted annuloplasty ring was 31±1,87 mm. On the post-implant echocardiogram, 91,9% of the patients had nil or mild, 8,6% of all had moderate regurgitation.
Conclusıons: The optimal shape and flexibility of mitral annuloplasty rings are still controversial. Saddle shaped annuloplasty rings provide a mechanical benefit to the valve through a low and uniform force distribution of the mitral annulus and reduction in leaflet strains to improve repair durability compared with flat rings.

Cardiovascular Nursing, Technicians

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Complicatõons and Affecting Factors of Percutaneous Coronary Intervention: A Single Center Experience of 742 Cases

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Objectıve: The study is planned as a descriptive study to determine the complications and affecting factors in patients undergoing percutaneous coronary intervention.
Method: The sample of the study is 742 patients who undergo percutaneous coronary intervention in cardology department of a private hospital in years 2010-2011. The data of the study were collected through a questionnaire prepared by the researchers. The data about the patients are obtained by means of interviewing with patients, observations and patient files' investigation. For the study, written permission is obtained from the institute and verbal permission is obtained from the patients. The data is evaluated using number and percentage calculations in SPSS 16.0 software.
Results: Out of 742 patients who followed in this study, 82,2% of them are between the ages of 45-75 and 69% of them are males. 68.2% of the patients have at least one more chronic disease except coronary artery disease. 59,4% of the patients were performed coronary angiography whereas 40,6% undergone percutaneous transluminal angioplasty and stent application. In the post operative period, in 9.8% of the patients, bleeding and in 6.2% of the patients, hematoma was observed at the puncture site. Hematoma was developed within the first hour after the procedure in 39,1% of the patients who developed hematoma. In the post operative period, 90.8% of the patients were followed with pressure dressing and sandbag. The ratio of the patients followed with only pressure dressing is 9,2%. The difference between the patients' age and development of bleeding and hematoma was found statistically significant (p<0,05) whereas sex, having an additional chronic disease and pressure method after the operation and development of bleeding and hematoma was not found statistically significant. The amount of heparin used during the process and the dose of clopidogrel administered to the patient on operation day and development of bleeding and hematoma was found statistically significant (p<0,05).
Conclusıon: According to the results of our study; the patient's age, the amount of anticoagulant and antithrombotic agent used before, during and after the percutaneous coronary intervention affects the development of bleeding and hematoma.

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