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Akut koroner sendromda plazma apelin düzeyleriyle lipid parametreleri arasındaki ilişkinin değerlendirilmesiKahraman Cosansu¹, Huseyin Altug Cakmak¹, Mine Kucur³, Gunay Can², Vural Ali Vural¹, Lale Koldas⁴¹Istanbul Üniversitesi Cerrahpaşa Tıp Fakültesi, Kardiyoloji Anabilim Dalı, İstanbul²Istanbul Üniversitesi Cerrahpaşa Tıp Fakültesi, Halk Sağlığı Anabilim Dalı, İstanbul³Istanbul Üniversitesi Cerrahpaşa Tıp Fakültesi, Biyokimya Anabilim Dalı, İstanbul

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The assessment of the relationship between plasma apelin levels and lipid parameters in acute coronary syndromeKahraman Cosansu¹, Huseyin Altug Cakmak¹, Mine Kucur³, Gunay Can², Vural Ali Vural¹, Lale Koldas⁴¹Istanbul University Cerrahpasa Faculty of Medicine, Department of Cardiology, İstanbul²Istanbul University Cerrahpasa Faculty of Medicine, Department of Public Health, İstanbul³Istanbul University Cerrahpasa Faculty of Medicine, Department of Biochemistry, İstanbul

Introduction: Apelin was isolated from bovine stomach as an endogenous ligand of the 7-transmembrane G-protein coupled receptor (AP1). Apelin is produced by white adipose tissue and has been identified in kidney, heart, and endothelium. It has recently been implicated in cardiovascular system physiology with regards to endothelium-dependent vasodilation, cardiac contractility and the reduction of vascular wall inflammation. The inverse relationship between plasma apelin levels and lipid parameters in atherosclerosis was recently reported in some clinical studies.

In the present study, we investigated the relationship between plasma apelin levels and lipid parameters in patients with acute coronary syndrome.

Methods: Seventy-six consecutive patients, who were admitted to coronary care unit between January-August 2010 with a diagnosis of acute coronary syndrome (35 ST segment elevation myocardial infarction (STEMI) and 41 with non-ST segment elevation acute coronary syndrome (NSTEMI ACS), mean age 62±10), were enrolled in our study. The plasma apelin levels and lipid parameters as total cholesterol (CHOL), low-density lipoprotein (LDL), high-density lipoprotein (HDL) and triglyceride were measured at admission. Also, the relationship between plasma apelin levels and lipid parameters was compared with an appropriate statistical methods.

Results: There was no significant correlation between plasma apelin levels and total cholesterol, LDL, HDL and triglyceride in STEMI groups (p=0.459, p=0.362, p=0.697, p=0.949 respectively) (Table). Also, there was no significant relation between plasma apelin levels and total cholesterol, LDL, HDL and triglyceride in NSTEMI-ACS groups (p= 0.528, p= 0.511, p= 0.971, p= 0.510 respectively) (Table).

Conclusion: In contrast to some clinical studies, we could not find any correlation between plasma apelin levels and lipid parameters in acute coronary syndrome. Our study limitation was having a small study groups. Further studies are needed to show this relationship better with more study population.

| Apelin | ALL PATIENTS | | NSTEMI ACS GROUP | | STEMI ACS GROUP | |
|-------------------|--------------|-------|------------------|-------|-----------------|-------|
| | r | p | r | p | r | p |
| Total Cholesterol | -0.003 | 0.981 | 0.101 | 0.528 | -0.129 | 0.459 |
| HDL | 0.029 | 0.807 | 0.006 | 0.971 | 0.068 | 0.697 |
| LDL | -0.016 | 0.891 | 0.106 | 0.511 | -0.159 | 0.362 |
| Triglyceride | 0.083 | 0.476 | 0.106 | 0.510 | 0.011 | 0.949 |

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Behçet hastalığında büyük bir koroner anevrizmaya bağlı akut miyokart enfarktüsüAli Doğan¹, Ahmet Çelik², Serap Doğan³, Özcan Örsçelik⁴, Kutay Taşdemir⁴, İbrahim Özdoğru¹, Namık Kemal Eryol¹¹Erciyes Üniversitesi Tıp Fakültesi Kardiyoloji Anabilim Dalı University Medicine Faculty, Kayseri²Elazığ Eğitim ve Araştırma Hastanesi, Kardiyoloji Bölümü, Elazığ³Erciyes Üniversitesi Tıp Fakültesi Radyoloji Anabilim Dalı, Kayseri⁴Erciyes Üniversitesi Tıp Fakültesi Kalp-Damar Cerrahisi Anabilim Dalı, Kayseri

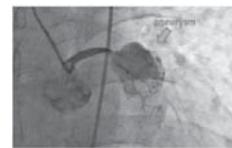
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Acute myocardial infarction due to a large coronary aneurysm in Behçet diseaseAli Doğan¹, Ahmet Çelik², Serap Doğan³, Özcan Örsçelik⁴, Kutay Taşdemir⁴, İbrahim Özdoğru¹, Namık Kemal Eryol¹¹Erciyes University Faculty of Medicine, Department of Cardiology, Kayseri²Elazığ Education and Research Hospital, Department of Cardiology, Elazığ³Erciyes University Faculty of Medicine, Department of Radiology, Kayseri⁴Erciyes University Faculty of Medicine, Department of Cardiovascular Surgery, Kayseri

A 32-year-old man who has Behçet Disease was presented to our cardiology clinic with typical chest pain starting in 36 hours before. His physical examination was normal. Cardiac enzyme and troponin I levels were increased. An electrocardiography revealed ST segment depression in the precordial derivations and early invasive intervention was planned with the diagnosis of subacute anterior myocardial infarction. The coronary angiography showed the large aneurysm in the proximal segment of left anterior descending artery (LAD) with TIMI 0 flow grade (Figure 1). The large coronary aneurysm of the LAD was also demonstrated with the multislice computer tomography (Figure 2 and 3). Urgent surgery applied the patient and the coronary aneurysm was restored.

Behçet syndrome is a vasculitis that can affect all of the arteries and veins. The most common form of the great artery involvement in Behçet Disease is pulmonary artery aneurysm. Coronary artery aneurysms due to Behçet Disease are uncommon but it was associated with a highly mortal condition at least pulmonary artery aneurysm. Coronary vessels may also be involved as coronary artery stenosis and coronary arteritis. One of the major causes of myocardial infarction in Behçet Disease is coronary artery aneurysms and urgent restoration of the aneurysm is the driving force for survival.

Figure 1.



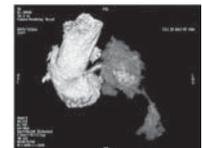
Myocardial infarction due to the large coronary aneurysm was seen in the proximal segment of left anterior descending artery with the coronary angiography.

Figure 2.



The multislice computer tomography showed the a large coronary aneurysm of the left anterior descending artery.

Figure 3.



The coronary aneurysm due to Behçet Disease was seen in with multislice computer tomography.



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