

## PP-217

**PENETRATING CARDIAC INJURIES ADMITTED TO A STATE HOSPITAL; ONE-YEAR EXPERIENCE**

R. Aksoy, İ. Kaya, G. Sariçam. *Ağrı State Hospital, Ağrı, Turkey*

**Objectives:** Heart injury is suspected, emergency first intervention in individuals suffering from chest trauma, rapid transport, without wasting time making the evaluation and immediate life saving operation. The purpose of this study, the treatment of urgent cases under technical and infrastructure failure and non-cardiac surgery center hospital to provide relevant experiences.

**Methods:** From January 2012 to December 2012 between emergency department of a public hospital were examined demographic characteristics of patients presenting with suspected cardiac injury.

**Result:** State hospital emergency department, all 7 patients who presented with cardiac injury were male. 3 out of 4 of them with gunshot wounds was admitted with stab wounds. The average age is 26.6, the youngest was 17 and the oldest 42. Two patients admitted to the emergency department at the general poor health are low blood pressure and bradycardic underwent an emergency operation on the reviews after the first. The other five patients admitted to the emergency department as a result of injury due to a better general state of thoracic CT and echocardiography with medical treatment after the four surgical patients were followed up for a planed (Table 1). All patients were discharged in good health controls, there has been a problem. Observed in the third patient with penetrating cardiac injury was repaired with primary cardiac tamponade requiring the evacuation of a post-CPB. Six Implantation (sternotomy opportunity does not exist) anterior thoracotomy has been reached with the heart.

Penetrating cardiac injuries, rapid diagnosis and treatment is life saving. The majority of deaths due to this injury, the patient takes place in the period up to delivery to the hospital from the scene. Clinical status of the patients in the form of injury, time elapsed until reaching the hospital, the hospital operating room until after receipt of the elapsed time, the presence of cardiac tamponade and may vary depending on the number of associated injuries. 74% of patients can be transported to the hospital and survive emergency surgery have been reported.

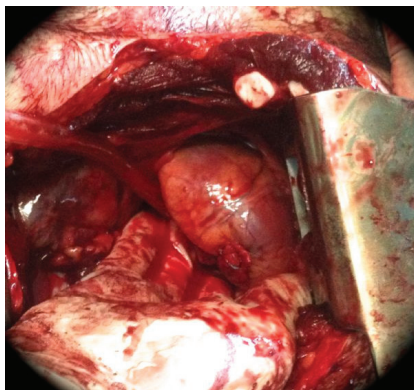


Figure: Right ventricular injury.

Table: Injuries of patients admitted to the emergency department

Injury	Number of patients
Right ventricular injury	3
Intercostal artery injury	2
Internal mammary artery injury	1
Lower lobe of the left lung injury	1

**Conclusion:** No matter what kind of trauma, patients with suspected cardiac injury as soon as possible the chance to intervene delivered to the nearest cardiac surgery center.. However, the

centers in our country who do not have the necessary equipment, including medical staff, especially surgeons, and be careful to make further efforts are required.

## PP-218

**DO SERUM BILIRUBIN LEVELS INDICATE THE SEVERITY OF CORONARY ARTERY DISEASE?**

A.F. Erkan, B. Ekici, M. Uğurlu, G. İş, F.Ş. Korkmaz. *Ufuk University Faculty of Medicine, Department of Cardiology, Ankara, Turkey*

**Objectives:** Bilirubin is an antioxidant that suppresses lipid oxidation and retards atherosclerosis formation. An inverse association between serum bilirubin and coronary artery disease (CAD) has been reported. We aimed to determine the relationship between serum bilirubin levels and angiographic Gensini score which gives information about the severity of CAD.

**Methods:** This study enrolled 221 patients undergoing elective coronary angiography, mean age 61.0±12.4 of whom 99 were female (44.8%) and 122 were male (55.2%). The complete blood count and biochemical examination of blood were obtained after 12 hours fasting. The extent and the severity of CAD was evaluated by the Gensini score. The independent association between bilirubin and the severity of CAD was statistically evaluated using PASW Statistics 18 for Windows.

**Results:** Of the 221 patients, 65.6% had CAD, 32.1% had diabetes mellitus, 62.9% had hypertension, 48.0% had hyperlipidemia, and 41.2% of them were smokers. As the patients were statistically analyzed, mean Gensini scores were 6.9±4.9 and 60.9±54.0 in the minimal and severe CAD groups, respectively. According to Gensini score, 76 of the patients (34.4%) had normal coronary arteries (Gensini score 0), 82 of the patients (37.1%) had minimal CAD (Gensini score 1–19) and 63 of them (28.5%) had severe CAD (Gensini score ≥20). Mean bilirubin values (total and direct, respectively) were 0.56±0.29 and 0.19±0.11 mg/dL in the control group; 0.61±0.38 and 0.22±0.13 mg/dL in the minimal CAD group; 0.61±0.34 and 0.23±0.12 mg/dL in the severe CAD group. According to Spearman correlation analysis, a positive correlation between direct bilirubin and Gensini score was determined to be statistically significant (p=0.019, r=0.158). Likewise, there is a statistically significant positive correlation between uric acid levels and Gensini score (p=0.026, r=0.149). Also, a statistically significant negative correlation was determined between Gensini score and HDL levels (p=0.003, r=-0.199).

**Discussion:** In vitro studies have demonstrated bilirubin to have potent antioxidative properties. In addition, epidemiological studies have described lower bilirubin concentrations in patients with CAD. Contrary to the literature, in this study we found a positive correlation between direct bilirubin levels and Gensini score. To clarify this issue, large scale studies are needed.

## PP-219

**AORTIC VALVE REPLACEMENT IN A PATIENT WITH ANOMALOUS RIGHT CORONARY ARTERY ORIGINATING FROM THE LEFT SINUS OF VALSALVA**

G. Şirin. *Department of Cardiovascular Surgery, International Medicine Hospital, Pristina, Kosova*

Origin of the right coronary artery from the left coronary sinus is a rare congenital anomaly. Most patients are asymptomatic and detected incidentally during coronary angiography or CT-angiography. Angulation of the anomalous right coronary artery immediately from its origin or its compression in the inter-arterial segment are the main causes for the patients to become symptomatic. The patients may present with severe rhythm disturbances, and sudden cardiac death has also been reported. In this report, we present our experience on a patient with a right coronary artery originating from the left coronary sinus and simultaneous aortic valve stenosis.