

more common in patients with good collateral development ($p=0.02$). Mean admission glucose level was higher in patients with poor collateral than good collateral (180.6 ± 84.9 mg/dl vs 148.7 ± 56.6 mg/dl respectively, $p=0.008$). In univariate analysis, higher admission glucose was associated with poor collateral development but multivariate logistic regression analysis revealed a borderline result (odds ratio 0.994, 95%CI: 0.989-1.000, $p=0.049$) that higher admission glucose was a predictor of poor collateral circulation.

Conclusions: Our results suggest that elevated glucose on admission may have a role in the attenuation of coronary collateral blood flow in acute myocardial infarction. Further studies are needed to validate our results.

Keywords: admission glucose, coronary collateral flow, STEMI Clinical and laboratory characteristics among poor collateral and good collateral groups

Variables	All patients n=190	Good collateral n=45	Poor collateral n=145	P
Age (years)	61.64±12.2	60.4±13.3	61.9±11.9	0.473
Men (%)	73.7	68.9	75.2	0.403
Diabetes mellitus (%)	27.4	26.7	27.6	0.904
Hypertension (%)	47.4	40.0	49.7	0.257
Smokers (%)	46.8	42.2	48.3	0.477
Dyslipidemia (%)	53.7	48.9	55.2	0.460
Mean Ejection fraction (%)	42.3±8.6	43.2±8.3	41.4±9.1	0.476
Anterior MI (%)	43.7	33.3	46.9	0.036
Three-vessel disease (%)	23.2	37.8	18.6	0.026
Mean admission glucose (mg/dl)	173.0±80.1	148.7±56.6	180.6±84.9	0.008
Mean Hemoglobin (g/dl)	13.8±1.8	13.6±1.8	13.9±1.8	0.234
Mean white blood cell count	11604.8 ±5091.3	11037.1 ±4439.1	11780.9 ±5279.1	0.440
Mean Platelet count	244.0±64.1	248.22±61.65	242.80±65.01	0.621
Mean total cholesterol level (mg/dl)	192.2±51.1	178.0±42.5	196.6±52.8	0.354
Mean low density lipoprotein level (mg/dl)	125.5±33.6	117.7±27.8	127.9±34.4	0.046
Mean High density lipoprotein level (mg/dl)	40.6±10.0	41.0±10.1	39.3±9.5	0.312
Mean triglyceride level (mg/dl)	134.7±103.9	120.1±99.8	139.2±105.0	0.718
Mean creatinine (mg/dl)	0.97±0.2	0.96±0.2	0.98±0.2	0.692

OP-109 [AJC » Preventive cardiology]

Assessment of Indirect Inflammatory Markers in Patients with Myocardial Bridging. *Levent Cerit. Department of Cardiology, Near East University, Nicosia, Cyprus.*

Introduction: Myocardial bridging (MB) is a congenital variant of the coronary artery in which a portion of the epicardial coronary artery takes an intramuscular course. Although it is considered a benign anomaly, it may lead to such complications as myocardial ischaemia, acute coronary syndrome, coronary spasm, exercise-induced dysrhythmias or even sudden death. MB may be related to increased inflammatory and atherosclerotic processes. This study was conducted with the aim of evaluating the relationship between neutrophil/lymphocyte ratio (NLR) and MB.

Methods: Taking into consideration the inclusion criteria, 86 patients with MB and 88 with normal coronary angiographies (control group) were included in the study. The association between MB and laboratory and other clinical parameters was evaluated.

Results: The platelet distribution width (PDW) (17.3 ± 0.40 vs 16.1 ± 0.5 ; $p < 0.05$), NLR (3.2 ± 1.3 vs 2.2 ± 0.9 ; $p < 0.05$) and red cell

distribution width (RDW) (14.3 ± 1.3 vs 13.1 ± 1.1 ; $p < 0.05$) were significantly higher in the MB group than in the control group.

Conclusions: This study demonstrated that compared to normal coronary arteries, PDW, NLR and RDW were significantly higher in MB patients. Further studies are needed to clarify the increased inflammatory parameters in patients with MB.

Keywords: Myocardial bridging, neutrophil to lymphocyte ratio, platelet distribution width

OP-110 [AJC » Chronic stable angina pectoris]

Serum Apolipoprotein E Levels are Higher in Individuals With Atherosclerotic Coronary Artery Disease When Compared to Those Without: Presentation of Preliminary Findings.

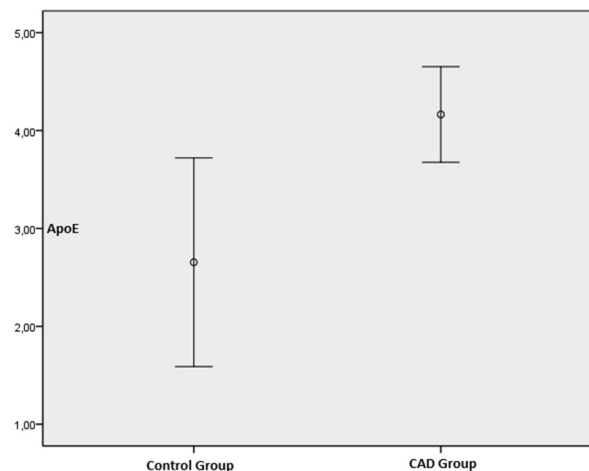
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Background and Aim: While certain variations in the Apolipoprotein E (ApoE) gene are strongly linked to higher serum low-density lipoprotein cholesterol levels and consequent atherosclerotic coronary artery disease (CAD), published data on the interaction of serum ApoE levels and CAD are relatively scarce. We aimed to elucidate whether serum ApoE levels are related to angiographic presence and severity of CAD.

Methods: We measured serum levels of ApoE in 271 consecutive patients who had undergone invasive coronary angiography due to chest discomfort and myocardial ischemia documented with a non-invasive stress test. Individuals with a normal coronary angiogram constituted the control group (n:42), whereas patients with coronary atherosclerosis constituted the CAD group (n:229). The angiographic severity of CAD was evaluated using the Gensini score. Serum ApoE level was measured utilizing an immunonephelometry assay.

Results: Mean serum ApoE level was 2.65 ± 3.41 g/L and 4.16 ± 3.74 g/L in the control and the CAD groups, respectively. Mean serum ApoE



Serum ApoE Levels According to Groups. Serum ApoE levels are significantly higher in the CAD group when compared to the control group.

level was found to be significantly greater in the CAD group, when compared to the control group ($p=0.005$). While we found a weak positive correlation between the angiographic severity of CAD (i.e. Gensini score) and serum ApoE levels ($r=0.005$), this correlation was not statistically significant.

Conclusion: Our findings suggest that serum ApoE levels are significantly greater in individuals with atherosclerotic CAD when compared to those without, yet there is no significant correlation between serum ApoE levels and the angiographic severity of CAD. Our findings need to be verified in larger scale studies.

Keywords: Apolipoprotein E, coronary artery disease, Gensini score

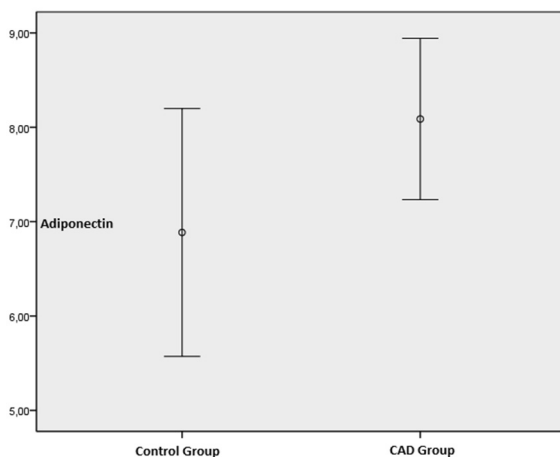
■ OP-111 [AJC » Chronic stable angina pectoris]

Serum Levels of Adiponectin Are Not Related to Angiographic Presence or Severity of Atherosclerotic Coronary Artery Disease.

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Background and Aim: Adiponectin, an adipocyte derived protein, may play important roles in metabolic and vascular diseases, owing to its robust links with insulin sensitivity and obesity. Studies concerning the association of adiponectin to atherosclerotic coronary artery disease (CAD) have yielded conflicting results; While some have suggested a cardioprotective role for adiponectin, others have not demonstrated any association between adiponectin levels and CAD. We aimed to elucidate whether adiponectin levels are related to angiographic presence and severity of CAD.

Methods: We measured serum levels of adiponectin in 271 consecutive patients who had undergone invasive coronary angiography due to chest discomfort and myocardial ischemia documented with a non-invasive stress test. Individuals with a normal coronary angiogram constituted the control group (n:42), whereas patients with coronary atherosclerosis constituted the CAD group (n:229). The



Adiponectin Levels According to Groups. While adiponectin levels are numerically higher in the CAD group, the difference between groups is not statistically significant.

angiographic severity of CAD was evaluated using the Gensini score. Serum adiponectin level was measured utilizing an immuno-turbidimetric assay.

Results: Mean serum adiponectin level was $6.88 \pm 4.21 \mu\text{g/mL}$ and $8.08 \pm 6.56 \mu\text{g/mL}$ in the control and the CAD groups, respectively. While mean serum adiponectin level is numerically greater in the CAD group, this difference was not statistically significant ($p=0.722$). While we found a weak negative correlation between the angiographic severity of CAD (i.e. Gensini score) and serum adiponectin levels ($r= -0.094$), this correlation was not statistically significant, either.

Conclusion: Despite the significant roles of adiponectin in metabolic and inflammatory pathways, our findings suggest that serum adiponectin levels are not significantly different between controls and angiographically proven CAD cases, and that there is no significant correlation between serum adiponectin levels and angiographic severity of CAD. Our findings need to be verified in larger scale studies.

Keywords: adiponectin, coronary artery disease, Gensini score

■ OP-112 [AJC » Percutaneous coronary interventions]

Associations Between Important Coronary Artery Disease and Aneurysm and Ectasia.

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Aim: In the present study we aim to investigate the frequency and contribution of coronary artery aneurysm/ectasia in addition to their correlation with coronary artery disease (CAD).

Material and Methods: We retrospectively evaluated the coronary angiography records of 6500 adult patients. Coronary artery ectasia was identified as a diffuse dilatation of coronary arteries with a diameter of 1.5 times larger than of its normal contiguous segment. Coronary artery aneurysm was identified as localized coronary artery dilatation exceeding twice the diameter of normal adjacent segments. As to significant CAD, it was defined as the existence of angiographic coronary stenosis of $>50\%$ of the luminal diameter in no less than one of the epicardial coronary arteries. Also, the frequencies and features of the coronary artery aneurysm/ectasia among the cases with and without CAD were compared.

Results: We found coronary artery aneurysm (CAA) and ectasia (CAE) in 6.6% of the significant CAD (+), and 6.1% of the patients with significant CAD (-) ($p=0.2$). The percentage of coronary artery aneurysms was significantly higher in CAD (+) patients than in CAD (-) patients (0.8% vs. 0.4%, $p=0.015$). The percentage of coronary artery ectasia showed no variation between CAD (+) patients and CAD (-) patients (5.8% vs. 5.7%, $p=0.47$). The frequency of spotting aneurysm on a single coronary artery was higher than discerning aneurysm on two or three coronary arteries. The incidence of aneurysm on the coronary arteries with CAD (+) was most common on the LAD artery (0.3%). As for with CAD (-), it was predominant on the Cx arteries (0.2%). Then again, the frequency of ectasia present on the coronary arteries was the maximum on the RCA in both groups. The main results have been summarized in table.

Conclusion: Presence of CAA and CAE cases are often encountered in those who have coronary artery disease. CAA and CAE should not be considered as simple dilations of vessels. Further studies are needed to determine prognostic important for those diagnosed as having CAA and CAE.

Keywords: Coronary Artery Disease, Aneurysm, Ectasia