Table 2

<table>
<thead>
<tr>
<th>Variables</th>
<th>ESRD</th>
<th>Control groups</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>AVP (cm/sec)</td>
<td>46.4 ± 12.4</td>
<td>58.5 ± 8.5</td>
<td>&lt;0.01</td>
</tr>
<tr>
<td>CIMT (mm)</td>
<td>0.65 ± 0.14</td>
<td>0.43 ± 0.06</td>
<td>&lt;0.01</td>
</tr>
<tr>
<td>PWV (m/s)</td>
<td>10.5 ± 2.5</td>
<td>9.2 ± 1.2</td>
<td>&lt;0.01</td>
</tr>
</tbody>
</table>

Comparison of measured AVP, PWV and CIMT in patients with ESRD and control groups.

Table 3

<table>
<thead>
<tr>
<th>Variables</th>
<th>HD</th>
<th>PD</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>AVP (cm/sec)</td>
<td>47.0 ± 9.6</td>
<td>46.0 ± 14.6</td>
<td>NS</td>
</tr>
<tr>
<td>CIMT (mm)</td>
<td>0.71 ± 0.14</td>
<td>0.61 ± 0.13</td>
<td>NS</td>
</tr>
<tr>
<td>PWV (m/s)</td>
<td>10.3 ± 2.9</td>
<td>10.7 ± 2.0</td>
<td>NS</td>
</tr>
</tbody>
</table>

Comparison of measured AVP, PWV and CIMT in patients treated with haemodialysis and Peritoneal dialysis.

PP-222

The Role of Myocardial Acceleration During Isovolumic Contraction in Predicting Subclinical Right and Left Ventricular Systolic Dysfunction in Metabolic Syndrome

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Aim: The aim of this study was to assess subclinical the left and right ventricular dysfunction by using novel load-independent tissue Doppler imaging (TDI) derived isolated myocardial acceleration (IVA) in metabolic syndrome (MetS) patients and the association of this impairment with the number of MetS components.

Methods: The study included 133 subjects divided into two groups: 75 patients with MetS and a control group (n = 58) without MetS. MetS was defined by the presence of ≥3 ATP-NCEP III criteria. All the subjects underwent laboratory blood tests and complete conventional echocardiography and TDI.

Results: There were no significant changes in traditional echocardiographic parameters. The diastolic and global functions of both ventricles (early (E') and late (A')) were significantly correlated with of the patient's waist circumference (r = -0.22, p = 0.014), and the number of risk factors (r = -0.28, p = 0.001). Whereas TDI derived systolic velocity (Sa), and peak myocardial velocity during isovolumic contraction (IVV) of both ventricles were similar between the two groups (p>0.05 for all). The IVA of the LV was inversely correlated with the patient's waist circumference (r = -0.28, p = 0.001), triglyceride levels (r = -0.22, p = 0.014), and the number of risk factors (r = -0.28, p = 0.001). The IVV of the RV was inversely correlated with systolic blood pressure (r = -0.37, p<0.001) and systolic blood pressure (r = -0.26, p = 0.003), triglyceride levels (r = -0.29, p = 0.001), and the number of risk factors (r = -0.28, p = 0.001) and correlated with HDL cholesterol (r = 0.24, p = 0.001).

Conclusions: MetS is associated with subclinical systolic dysfunction of both the RV and the LV. More severe MetS was associated with increasingly compromised left ventricular and right ventricular function.

PP-233

High Sensitive Cardiac Troponin T Levels in Newly Diagnosed Hypertensive Patients with Different Left Ventricle Geometry

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Background: The high-sensitivity cardiac troponin T (hs-cTnT) assay provides important prognostic information in cardiovascular diseases. Although hs-cTnT is associated with left ventricular (LV) hypertrophy, hs-cTnT levels have not been investigated in different LV geometric patterns incorporating normal LV structure and concentric remodelling in addition to LV hypertrophy.

Objectives: We aimed to investigate the possible association between hs-cTnT and LV geometric patterns in newly diagnosed hypertensive patients.

Methods: We studied 306 patients with newly diagnosed HT (mean age 51.7 ± 5.4 years) and 44 healthy control subjects (mean age 51.2 ± 5.1 years). Echocardiographic examination was performed in all subjects. Four different geometric patterns were determined in hypertensive patients according to LV mass index (LVMi) and relative wall thickness (RWT). Hs-cTnT and other biochemical markers were measured in all participants.

Results: The highest hs-cTnT values were observed in concentric hypertrophy group compared with control, normal geometry, concentric remodelling and eccentric hypertrophy groups (p<0.05, for all). Also, hs-cTnT values of eccentric hypertrophy group were higher than control, normal geometry and concentric remodelling groups (p<0.05, for all). Multivariate regression analysis showed that hs-cTnT was independently associated with LV geometry (β=0.326, p=0.001) as well as LVMi (β=0.228, p=0.01) and creatininim level(β=-0.132, p=0.01).

Conclusion: Hs-cTnT levels related with not only LV hypertrophy but also LV geometry in hypertensive patients. Hs-cTnT levels may mediate poor prognosis in hypertensive patients including different LV geometric patterns.

PP-224

Epicardial Adipose Tissue Thickness in Normotensive and Prehypertensive Subjects

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Objective: Increased echocardiographically measured epicardial adipose tissue (EAT) thickness is linked with worse prognosis in variety of cardiovascular diseases. Previous studies demonstrated that EAT thickness is increased in patients with hypertension compared with normotensive individuals. In the current study we aimed to evaluate whether echocardiographically measured EAT thickness differ between the patients with prehypertension and normotensive healthy subjects.

Methods: Seventy patients who were diagnosed with prehypertension for the first time by the Joint National Committee 7 criteria and 50 normotensive healthy controls were included to the study. Each participant underwent comprehensive transthoracic echocardiographic examination. EFT thickness was measured from parasternal long-axis view at end-systole, along the mid-line of the ultrasound beam and parallel to the aortic valve annulus plane.

Results: In patients with prehypertension, EAT thickness was significantly increased compared with normotensives (5.7±1.6 mm versus 4.1±1.5 mm, p<0.001). After adjustment for age, gender, serum high density lipoprotein, hemoglobin and mitral inflow E/A ratio level, mean EAT thickness values were calculated higher in prehypertensive group than normotensive group (5.3±1.7 versus 4.3±1.4, p<0.002). Both systolic and diastolic office blood pressures were significantly related with EAT thickness (r=0.348 and r=0.315, respectively; p<0.001).

Conclusion: Echocardiographically measured EAT thickness is higher in prehypertensives compared with normotensive controls independently of each other factors. Moreover, increased EAT thickness is significantly correlated with office systolic and diastolic blood pressure levels.

PP-225

A Little-Known Subject: Lead and Cardiac Toxicity

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Background: Lead (Pb), one of the oldest known metals, is a pervasive and persistent environmental occupational toxic metal, and Pb poisoning remains a health threat. Neurologic, hematologic, gastrointestinal and renal toxicity are well known but cardiac toxicity has not been investigated. The aim of present study was to investigate the effect of cardiac toxicity of lead especially on echocardiographic parameters.

Methods: A total of 106 patients, admitted to hospital in Ankara Occupational Diseases in 2012 because of lead exposure were included in the study. Patients with