

The echocardiographic assessment of EFT may have the potential to be a simple marker of subclinical atherosclerosis and increased cardiovascular risk in patients with psoriasis.

OP-183

Epidemiological, Clinical Characteristics and Predisposing Factors of Infective Endocarditis: A review of 194 cases

Umut Kocabaş, Esra Kaya, Filiz Özerkan Çakan
Department of Cardiology, Ege University School of Medicine, Bornova, İzmir

Objectives: In this study we intended to detect the epidemiological, clinical characteristics and predisposing factors of Infective Endocarditis.

Material-Methods: In this retrospective case study of infective endocarditis (IE), the data of patients hospitalized for definite IE in our cardiology clinic were analysed. A total of 194 patients (128 males, 66 females; mean age 48 ± 18 years) admitted with the modified Duke criteria for definitive IE were included in the study within a period of twelve-years between September 2000 and September 2012.

Results: Infective endocarditis developed on a native valve in 169 (87.1%), a mechanical prosthetic valve in 25 (12.9%). Mitral valve was infected in 82 patients (42.2%), aortic valve in 67 patients (34.6%), tricuspidal/pulmonary valve in 15 patients (7.7%) and multiple valves in 30 patients (15.5%) of cases both native and prosthetic valves. Fever was the most common symptom ($n=169$, 87.1%), while murmur was the most common physical examination finding ($n=171$, 88.1%). Rheumatic valve disease was the most important predisposing factor ($n=43$, 22.2%). In 80 patients (41.2%) no predisposing condition was detected. Other common predisposing conditions were having metal prosthetic valve ($n=24$, 12.4%), renal failure ($n=11$, 5.7%) and having a permanent pacemaker ($n=6$, 3.1%). The most predisposing circumstances were dental procedures ($n=16$, 8.2%) and having an hemodialysis catheter ($n=11$, 5.7%). No predisposing factors were found in %63.9 ($n=124$) of cases.

Conclusion: That study stated the predisposing factors and circumstances, as far as epidemiological and clinical characteristics of Infective Endocarditis in tertiary center in Türkiye. According to our study the most common predisposing factor was having rheumatic valve disease while the most common predisposing circumstance was having dental procedures.

OP-184

Microbiological Profile, Echocardiographic Characteristics and Early Results of Infective Endocarditis: A Review of 194 Cases at a Tertiary Care Center in Turkey

Umut Kocabaş, Esra Kaya, Filiz Özerkan Çakan
Department of Cardiology, Ege University School of Medicine, Bornova, İzmir

Objectives: We aimed to evaluate microbiological profile, echocardiographic characteristics and early results of infective endocarditis (IE) in a tertiary university hospital.

Material-Methods: In this retrospective case study of infective endocarditis (IE), the data of patients hospitalized for definite IE in our cardiology clinic were analysed. A total of 194 patients (128 males, 66 females; mean age 48 ± 18 years) admitted with the modified Duke criteria for definitive IE were included in the study within a period of twelve-years between September 2000 and September 2012.

Results: Infective endocarditis developed on a native valve in 169 (87.1%), a mechanical prosthetic valve in 25 (12.9%). Mitral valve was infected in 82 patients (42.2%), aortic valve in 67 patients (34.6%), tricuspidal/pulmonary valve in 15 patients (7.7%) and multiple valves in 30 patients (15.5%) of cases both native and prosthetic valves. Transthoracic and/or transesophageal echocardiography showed a vegetation in 161 cases (83%). Causative microorganisms were identified in 110 patients (56.7%) of cases; staphylococci (30.4%), streptococci (16.4%), enterococci (6.7%), and other pathogens (3.2%). Cultures were negative in 84 cases (43.3%). In patients with positive blood culture, antibiotics were prescribed on the basis of susceptibility test results. In patients with negative blood culture, empiric therapy was directed against Gram+ bacteria (glycopeptides, aminoglycosides and beta-lactams). Surgical therapy was necessary in 100 patients (51.7%). Among 194 patients accepted in the study 46 had a total recovery with appropriate antibiotherapy without needing any surgical procedures (23.7%). In-hospital mortality occurred in 38 cases (19.6%).

Conclusions: Our results showed that rapid diagnosis, appropriate antibiotic therapy and surgical treatment improve the outcome in patients with infective endocarditis. But infective endocarditis is still frequently associated with a high frequency of negative blood cultures and high in-hospital mortality.

OP-185

Serum Gamma Glutamyl Transferase and Alanine Transaminase Levels Predict Endothelial Dysfunction in Patients with Non-Alcoholic Steatohepatitis

Bahadır Şarlı¹, Hüseyin Arıncı¹, Ahmet O Bakır¹, Hayrettin Sağlam¹, Erkan Demirci¹, Yasemin Doğan¹, Serkan Kurtul¹, Abdulsamet Erden², Ahmet Karaman²

¹Department of Cardiology, Kayseri Education and Research Hospital, Kayseri,

²Department of Gastroenterology, Kayseri Education and Research Hospital, Kayseri

Purpose: Cardiovascular diseases are the leading cause of death in patients with non-alcoholic steatohepatitis (NASH). In this study we aimed to investigate whether levels

of liver enzymes may reflect severity of endothelial dysfunction in patients with NASH.

Methods: Fifty patients with NASH diagnosed by liver biopsy and 30 healthy controls were included in this study. Fasting blood samples were obtained for measurement of glucose, insulin, cholesterol, triglyceride and liver enzymes. All patients underwent transthoracic echocardiography, brachial artery and carotid artery Doppler ultrasonography to evaluate flow mediated dilatation (FMD) and carotid artery intima-media thickness (CIMT).

Results: Patients with NASH had impaired FMD ($4.9 \pm 2.8\%$ to $9.3 \pm 4.4\%$, $p < 0.001$) and higher CIMT (0.79 ± 0.16 mm to 0.64 ± 0.11 mm, $p < 0.001$) when compared with healthy controls. Linear regression analyses revealed that levels of gamma glutamyl transferase (GGT) and alanine transaminase (ALT) were significantly associated with FMD and CIMT.

Conclusions: Patients with NASH have impaired FMD and increased CIMT when compared with healthy controls. In patients with NASH, levels of GGT and ALT might have predictive value for FMD and CIMT.

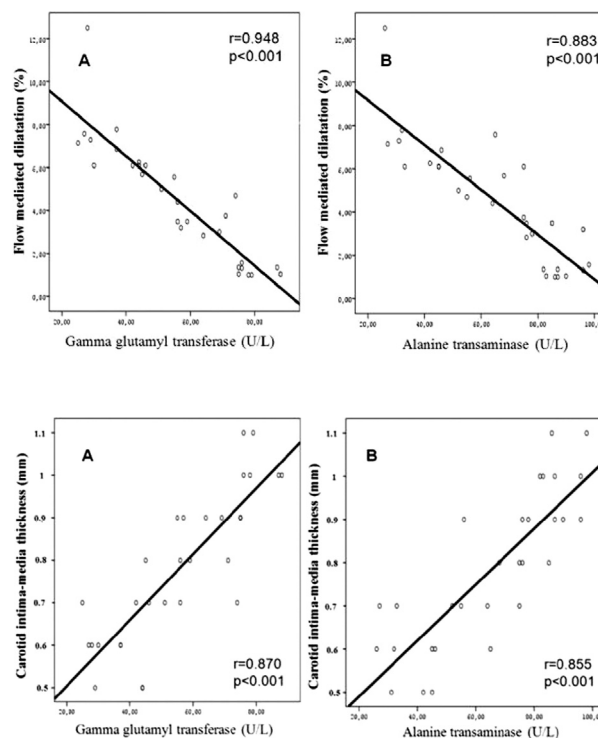


Table 2

Table 2. Linear regression analysis showing significant relationship between several variables and flow mediated dilatation of brachial artery

	Coefficient β	p value
Age	-0.09	0.298
BMI	0.01	0.958
AST	-0.09	0.335
ALT	-0.43	0.002
GGT	-0.36	0.007
Fasting insulin level	-0.05	0.610
HOMA index	-0.09	0.414
Total cholesterol	0.16	0.846