Results: Patients between ages 30 and 60 years with MetS diagnosis were included in this study. 31 patients (41.9%) were male and 43 patients (58.9%) were female. Patients were divided into 2 groups according to CIMT measurement: 35 patients with CIMT ≥1,0 mm were at group 1 and 39 patients with CIMT<1,0 mm were at group 2. There were difference only age and fasting blood glucose parameter among groups. In the multi-varians analysis, age and fasting blood glucose related in CIMT values were not statistically significant (p>0.05). Additionally, the common effect of age and fasting blood glucose variables on the CIMT values were not statistically significant (p=0.241). The MPV level was significantly higher in patients with CIMT ≥1,0 mm than in patients with CIMT <1,0 mm (8.2±0.7 vs. 7.8±0.6 fl; p=0.01) (Figure 1). **Conclusıons:** The risk of atherosclerosis could be shown with following the MPV values in MetS patients. Therefore, our results suggest that MPV is an important marker for early detecting the risk of atherosclerosis in patients with MetS. In our study, we showed that this risk could be determined with a simple blood count. Risk of atherosclerosis can be assessed by examining the values of MPV, without any additional blood tests or radiological examination.
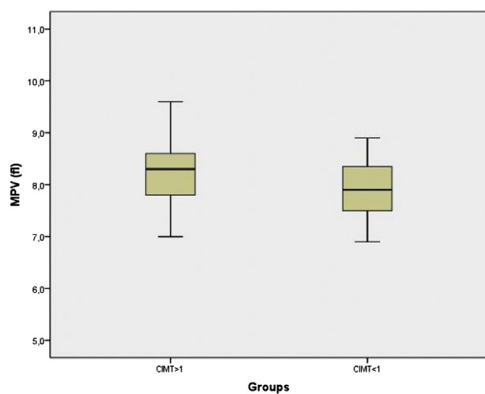

Table 1

	Group 1 CIMT ≥1,0 mm (mean ±sd)	Group 2 CIMT<1,0 mm (mean ±sd)	P
Number of patients (n)	35	39	
Age (years)	51.9±6.5	46.6±8.1	0.003
Gender (F/M, n)	23/12	19/20	0.16
BMI (kg/m^2)	31.3±4.0 30 (25-42)	32.2±5.0 31 (26-46)	0.62
Waist circumference (cm)	102.1±9.7	104.2±10.6	0.38
HT [n(%)]	14(40.0)	15(38.4)	0.94
DM [n(%)]	15(42.9)	10(25.6)	0.08
Smoking [n(%)]	6(17.1)	9(23.0)	0.33
SBP (mmhg)	128.1±11.8 130 (100-160)	124.6±12.5 120 (110-160)	0.09
DBP (mmhg)	81.8±7.1 80 (60-100)	79.4±7.1 80 (70-100)	0.06
Fasting glucose (mg/dl)	114.4±24.7 109 (76-206)	106.1±30.3 101 (81-260)	0.02
HbA1c (%)	6.3±0.9	6.1±0.99	0.37
HDL-cholesterol (mg/dl)	44.1±11.2	39.5±12.7	0.10
LDL-cholesterol (mg/dl)	116.5±36.1	120.7±39.2	0.63
Triglyceride (mg/dl)	178.1±80.8	217.6±108.9	0.08
Hemoglobin (g/dl)	13.3±1.2	13.6±1.4	0.23
Platelet (x109/l)	256.4±61.2	286.8±66.2	0.04
MPV (fl)	8.2±0.7	7.8±0.6	0.01

Baseline characteristcs of patients (BMI: body mass index, HT: hypertension, DM: diabetes mellitus, SBP: systolic blood pressure, DBP: diastolic blood pressure, LDL: low-density lipoprotein, HDL: high-density lipoprotein, MPV: mean platelet volume)

PP-331

Endothelin Antagonists may be a Treatment Option for Cardiac Syndrome X, or Not ?

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Atherosclerosis is a systemic disease which effects large and medium sized arteries besides coronary arteries. Atherosclerosis and associated diseases are the leading cause of death all over the world. It is known that endothelial dysfunction already starts before atherosclerotic involvement of coronary arteries. To diagnose atherosclerosis before organ damage has occured is important. The aim of the study is to evaluate the relationship between endothelial dysfunction and serum endothelin-1 levels, small artery elasticity, coronary artery disease severity and also to seek an answer if endothelin-1 antagonists may be benefical for cardiac Syndrome X or not.

Patients with chest pain were evaluated with exercise stress test or myocardial perfusion scintigraphy. Then ischemia deteceted patients underwent elective coronary angiography. Using ELISA method serum endothelin-1 levels of all patients were measured and a radial artery tonometer was used to measure arterial elasticity of all patients. The patients were grouped according to coronary artery disease history, ischemia existence and coronary angiogram results. The groups were compared with regards to serum endothelin-1 level, small artery elasticity and Gensini scores.

In the study group, 50 patients (62,5%) were male and 30 (37,5%) were female and the average age was 58,4 ±10,7 years. Twenty six (32,5%) of the patients had coronary artery disease history. Ischemia was present in 55 (68%) patients. Critical coronary lesions were present in 21 (38%) patients who underwent coronary angiography. Median serum endothelin-1 level was 18,9 ng/L (8,5-134,9 ng/L) in patients with ischemia and 14,8 ng/L (8,4-41,5 ng/L) in patients without ischemia. Serum endothelin-1 level of ischemic patients was higher (p=0.045). There wasn't a statistically significant relationship between serum endothelin- 1 levels and coronary artey disease history, small artery elasticity, Gensini scores.

Because of serum endothelin-1 level of patients without coronary artery disease history but with ischemia and normal coronary angiograms was higher than non-ischemic patients, it is assumed that endothelin-1 antagonists may be benefical for cardiac Syndrome X. To support this, there is a need for large prospective population based studies.

PP-332

The Relationship between Serum 25-hydroxyvitamin D levels and In-Stent Restenosis in Patients with Stable Coronary Artery Disease

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Background: It has been shown that low levels of 25-hydroxyvitamin D are associated with increased cardiovascular risk factors and events. The relationship between serum 25-hydroxyvitamin D level and in-stent stenosis was investigated in our study. **Methods:** A total of 181 patients with stable coronary artery disease and previously implanted (>3 months) bare-metal stent were included in the study. Two groups were formed according to angiographic results as Group 1 (≥50% in-stent stenosis) and Group 2 (<50% in-stent stenosis). Serum 25-hydroxyvitamin D measurements were performed by reverse-phase HPLC. **Results:** The mean serum 25-hydroxyvitamin D level was found to be significantly lower in Group 1 compared to Group 2 (17.7±5.3 ng/ml and 20.9±6.7 ng/ml, p<0.01, respectively) and length of stent was longer in Group 1 compared to Group 2 (18.7±5.3 mm and 17.1±11.2 mm, p<0.01, respectively). In multivariate logistic regression analysis, only low level of serum 25-hydroxyvitamin D was an independent risk factor for in-stent stenosis (p<0.01, OR=0.915, 95% CI 0.866-0.967). **Conclusıon:** Our results suggest that lower levels of 25-hydroxyvitamin D are associated with an increased risk of in-stent stenosis.

PP-333

High Prevalence of Glucose Intolerance and Diabetes in Patients with Coronary Artery Disease

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Purpose: Our purpose was to investigate the relationship between the prevalence of glucose intolerance and type 2 diabetes with cardiometabolic risk factors in patients with asymptomatic coronary artery disease. **Methods:** 132 patients who had not been previously diagnosed with glucose intolerance or diabetes, and had coronary artery disease (CAD) were enrolled. 2 hour standard oral glucose tolerance test (OGTT) with 75 gr. glucose was conducted. Patients were divided into two groups as normal and with impaired glucose tolerance (IGT) or diabetes (DM). Groups were compared according to waist circumference, body-muscle index, creatinin clearance, risk factors of CAD, severity of CAD, functional capacity, angina score. In patients with Fasting plasma glucose (FPG) <100 mg/dl, HOMA-IR values were investigated. For statistical analysis, t-test, Mann-Whitney U, Kruskal Wallis or logistic regression test were used. **Result:** Prevelance of IGT(%26) or DM (%4) was %30 in patients with CAD. %27 of patients had a value of FPG <100 mg/dl before the test was conducted. Between the

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