Mean Platelet Volume is Independently Associated with Renal Dysfunction in Stable Coronary Artery Disease
Hakan Uçar, Mustafa Gür, Nermin Yiğitç, Koyunsever, Taner Şeker, Caner Türkoğlu, Ömer Koyuklu, Durmuş Yıldız Şahin, Zafir Elbasan, Murat Çaylı
Adana Numune Training and Research Hospital, Department of Cardiology, Adana

Background: It has been suggested that athero-thrombotic risk progressively increases as the glomerular filtration rate (GFR) declines. Mean platelet volume (MPV) is used measure of platelet size, and higher MPV value is independent risk factor for athero-thrombotic disease such as myocardial infarction. We aimed to evaluate the association between estimated GFR and MPV in patients with stable coronary artery disease showing normal to mildly impaired renal function.

Methods: A total of 471 patients (288 males and 183 females; mean age: 62.5±9.5 years) with angiographically proven CAD were included. The patients were divided into 2 groups according to the estimated GFR value (GFRlow group: GFR <60 mL/min per 1.73 m2 and GFRhigh group: GFR ≥60 mL/min per 1.73 m2). Estimated GFR was calculated according to Cockcroft-Gault formula. MPV, high sensitive C-reactive protein (hsCRP) and other biochemical markers were measured in all patients. Prevalent of CAD was determined by the SYNTAX score.

Results: Patients with GFRlow group were of older age, had higher incidence of female gender, current smoker, diabetes, hypertension and hyperlipidemia, lower values of total cholesterol, LDL cholesterol, hemoglobin and platelet count and higher values of BMI, SYNTAX score, hs-CRP and MPV compared with patients with GFRhigh group. Multivariate linear regression analysis showed that the MPV was independently related with diabetes (β=-0.189, p<0.001), eGFR (β=-0.267, p<0.001), hs-CRP level (β=0.158, p=0.001) and platelet count (β=-0.116, p=0.002).

Conclusion: MPV is independently associated with GFR as well as hsCRP, platelet count and diabetes. These findings may explain, in part, the increase in atherothrombotic risk in with slightly impaired renal function.

Multivariate regression analysis of mean platelet volume

<table>
<thead>
<tr>
<th>Variables</th>
<th>Standardized β regression coefficients</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes mellitus</td>
<td>0.189</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Platelet count, x109/L</td>
<td>-0.116</td>
<td>0.002</td>
</tr>
<tr>
<td>GFR, mL/min per 1.73 m2</td>
<td>-0.267</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Hs-CRP, mg/dl</td>
<td>0.158</td>
<td>&lt;0.001</td>
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</tbody>
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PP-096

Left Ventricular Hypertrophy as a Risk Factor in Maintenance Haemodialysis Patients
Zorica Dimitrijevic, Sonja Salinger Martinovic, Dragana Stanovic
1Clinic for Nephrology and Haemodialysis, Clinical Center Nis, Serbia, 2Clinic for Cardiovascular Diseases, Clinical Center Nis, Serbia

Introduction: Patients on maintenance haemodialysis (HD) have high cardiovascular mortality rate. Our aim was to determine the cardiovascular risk factors in maintenance HD patients.

Material-Methods: One hundred four maintenance HD patients were enrolled. The left ventricular end-diastolic diameter (LVDd), left ventricular end-systolic diameter (LVDs), left atrial diameter (LAd), left ventricular posterior wall thickness (LVpWT), and interventricular septal thickness (IVS) were measured. Patients’ clinical and dialysis data were collected. Kaplan-Meier survival analysis was used to evaluate the patients’ survival. Multiple regression analysis was performed to evaluate risk factors for left ventricular hypertrophy (LVH).

Results and Debates: The mean age of included patients was 57.04±10.16 years with male to female ratio of 1.88:1. Eighty four patients (80%) were found to have LVH. Multiple stepwise regression analysis showed that left atrial diameter (LAd), left ventricular posterior wall thickness (LVpWT), and interventricular septal thickness (IVS) were measured. Patients’ clinical and dialysis data were collected. Kaplan-Meier survival analysis was used to evaluate the patients’ survival. Multiple regression analysis was performed to evaluate risk factors for left ventricular hypertrophy (LVH).

Conclusion: LVH is found in maintenance haemodialysis patients. Several risk factors were found to be correlated with LVH. Prevention of LVH may improve the prognosis of haemodialysis patients.

PP-097

The Association of Serum Fetuin-A level with Restenosis in the Patients with Stent Restenosis
Enesah Kucuk, Turgut Karaoglu, Muhammet Raziay Sayan, Ibrahim Akpam, Abdullah Orhan Demirtas, Mustafa Aydin
Balent Ecevit University, Faculty of Medicine, Departent of Cardiology, Zonguldak

Objective: Stent restenosis still stands out as a major problem despite the developments in the treatment area. A new molecule fetuin-A which is a systemic calcification