groups, waist-hip ratio, creatinine levels were significantly high; glomerular filtration rate (GFR) was low in IGT or DM group compared to the other one whose OGTT test was normal. In these parameters, GFR predicted IGT or DM with 72% sensitivity and 55% specificity. Before the test, patients with FPG <100 mg/dl, 30% of patients had insulin resistance.

**Conclusions:** In significant part of patients with CAD, IGT or DM was present despite normal FPG. Conventional risk factors, severity or duration of CAD cannot predict IGT or DM. OGTT testing for IGT or DM, independent from FPG, would contribute to the diagnosis.

**Materials- Methods:** The cross-sectional study included 281 patients who were referred to coronary angiography for stable angina pectoris. Patients were recruited between December 2010 and November 2011. Patients with established congestive heart failure, gout, chronic kidney disease (estimated glomerular filtration rate <60 ml/min/1.73 m²), acute infection were not included. We measured serum 25OHD levels, C-reactive protein (CRP) and fibrinogen levels. A radioimmunoassay procedure was used to measure 25OHD (Diasorin, Stillwater, MN). We also performed standardized left ventricular (LV) echo cardiograms and echocardiographic data were used for classification of systolic and diastolic dysfunction. We analyzed the relation between serum levels of 25OHD and inflammatory markers and echocardiographic measures of left ventricular mass.

**Results:** At baseline, subjects had a mean age of 59.5±10 years and 43.4% were women. Left ventricular mass index, left atrial diameter, isovolumic relaxation time, E/E' ratio were significantly higher in patients with lower 25OHD levels. In ordinal logistic regression analysis higher 25OHD was negatively associated only with left ventricular mass index, OR=0.965 (0.939-0.992) p=0.015, isovolumic relaxation time, OR=0.962 (0.939-0.985) p=0.001, E/E' ratio, OR=0.874 (0.811-0.942) p=0.008 and CRP, OR=0.802 (0.668-0.962) p=0.021.

**Conclusion:** Serum levels of 25OHD are significantly associated with LV diastolic dysfunction and left ventricular mass index although the effect size is rather small. Longitudinal studies in larger populations are needed to establish firmly or refute a causal relationship between vitamin D levels and diastolic dysfunction and left ventricular mass index.

**PP-335**

The prognostic significance of Vitronectin in Acute Myocardial Infarction

Serkan Aslan¹, Hayrun Alıuş Cakmak³, Baris Bıtaınır³, Ebru Yevel Taşkıncıoğlu¹, Hüsnüye Yauku¹

¹Istanbul University, Cerrahpasa Medical Faculty, Department of Cardiology, Istanbul,
²Istanbul University, Cerrahpasa Medical Faculty, Department of Public Health, Istanbul

**Introduction:** Vitronectin (VN), a 459 aminoacid long glycoprotein with a mass of 75 kDa, is found in plasma, extracellular matrix and 2 granules of platelets. Plasma VN levels were found to be elevated in patients with coronary artery disease (CAD), and a positive correlation between VN levels and CAD severity has been demonstrated. VN was also shown to be an independent predictor of adverse cardiovascular outcomes following acute stenting in patients with acute myocardial infarction (AMI) or stable angina.

The aim of this study was to assess prognostic significance of serum VN levels at admission in patients with ACS.

**Method:** Sixty-two patients (40 men, mean age 59.9±10.3 years and 22 women, mean age 68.9±11.2 years), who had been admitted to coronary care unit with first time diagnosis of ACS (ST elevation myocardial infarction [STEMI], non-ST elevation myocardial infarction [NSTEMI]) were consecutively included in the study. The control group consisted of 18 stable patients in whom normal coronary arteries were documented in coronary angiography. Patients were divided into two sub-groups as STEMI and NSTEMI and they were followed up for six months for major adverse cardiovascular events (MACE) consisting of cardiovascular mortality, re-infarction, hospitalization for heart failure and life threatening arrhythmias. Blood samples were drawn within 6 hours after onset of chest pain and serum VN, high sensitive C-reactive protein (hs-CRP) and N-terminal probrain natriuretic peptide (NT-proBNP) levels were measured using an enzyme immunoassay method. Also, TIMI and GRACE clinical risk scores were calculated on admission for all ACS patients.

**Results:** The mean VN level in patients with MACE at six months was significantly higher (12.09 µg/ml +/- 20.79 µg/ml vs. 3.74 µg/ml +/- 7.48 µg/ml, p<0.001) compared to the rest of the patient group. Patients in the upper two VN quartiles had significantly higher in-hospital (p=0.026) and six months (p=0.001) MACE rates compared to the patients in the lower two quartiles. Using ROC analysis, a cut-off VN value of 2.16 µg/ml was able to predict MACE at six months with a positive predictive value of 75%, and a negative predictive value of 76%. AUC: 0.76, 95% CI: 0.64-0.88 (p<0.001) (Figure). VN was also able to predict MACE independent of other prognostic markers like age, hs-CRP, pro-BNP, TIMI, GRACE, and LVEF in multivariate regression analysis (p=0.001).

**Conclusion:** VN levels on admission predict in-hospital and medium-term MACE in patients with ACS independent of conventional risk predictors. VN may have a utility as a prognostic marker in patients with ACS.

**PP-336**

Serum Vitamin D and CRP Levels are Independently Associated with Diastolic Dysfunction

Faith Akın1, Baruk Asy2, Nari Koç3, Ömer Celik1, Hüsnüye Arınç4

¹Department of Cardiology, Muğla Sıtkı Koçman University School of Medicine, Muğla,
²Department of Cardiology, Bağcılar Education and Research Hospital, Istanbul,
³Department of Cardiology, Kayseri Education and Research Hospital, Kayseri

**Aim:** Vitamin D deficiency is common and may contribute to cardiovascular diseases. We hypothesized that serum vitamin D levels (25OHD) would be inversely associated with inflammation and with diastolic dysfunction. We therefore investigated the link between serum vitamin D levels (i) echocardiographic measures and (ii) inflammatory parameters.

**Material-Methods:** The cross-sectional study included 281 patients who were referred to coronary angiography for stable angina pectoris. Patients were recruited between December 2010 and November 2011. Patients with established congestive heart failure, gout, chronic kidney disease (estimated glomerular filtration rate <60 ml/min/1.73 m²), acute infection were not included. We measured serum 25OHD levels, C-reactive protein (CRP) and fibrinogen levels. A radioimmunoassay procedure was used to measure 25OHD (Diasorin, Stillwater, MN). We also performed standardized left ventricular (LV) echocardiograms and echocardiographic data were used for classification of systolic and diastolic dysfunction. We analyzed the relation between serum levels of 25OHD and inflammatory markers and echocardiographic measures of left ventricular mass.

**Results:** At baseline, subjects had a mean age of 59.5±10 years and 43.4% were women. Left ventricular mass index, left atrial diameter, isovolumic relaxation time, E/E' ratio were significantly higher in patients with lower 25OHD levels. In ordinal logistic regression analysis higher 25OHD was negatively associated only with left ventricular mass index, OR=0.965 (0.939-0.992) p=0.015, isovolumic relaxation time, OR=0.962 (0.939-0.985) p=0.001, E/E' ratio, OR=0.874 (0.811-0.942) p=0.008 and CRP, OR=0.802 (0.668-0.962) p=0.021.

**Conclusion:** Serum levels of 25OHD are significantly associated with LV diastolic dysfunction and left ventricular mass index although the effect size is rather small. Longitudinal studies in larger populations are needed to establish firmly or refute a causal relationship between vitamin D levels and diastolic dysfunction and left ventricular mass index.