as a waist circumference (WC) of 90cm and more in male, and 85cm and more in female, and a triglyceride level of 1.7 mmol/L or more. Patients were categorized into 3 phenotype groups: 1st with hypertriglyceridemia and normal WC, 2nd with normal triglyceride level and increased WC, 3rd with HTGW.

**Results:** The patients of 3rd group characterized by maximum blood pressure levels. Body mass index (BMI) in 3rd group was also highest (31.05±0.61kg/m²) vs 1st (23.95±0.91kg/m²) and 2nd one (30.21±1.00kg/m²). Fasting insulin levels were elevated in patients of 3rd group with HTGW (14.66±0.95 mkU/ml), and same in 1st (12.52±2.79 mkU/ml) and 2nd (12.31±1.41 mkU/ml) groups.

IL-18 – pro-inflammatory cytokine levels in 3rd group were 176.97±2.38pg/ml, that was statistically higher in comparison with 1st (167.73±7.21pg/ml), and 2nd group (172.40±5.61 pg/ml; p<0.05). Plasma IL-18 in 2nd group was higher in men (172.40±5.61 pg/ml) vs women (169.53±7.04 pg/ml; p<0.05); whereas in 1st group women characterized by significantly higher IL-18 content (169.00±1.11 pg/ml) compared with men (160.83±9.35 pg/ml; p<0.05). The same tendency was found in group 3 with HTGW phenotype presence where IL-18 content in women (180.62±2.93 pg/ml) exceed cytokine level in men (167.76±3.52 pg/ml; p<0.05).

**Conclusions:** Our results can suggest that HTGW phenotype is associated with more significant in women elevation of pro-inflammatory activity, high glucometabolic risk and atherogenic metabolic risk profile and can be used as a simple and inexpensive marker to help identify patients with high cardiometabolic risk.

0151

**The peculiarities of pulse pressure variation and renal function in patients with arterial hypertension**

Larysa Zhuravlyova, Iryna Ilenko, Maryna Filonenko
Kharkiv National medical university, Internal medicine N3, Kharkiv, Ukraine

The purpose of the study was to establish the relationship between the pulse pressure (PP) changes and renal function in patients with arterial hypertension (AH).

Methods: 47 patients with AH of 2nd stage without diabetes and obesity were examined (25 males and 22 females, mean age – 52.5±4.3 years, duration of AH –8.7±3.5 years; BMI 24.3±5.4 kg/m²). The indexes of lipid blood profile, glycemia, and blood creatinine were assessed, as well as glomerular filtration rate (GFR; ml/min/m²) according to MDRD (Modification of Diet in Renal Disease Study) and standardized for body surface area – 1.73 m²; also ambulatory blood pressure monitoring was performed.

**Results:** The indexes of daily mean systolic (SBP) and daily mean diastolic (DBP) blood pressure were: 159.4±8.3mm Hg and 96.8±5.4mm Hg respectively. The changing of the circadian rhythm was observed in 94% of patients, of which 73% had "non-dipper" type; 19 % – "night-peeker", 8% – "dipper". A direct correlation was established between the level of PP and SBP (τ=0.788; p <0.001); PP and DBP (τ=0.316; p <0.005). The increase of PP depended on the augmentation of SBP to the greater extent than of DBP. A direct correlation between PP and blood creatinine levels was found (τ=0.36; p<0.001), as well as the inverse correlation between PP and GFR (τ=−0.284; p<0.005), which confirms the relationship between increasing levels of PP and decrease of the filtration capacity of the kidneys.

**Conclusions:** In patients with hypertension the increase of PP depends on the augmentation of SBP to the greater extent than of DBP. The relationship between the increase of PP and decreased functional capacity of the kidneys is confirmed. The management of antihypertensive therapy based on the dynamics of PP may prevent the development and progression of severe renal disease and renal failure.

0273

**Pulmonary embolism in Behçet’s disease: a series of 10 patients**

Tounsi Ahmed (1), Abid Leila (1), Abid Dorra (1), Triki Feten (1), Elaoud Sahar (2), Frikha Feten (2), Bentati Mourad (1), Bahloul Zouhir (2), Kamoun Samir (1)
(1) CHU Hedi Chaker, Cardiologie, Sfax, Tunisie – (2) CHU Hedi Chaker, Médecine interne, Sfax, Tunisie

**Background and objective:** Pulmonary embolism is an unusual complication of Behçet’s disease (BD). Our aim study is to analyse epidemiological, physiopathological and evolutive aspects of this condition.