Comparisons of Pulse wave velocity levels between Behçet's Disease and control group.

Variables	Behcet's group (n:50)	Control group (n:20)	p value
LAEI(C1)(cm3-mmHg-1)	13,3±3,16	13,6±3,64	0,45
SAEI(C2)(cm3-mmHg-1)	5,2±2,43	6,01±2,6	0,21
LAE, (C1): large arterial elastisite index, SAE, (C2): small arterial elastisite index.			

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Evaluation of Changes at Echocardiographic Parameters after Renal Transplantation at Patients with End Stage Renal Disease

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Introduction: Chronic renal failure (CRF) is characterize by chronic, progressive and irreversible loss of nephrons due to various diseases. The most common reason of death at end stage renal disease (ESRD) is cardivascular (CV) complications. At this study, we aimed to evaluate the change at echocardiographic parameters after renal transplantation which is accepted as the best treatment modality for ESRD.

Method: Thirty four patients were included into the study voluntarily who applied to Akdeniz University, Faculty of Medicine, Organ Transplantation unit or nephrology outpatient unit, planned for renal transplantation from live donors, with definite operation dates. Echocardiographic measurements were performed preoperatively and at postoperative 6th month.

Findings: Left atrium (LA) was measured and in order to evaluate size and functions of left ventricle (LV), interventricular septal thickness (IVST), left ventricule end-diastolic diameter (LVEDD), left ventricule endsistolic diameter (LVESD), posterior wall thickness (PWT) were measured, ejection fraction (EF) was measured and compared preoperatively and at postoperative 6th month. There was an improvement at all parameters when preoperative and postoperative 6th month values were compared and there was statistical significiance (Table 1.).

Conclusion: There was an statistically significant improvement at all parameters when preoperative and postoperative 6th month echocardiographic parameters were compared. We suggest that significant improvement at cardiac structure and functions contribute to decreasing postoperative mortality. Postoperative echocardiographic measurements of patients who underwent renal transplantation should be performed on a regular basis.

Table 1

Parameters	Preoperative mean±ss	Postoperative mean±ss	P value
LA (cm)	3,57±0,58	3,19±0,41	0,001
LVEDD (cm)	4,65±0,74	4,3,79±0,55	0,008
LVESD (cm)	3,10±0,66	26,35±0,43	0,001
İVST (cm)	1,17±0,22	1,08±0,21	0,001
PWT (cm)	1,13±0,20	1,07±0,13	0,007
EF (%)	62,35±8,06	70,38±0,73	0,001
Echocardiographic parameters			

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Correlation between some Immunological Parameters Against Elastin and the Score Risk Chart

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Introduction: Atherosclerosis is a chronic, progressive disease that affects the inner layer of the large and medium arteries of the body. Number of risk factors, components of metabolic syndrome, contribute for its earlier manifestation and progression. The primary mechanism for avoiding the complications of the atherosclerotic process is an early detection of the vascular aging and prevention. So far the risk stratification is performed by the SCORE RISK CHART. Vascular aging is associated with accelerated turnover of the febrile protein elastin wich is the main component in the structure of the vessel wall. A constellation of markers are required for proper risk stratification and early assessment of the morphological vascular changes.

Objective: To determine the correlation between the levels of the immunological markers against elastin, and the stratified risk by the SCORE chart.

Methods: A study is conducted on 104 subjects. All subjects were stratified according to the SCORE risk chart into three groups: high, moderate and low risk. To determine the least significant differences (LSD) between the groups we used the method of Fisher.

Results: When comparing the mean levels of AEAb IgG in the three groups we determined a statistically significant difference at 95% confidence interval between the group with low and high risk (LSD=0,372, p<0.05), between the group with low and intermediate risk (LSD=0,147, p<0.05) between the group with intermediate and high risk (LSD=0,225, p<0.05). p=0.000 No such correlation could be determined between the levels of AEAb IgM in the three risk groups.

Conclusion: AEAb IgM are an acute phase antibodies associated with the initiation of the process of elastin turnover. Vascular aging is a long process, wich is accompanied by high levels of AEAb IgG. The predictive value of the SCORE chart and AEAb IgG is comparable - the higher the turnover of febrile protein, the higher the cardiovascular risk of the patient as assessed by the SCORE risk chart. Therefore, the high vascular risk is preceded by a more intensive process of elastin turnover.

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Single Coronary Artery in 215140 Patients Undergoing Coronary Angiography

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Objectives: The aim of our study is to determine in the incidence of single coronary arteries.

Background: Single coronary artery (SCA) is a rarely seen coronary anomaly in which right coronary artery and left main coronary artery arise from single aortic sinus. It is detected usually during routine coronary angiography (CAG) or found incidentally in postmortem examination. It has an incidence of 0.014-0.066 % in general population. Most of these anomalies are clinically nonsignificant however some anomalies can be presented by angina, dyspnea, syncope, acute myocardial infarction and sudden cardiac death. Although SCA has a benign course most of the time and its clinical significance is unknown, in some autopsy studies it was shown to be related to sudden cardiac death.

Methods: SCA patients who detected among 215140 CAG performed between 1998 and 2013 years in SANKO Hospital were included in our study. Patients with SCA were selected retrospectively from coronary anomaly files created between these years and the incidence and clinical features of SCA patients were determined. The classification of CAG was made according to the two different classifications defined by Smith and Lipton and collegues. The Smith's system consists of three groups according to the course of the coronary arteries involved. Lipton and collegues classified the coronary anomalies as R or L according to the origination of abnormal coronary artery either from right or left coronary sinus. 39 (58%) patients had experienced exertional angina, and six (9%) patients had exertional dyspnea, three (4%) had syncope, four (6%) had palpitations, six (9%) had exertional angina and palpitations and six (9%) had exertional angina and syncope. Three of the patients were admitted with myocardial infarction. 26 (38%) patients had pathologic ST-T changes on ECG. Treadmill exercise test was performed in 56 patients and 34 (61%) of 56 patients had positive results.

Results: A total number of 215140 patients who was undergone routine CAG were included in the study and SCA was detected in 67 (0.031%) patients. There were six (9%) type R-I, 23 (34%) type R-II, 10 (15%) type R-III, 16 (24%) type L-I and 12 (18%) type L-II patients according to the angiographic classification.

Conclusions: Coronary artery origin anomalies are rarely seen during routine cardiac catheterization and the incidence is 0.2-1.3% in angiographic series and 0.3% in autopsy series. In our data set including 215140 coronary angiographies of 15 years, there are 67 patients with SCA and the incidence is 0.31%. Coronary artery anomalies are the second most common cause of the sudden cardiac death in young athletes. Early diagnosis and treatment are crucial in order to lower the risk of sudden cardiac death in this population (Especially sportsmen) with higher sudden cardiac death risk.

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