with atrial fibrillation (AF). Serum uric acid (SUA) is the end product of purine metabolism and is catalyzed by xanthine oxidoreductase, which has been found in the left atrium of patients with AF, and increased SUA level could be a sign of oxidative damage and inflammation, which play a role in the pathogenesis of AF. Although it has been demonstrated that SUA level is tend to be higher in patients with AF, the relationship between the contractile function of left atrial appendage (LAA) and SUA level has not been fully elucidated. However, elevated SUA level may be an additional cumulative risk factor for increased thromboembolic events in patients with AF.

We aimed to examine the relationship between SUA level and contractile function of LAA in a short cohort of patients with AF.

**Material-Methods:** One hundred thirty patients with AF in whom transesophageal echocardiography was performed to guide the decision about when to perform cardioversion were enrolled to this study. Patients were categorized according to their TTR values (<60% vs. >60%). We did not calculate TTR values in patients with AF. However, it is controversial whether an elevated SUA is a cause or a consequence of decreased contractile function of LA and/or LAA. Further randomized, prospective, two dimensional echocardiography and classified to two groups as those with dilated appende aorta or those with a normal aortic diameter n=43. We have measured the GGT,CRP,glucose,uric acid levels and lipid profile in th blood samples of the patients mentioned.

**Results:** Serum GGT and CRP levels were significantly higher in those patients with dilated appende aorta (p<0.001 and p<0.01 respectively). Also hypertension and diabetes mellitus frequency was significantly higher in the same group (p<0.01 and p: 0.02 respectively). Statistically positive correlation was shown with serum CRP (r=0.3, p=0.006),GGT (r=0.4, p=0.01) levels and appende aorta diameter. Logistic regression analysis showed that HT,GGT and DM were independent predictors for dilatation of appende aorta.

**Conclusion:** Serum SUA levels were positively correlated with left atrial diameter (r=0.256, p<0.001). The measured SUA is a simple, easily determined marker of the measurement of SUA is a simple, easily determined marker of inflammation and oxidative stress at a low cost. Elevated SUA levels may be associated with the decreased contractile function of LAA and may provide additional prognostic information with future thromboembolic events in patients with AF. However, it is controversial whether an elevated SUA is a cause or a consequence of decreased contractile function of LA and/or LAA. Further randomized, prospective, large-scale studies are needed to elucidate the exact pathophysiological and prognostic role of SUA in this setting and assess its potential clinical relevance.

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**Association between Ascending Aorta Dilatation and Serum γ-Glutamyltransferase Levels**

Bilal Geyik1, Çağdaş Kaynak1, Özcan Özdörmü1, Ayşen Yılmaz2, Mustafa Yılmazpepe1, Göksay Taylan1, İbrahim Özgümüş1, Foşaş kökas1, Selçuk Özgün1, Ali Manço1, Uğur Özkan1, Yalcın Kaçmaz1, Nazar Sivi1

Department of Cardiology, Trakya University School of Medicine, Edirne, Department of Cardiology, Cag Hospital, Ankara.

**Introduction:** Recent studies identified possible roles of oxidative stress and increased inflammatory status in the pathogenesis of ascending aortic dilatation. High serum gamma-glutamyltransferase (GGT) levels indicate a marker of oxidative stress. GGT level is positively associated with the development of hypertension. In this study we aimed to evaluate the relation between serum GGT levels and ascending aorta dilatation.

**Method:** There were 79 patients enrolled whose ascending aorta was measured with two dimentional ecocardiography and classified to two groups as those with dilated appende aorta n=36 and those with a normal aortic diameter n=43. We have measured the GGT,CRP,glucose,uric acid levels and lipid profile in th blood samples of the patients mentioned.

**Results:** Serum GGT and CRP levels were significantly higher in those patients with dilated appende aorta (p<0.001 and p<0.01 respectively). Also hypertension and diabetes mellitus frequency was significantly higher in the same group (p<0.01 and p: 0.02 respectively). Statistically positive correlation was shown with serum CRP (r=0.3, p=0.006),GGT (r=0.4, p=0.01) levels and appende aorta diameter. Logistic regression analysis showed that HT,GGT and DM were independent predictors for dilatation of appende aorta.

**Conclusion:** Serum SUA levels were higher in those patients with dilated appende aorta. Likewise the other studies our study showed that serum SUA levels are considerable for the patogenesis of HT also can lead to aortic dilatation via causing oxidative stress and inflammatory stress response.