**Participants' characteristics at baseline and CVD incidence, by sex and cohort**

| | Men | Women |
|---|---|---|
| N | 363 | 412 |
| Age (years) a | 43 | 42 |
| Smoking (%)b | 30 | 21 |
| Physically active (%) | 22 | 15 |
| Alcohol consumption (%,≥1 glass per month) | 42 | 10 |
| Alcohol (gram/day)a | 18 (3–29) | 1 (0–4) |
| Energy intake (kcal/day)a | 1770 (1127–2399) | 1250 (925–2264) |
| Vegetables (gram/day)a | 210 (151–258) | 198 (126–247) |
| Fruit (gram/day)a | 187 (92–223) | 154 (86–218) |
| Legumes (gram/day)a | 20 (12–27) | 17 (9–25) |
| Nuts (gram/day)a | 4 (0–11) | 2 (0–8) |
| Grains (gram/day)a | 180 (126–338) | 174 (132–294) |
| Fish and seafood (gram/day)a | 3 (0–10) | 2 (0–8) |
| Unsaturated fatty acids (gram/day)a | 39 (27–51) | 34 (26–44) |
| Saturated fatty acids (gram/day)a | 62 (46–81) | 55 (38–69) |
| Dairy and dairy products (gram/day)a | 321 (193–524) | 314 (190–488) |
| Meat products (gram/day)a | 124 (108–155) | 93 (61–112) |
| Fatal CVD (n) | 3 | 2 |
| Incident CVD (n) | 15 | 10 |

Participants' characteristics at baseline and CVD incidence aNumbers are given as mean (sd) or as median (interquartile range); bCigarette, cigar or hookah; CVD = cardiovascular diseases, MI = myocardial infarction.

POSTERS

## PP-280

### Is MPO Activity and MDA a Marker of Determine Coronary Artery Disease in Non Diabetic Metabolic Syndrome Subjects?

*Sebahat Tekeli Şengül[1], Aynur Terim Çağır[2], Ahmet Temizhan[1], Gülsevim Saydam[2], Özcan Özeke[1]*
*[1]Department of Cardiology, Ankara Yüksek İhtisas Hopital, Ankara, [2]Department of Biochemistry, Ankara Yüksek İhtisas Hospital, Ankara*

**Introductıon:** This clinical study aimed to investigate MPO (myeloperoxidase) activity that is a marker of inflammatory and oxidative stress, is weather or not a marker to determine stable CAD (coronary artery disease) in MetS (metabolic syndrome) and to show the association between MPO activity and other inflammatory biomarkers (malondialdehyde (MDA),CRP, WBC, Fibrinogen).
**Methods:** 93 non-diabetic Mets subjects who underwent coronary angiography were enrolled in this study. Patient groups included 58 subjects (47 male, 11 female; mean age 59.6±11.2) who were diagnosed coronary artery disease and control group included 35 subjects (11 male, 24 female; mean age 50.7±8.8) without coronary artery disease. No patient have a recent history of an acute infection or an inflammatory disease.
**Results:** In our study MPO activity, hsCRP, WBC and fibrinogen levels showed no significant differences between CAD+ MetS group and non-CAD+MetS group (p>0,05). We found that MDA levels in MetS CAD groups were significantly higher than non-CAD Mets groups (p<0,05) (Table 1).
**Conclusıon:** Our results show that MPO activity, hsCRP, WBC and fibrinogen levels were not seem to be a biomarker for stable CAD in MetS, independently component of Mets. However this study suggests that MDA level will may be a biomarker for CAD in MetS. MDA is one of frequently used indicator of lipid peroxidation. MPA may be a potential biomarker for oxidative stress and a predictor of KAH in MetS groups.

**Table 1**

| | MetS+CAH | MetS | p değeri |
|---|---|---|---|
| MPO(U/L) | 48.92±22.08 | 45.62±12.02 | 0.488 |
| MPA(μmol/L) | 7.56±1.57 | 6.53±1.13 | 0.001 |
| hsCRP(mg/dl) | 0.440±0.50 | 0.476±0.48 | 0.587 |
| Fibrinogen(g/L) | 3.55±0.79 | 3.52±1.01 | 0.763 |
| WBC (x10^3/Ul) | 7.33±1.34 | 7.70±1.44 | 0.222 |

## PP-281

### Retrospectively, Compared Percutaneous Coronary Intervention and Surgical Revascularization Results for the Treatment of Multivessel Coronary Artery Disease According to Syntax Scores Groups

*Fatih Aytemiz[1], Efe Edem[2], Zülkif Tanrıverdi[3], Ümmü Tas[3], Barış Ünal[3], Abdulla Arslan[3], Önder Kırımlı[3]*
*[1]İzmir Atatürk Training and Research Hospital, İzmir, [2]İzmir Bozyaka Training and Research Hospital, İzmir, [3]İzmir Dokuz Eylul University Hospital, İzmir*

**Introduction and Objective:** Syntax scoring system was established by lesion number, place and functional importance in angiography which projects objective and essential data for severity of coronary artery disease (CAD). Our aim in this study is to classify and compare the results of revascularization methods in multiple vessel CAD or left main coronary artery disease (LMCA) patients in their first intervention as percutaneous coronary intervention (PCI) or coronary artery bypass grafting (CABG) due to syntax scoring system.
**Method:** We included totally 391 patients which were diagnosed previously as multiple vessel CAD or LMCA disease after coronary angiography in Cardiology Department in Dokuz Eylul Faculty of Medicine Hospital between 01/01/2009 and 12/31/2010. 171 of 391 patients was initially revascularized by PCI, CABG was performed in 220 of 391 patients. Both PCI and CABG groups were divided into three subgroups as syntax scoring system as low (<23), intermediate (23-32) and high (>32). Also, EuroSCORE II and logistic EuroSCORE values were calculated in CABG group. Mortality rates in hospital stay and during first year were evaluated in both revascularization method.
**Results:** The mean age in PCI group was 61.21±10.93 and 71,3% was male on the other hand in CABG group the mean age was 63.08±9.43 and 80,0% was male (age, p=0,013; sex, p=0,046). Mean syntax score was detected as 19.72 ±5.85 in PCI group and 28.23±7.11 in CABG group (p=0,008). The mean EuroSCORE II value was 1,43 and mean logistic EuroSCORE value was 7,20 in CABG group. Mortality rate during hospital stay was detected as 1,2 % (2 patients) in PCI group, 9,5% (21 patients) in CABG group (p<0,001). First year mortality in PCI group was 2,3% (4 patients), 3,2% (7 patients) in CABG group (p=0,762). High syntax score was calculated in two mortal patients during hospital stay in PCI group. İn CABG group, there was no statistically significant difference in hospital mortality occured in patient with a high score of syntax (p=0,18). The most significant parameter in mortality during hospital stay was detected as EuroSCORE II average values (p<0,001) followed by age and left ventriculus ejection fraction average values (respectively p=0,003 and p=0,021) in CABG group. In this group there were no significant difference due to syntax scoring averages (p=0,121).
**Dıscussıon:** In our study we investigated retrospectively the mortality rates during hospital stay and first year in PCI or CABG which performed in multiple vessel CAD and LMCA disease patients. The mortality rates during hospital stay was significantly higher in CABG group in comparison to PCI group. However PCI group had lower syntax score average and less LMCA disease patients. Syntax scoring system is not successful in prediction of mortality during hospital stay and first year in CABG group.