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Antiplatelet Effect of Sequential Administration of Cilostazol in Patients with Asytselyalic Acid Resistance
Muhammed Bora Demireçelik¹, Mustafa Çetin³, Zehra Gürün Çetin³, Serhat Isık³, Müslüm Sahin², Emrullah Kıziltunç², Hulya Cicekcioglu², Feridun Vasfi Ulaşoy³, Beyhan Eryonucu²
¹Turgut Özal University Department of Cardiology, Ankara, ²Ankara Numune Education and Research Hospital Department of Cardiology, Ankara, ³Ankara Numune Education and Research Hospital Department of Endocrinology, Ankara

Objective: The aim of this study was to evaluate the antiplatelet efficacy of sequential administration of cilostazol (CLZ) in patients with ASA resistance.

Methods: Consoning patients with stable coronary artery disease were first given ASA 100 for 10 days followed by collagen/epinephrine induced closure time (CTCEPI) measurements. Those who were found to be resistant to 100 mg of ASA were given 300 mg of ASA for a further 10 days after which CTCEPI measurements were repeated. Patients with resistance to 300 mg ASA were then given CLZ at a daily dose of 200 mg for 10 days followed by a final CTCEPI measurement.

Results: A total of 180 patients were enrolled. The rate of resistance to 100 mg ASA was 81/180 (45.0%) compared to a rate of 35/81 (43.2%) with 300 mg ASA. Of the 35 patients resistant to 300 mg ASA, 22 (62.9%) also failed to respond to CLZ treatment. A total of 180 patients were enrolled. The rate of resistance to 100 mg ASA was 81/180 (45.0%) compared to a rate of 35/81 (43.2%) with 300 mg ASA. Of the 35 patients resistant to 300 mg ASA, 22 (62.9%) also failed to respond to CLZ treatment.

Conclusion: Administration of 100-300 mg of ASA provides sufficient anti-platelet activity in the majority of patients. Initiation of CLZ could be of benefit in some patients with ASA-resistance for whom an effective antiagregant effect is of clinical importance.

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Angiographic Peculiarities and Brain Natriuretic Peptide Levels in Coronary Heart Disease Patients with Various Left Ventricular Myocardium Mass
Davyd Yakhontov, Darja Derisheva
Novosibirsk Medical University, Russia

Purpose: Patients and Methods: To evaluate correlation of angiographic peculiarities and NT-proBNP plasma levels in coronary heart disease (CHD) pts with various left ventricular myocardium mass indices (LVMM) 232 men 40-60 years old with stable angina were investigated. The 1st study group included 117 pts whose LVMM had been within normal range (<125 g/m²; M ±m -114.1±18 g/m²), the 2nd study group included 115 patients with left ventricular hypertrophy (LVH; LVMM=125 g/m²; M ±m -162.1±4.6 g/m², p <0.005). CHD duration had been 3.3±0.5 and 3.7±0.6 years correspondingly. 68 (58.1%) pts 1st group and 55 (49.0%) patients 2nd group had previously solved myocardial infarction. In addition to clinical, laboratory and instrumental examinations, a coronaryorography and determinations NT-proBNP plasma levels had been carried out.

Results: The 2nd group pts compared with 1st group pts demonstrated significantly higher plasma NT-proBNP concentrations (9.9±1.2 pg/mL vs 5.4±1.7 pg/mL correspondingly; normal range 0 - 200 pg/mL). Total cholesterol, LDL, HDL and triglycerides plasma levels were not differed significantly between both groups pts. Intact coronary arteries had been found more frequently in 1st group pts (10.3%), than in patients with LVH (1.7%). Coronary arteries hemodynamic lesions had been found both in 1st (81.1%) and 2nd (95.9%) group pts. In 1st group one affected coronary artery had been found in 58 (49.5%) pts, two affected arteries in 16 (13.6 %) and more than two affected coronary arteries in 8 (6.8%) pts. In 2nd group more than two affected coronary arteries had been found in 77 (66.9%), two affected arteries in 22 (19.1%) and one affected coronary artery only in 13 (11.3%) pts. Affected left main stem coronary artery (LMS) had been found in 18 (15.6%) pts with LVH, while intact LMS had been revealed in all pts with normal LVMM. Also, other affected main coronary arteries such as anterior interventricular artery, diagonal artery, left circumflex artery, obtuse marginal artery, and right coronary artery had been found more frequently in LVH pts.

Conclusion: Our data revealed a close relationship between plasma NT-proBNP concentration and increased myocardial mass index, therefore NT-proBNP may be used as informative criterion in assessment of morphologic and functional status of a heart. Clinically significant hemodynamic lesions of three and more coronary arteries as well as affected main coronary arteries had been found more frequently (with statistical validity) in LVH patients.

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Neutrophile/Lymphocyte Ratio is Associated with More Extensive and Severe Coronary Artery Disease and Impaired Myocardial Perfusion
Aslı Tannum, Ayca Fabbi Erkan, Berkay Eksici, Hasan Fehmi Türe
Üfik Üniversitesi Tip Fakültesi, Kardiyoloji Anabilim Dalı, Ankara

Objective: Atherosclerosis is an inflammatory process where leukocytes and subgroups play an important role. Recently neutrophile to lymphocyte ratio has been suggested as a predictor of morbidity and mortality in patients with coronary artery disease. We aimed to investigate if there is any relation between neutrophile to lymphocyte ratio (N/L ratio) with angiographically determined extent, severity, complexity of coronary artery disease and myocardial perfusion.

Methods: We consecutively involved 151 patients who were admitted with stable angina pectoris or acute coronary syndrome and who were decided to undergo coronary angiography. Blood samples were drawn before coronary angiography for complete blood count analysis to assess neutrophile and lymphocyte counts, and N/L ratio. Gensini score and SYNTAX score were calculated to assess extent, severity and complexity of coronary artery disease. Myocardial blush grade was used to evaluate myocardial perfusion.

Results: There were 93 patients in the stable angina group and 58 patients in the acute coronary syndrome group. Groups were similar with respect to baseline demographic, clinic and laboratory parameters (Table 1). Neutrophile counts were 4.4±1.4 and 5.0±1.6 in the stable angina and acute coronary syndrome groups respectively (p=0.018); whereas lymphocyte counts were 2.2±0.7 and 2.1±0.7 respectively (p=0.104). Neutrophile to lymphocyte ratio was 2.2±1.2 in the stable angina group and 2.6±1.0 in the acute coronary syndrome group (p=0.002). N/L ratio was significantly associated with Gensini and SYNTAX scores (r=0.469 and r=0.458 respectively; p<0.001 for both). This association remained significant after adjustment for age and total leukocyte count (adjusted OR: 1.968 [95% CI (1.301-2.975), p=0.001). According to Kruskal Wallis analysis, there was a significant association between MBG and N/L ratio (p<0.001). Cut off value of N/L ratio to predict moderate to severe CAD according to SYNTAX score was 2.26 (Figure 1).

Conclusion: Neutrophile to lymphocyte ratio is associated with severe and extensive coronary artery disease and it may be used to predict moderate to severe involvement in patients with coronary artery disease.