Cilostazol Decreases Total Atrial Conduction Time in Patients with Peripheral Artery Disease

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Thirty patients with peripheral artery disease were treated with cilastazol. Methods: Cilastazol therapy on TACT in patients with peripheral artery disease. Results: The TACT duration (Figure 1) was decreased in all patients compared with baseline. The reduction of TACT duration was correlated with the increase in mitral E wave velocity/mitral A wave velocity ratio (r = 0.48, P < 0.003) (Figure 2). Conclusion: Our result showed that 200-mg cilastazol treatment decreased TACT duration in patients with peripheral artery disease, which suggest that there might be a link with cilastazol treatment and atrial fibrillation development and/or recurrence.

Increased Mean Platelet Volume May Reflect a Disturbance in the Autonomic Nervous System in Patients with Vasovagal Syncope

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Increased mean platelet volume (MPV) may reflect a disturbance in the autonomic nervous system (ANS). When we evaluated the time-domain HRV analysis parameters, we observed that SDNN, SDNN index, RMSSD, PNN50 count were significantly lower in patients with VVS (p < 0.05 for all). Also, MPV was found significantly higher in patients with VVS. Pearson's correlation analysis showed that MPV was moderately negatively correlated with SDNN (r = -0.421), SDSD (r = -0.396), NNS50 count (r = -0.395), RMSSD (r = -0.393). There was not a statistically significant correlation between MPV and time-domain HRV analysis parameters in patients without VVS. Conclusion: We found that MPV was significantly higher in the patients with VVS. and MPV is also closely associated with increased sympathetic activity in patients with VVS. Our analysis supports the hypothesis that alterations of autonomic status may play a role in the development of platelet size.

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Association Between Serum Total Antioxidant Status and Flow Mediated Dilatation in Patients with Systemic Lupus Erythematosus

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Objective: To evaluate the relationship between the endothelial dysfunction assessed by flow mediated dilatation (FMD) in the brachial artery and serum total antioxidant status (TAS) in SLE patients. Methods: Thirty-four patients with SLE and thirty-nine healthy volunteers without any cardiovascular disease and atherosclerotic risk factors were included in this study. Doppler ultrasound system was used to measure FMD from the brachial artery in the antecubital fossa to assess endothelial function. Serum TAS was measured with TAS kit. High-sensitivity C-reactive protein (hs-CRP), a marker of inflammation, was also determined. Results: The mean TAS value was significantly lower in patients with SLE than in controls (1.60 ± 0.11 versus 1.93 ± 0.15, p < 0.0001). hs-CRP levels were significantly higher in the patients with VVS, compared with the controls (1.55 ± 0.11 versus 0.56 ± 0.15; p < 0.0001). There was no difference between groups regarding baseline and hyperemic diameters. However, FMD percent was found to be significantly lower in SLE patients than in controls. FMD significantly positively correlated with TAS (r = 0.488, p < 0.0001) and significantly inversely correlated with serum hs-CRP levels (r = -0.314, p = 0.001). In regression analysis, only TAS was independently correlated with FMD (β = 0.575, p = 0.002). Conclusion: SLE patients without cardiovascular risk factors have endothelial dysfunction and this can be related with underlying inflammation and impairment of TAS.