Heart rate changes and the epicardial adipose tissue

<table>
<thead>
<tr>
<th></th>
<th>HRC (&lt;43)</th>
<th>HRC (≥43)</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALL CASES</td>
<td>6.17±1.64</td>
<td>4.2±1.42</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>PATIENTS GROUP</td>
<td>6.52±1.43</td>
<td>5.11±1.90</td>
<td>0.007</td>
</tr>
<tr>
<td>CONTROL GROUP</td>
<td>3.76±0.70</td>
<td>3.68±0.68</td>
<td>0.83</td>
</tr>
</tbody>
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HRC: post exercise heart rate recovery in 2 minutes

PP-200
Left Atrial Mechanical Functions, Atrial Electromechanical Delay and P Wave Dispersion in Patients with Mild to Moderate Psoriasis
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Objectives: Many systemic diseases including cardiovascular disturbances have been documented in patients with psoriasis. In the previous studies, left ventricular (LV) subclinical myocardial dysfunction was reported in the psoriasis patients. To evaluate the effect of psoriasis on left atrial (LA) functions, which is an important determinant of left ventricular filling, atrial electromechanical coupling and P wave dispersion in mild to moderate psoriasis patients.

Methods: Thirty (mean age 39±13 years) patients with psoriasis and thirty (mean age 34±8 years) controls were enrolled. The severity of the disease was evaluated by the “Psoriasis Area and Severity Index.” LA volumes were measured using the biplane area-length method and LA mechanical function parameters were calculated by echocardiography. Atrial electromechanical delays were measured by tissue Doppler imaging. 12-lead electrocardiogram was used to measure P wave dispersion. All ECGs were stored in a digital system and all the measurements were done by computer based method.

Results: There were no significant differences between the groups for left atrial mechanical function indices. No difference was detected between the groups with regards to interatrial electromechanical delay (PALat – PArticus) and intratrial electromechanical delay (PAsep – PArticus) (14.4±5.7 ms vs 12.5±4.2 ms p>0.05 and 6.3±3.5 ms vs 5.1±3.4 ms p>0.05, respectively). There were no differences between groups with regards to P wave dispersion.

Conclusions: This study showed that, patients with mild to moderate psoriasis had conserved left atrial mechanical function and unimpaired atrial conduction of sinus impulses.

PP-201
P-wave Dispersion and Evaluation of Atrial Conduction Times using Tissue Doppler Echocardiography in Inflammatory Bowel Disease
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Objectives: Inflammatory bowel disease (IBD) is a systemic disease characterized by exaggerated inflammation. The impact of inflammation on atrial arrhythmia is unknown. In this study, we aimed to investigate the relationship between P-wave dispersion (PWD), intra-atrial electromechanical delay (EMD) and IBD.

Methods: The study group consisted of thirty five IBD patients (18 males, 17 females; mean age 43.97±13.98 years) and twenty one controls that have similar age and gender characteristics (15 males, 6 females; mean age 40.14±10.24 years). P-wave dispersion (P max, P min) and PWD were calculated with 12-leads electrocardiogram; atrial electromechanical coupling intervals (PA) and EMD were measured by tissue Doppler imaging.

Results: PWD was longer (45.40±11.21 ms vs. 30.76±9.99 ms, p<0.05) in IBD group. P min was shorter in IBD group (54.46±9.83 ms vs. 69.14±7.11 ms, p<0.05) but P max was similar in both groups (99.86±16.68 ms vs. 99.90±11.08 ms, p=0.991). In tissue Doppler imaging, Lateral PA and septal PA were found to be more prolonged in IBD group (lateral PA 69.86±1.32 ms vs. 56.24±9.93 ms, p<0.05; septal PA 45.06±7.98 ms vs. 38.38±9.96 ms, p=0.008). Tricuspid PA did not differ between groups (35.40±8.14 ms vs. 30.81±7.71 ms, p=0.002). Inter-atrial EMD (lateral – tricuspid PA) and left intra-atrial EMD (lateral – septal PA) were longer in IBD group (34.46±10.79 ms vs. 25.43±7.52 ms, p=0.001; 24.80±9.31 ms and 17.86±7.35 ms, p<0.005, respectively). Right side intra-atrial EMD did not differ significantly between groups (9.66±5.00 ms vs. 7.57±4.05 ms, p=0.154).

Conclusion: We found significant prolongation of PWD, left intra-atrial and inter-atrial EMD in patients with IBD. These findings may indicate an increased risk for the development of atrial fibrillation in IBD patients.