Results: There was no significant difference with respect to age and gender between groups. The genotype distribution in nonvalvular AF who have had a stroke group was as follows: normal genotype (AA) frequency was 39 (55.7%), heterozygous mutant genotype (AC) frequency was 27 (38.6%) and homozygous mutant genotype (CC) frequency was 2 (2.9%). There was no statistical difference in genotype distribution among the groups.

Conclusions: Our results suggest that the MTHFR gene A1298C mutation appears not to be associated with nonvalvular AF with ischemic stroke in Turkish population.

PP-139
Relationship between Serum Gamma-glutamyl Transferase Levels with Aortic Root Dilatation
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Background: Increased serum gamma-glutamyl transpeptase levels (GGT) has been shown to directly promote oxidative stress. In previous studies has been shown the relationship between the dilatation of the ascending aorta with oxidative stress. This study was designed to examine the relationship between serum GGT concentrations with dilatation of the ascending aorta.

Methods: 83 patients with ascending aorta dilatation and 82 healthy person matched with dilatation of the ascending aorta.

Results: 66 % of 83 patients with ascending aorta dilatation were male and average age were 56±12.1. In the control group 63% of 82 healthy person were male and average age were 55±11.3. In the group of ascending aorta dilatation; tension, left ventricular mass index, left atrial volume index, serum GGT, serum icric acid, hs-CRP were found to be significantly higher than control group. According to multiple logistic regression; hyper tension history (OR:1.22, 95%CI 1.12-1.32, p<0.05), serum GGT (OR:1.09, 95%CI 1.04-1.14, p<0.05) were independent predictors of ascending aorta dilatation were found to be independent variables.

Conclusions: In conclusion, we found that serum GGT concentration was significantly associated with aortic dilatation. The higher serum GGT concentration may be responsible for the elevated serum antioxidant capacity that was observed among patients with ascending aorta dilatation. Large epidemiological studies are required to correlate the findings from this study with clinical outcome.

PP-140
Product of Hemoglobin and Left Ventricular Ejection Fraction as a New Predictor of Contrast Induced Nephropathy in Patients with Acute Coronary Syndrome
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Objective: Hemoglobin concentration (Hb) and left ventricular ejection fraction (LVEF) are known predictors of contrast induced nephropathy (CIN). We hypothesized that product of hemoglobin concentration and left ventricular ejection fraction is superior to either variable alone in predicting contrast induced nephropathy in patients with acute coronary syndrome (ACS).

Methods: Consecutive patients with ACS were prospectively enrolled for this study. Those patients considered for invasive strategy were included. Baseline creatinine levels were detected on admission and 24, 48 and 72 hours after coronary intervention. 25% or 0.5 mg/dl increase in creatinine level was considered as CIN.

Results: 268 patients with ACS (mean age 58±11 years, 77% male) were included in the study. Contrast induced nephropathy was observed in 26 (9.7%) of patients. Baseline creatinine concentration, LVEF, Hb and high density lipoprotein cholesterol was significantly different between two groups. Contrast volume to estimated glomerular filtration rate ratio (odds ratio 1.310,95% confidence interval 1.077-1.593, p=0.007) and the product of Hb and LVEF (odds ratio 0.996,95% confidence interval 0.994-0.998, p=0.001) were found to be independent predictors of contrast induced nephropathy in multivariate logistic regression analysis. Hb x LVEF < 690 had 85% sensitivity and 57% specificity to predict CIN (area under curve: 0.724, 95% confidence interval 0.625-0.824, p<0.001).

Conclusion: In patients with acute coronary syndrome, the product of hemoglobin and ejection fraction is better than either variable alone at predicting contrast induced nephropathy. It predicts contrast induced nephropathy independent of baseline renal function and volume of contrast agent.

PP-141
Epicardial Fat Thickness in Patients with Psoriasis Vulgaris
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Purpose: Psoriasis vulgaris is one of the most common skin disorders. Patients with psoriasis carry an excessive risk of coronary artery disease. Visceral adipose tissue around the heart affects the heart and coronaries by secreting proatherogenic mediators. It could be easily evaluated by measurement of epicardial fat thickness (EFT).

The aim of this study is to investigate EFT in patients with psoriasis vulgaris. Methods: One hundred and fifteen adult patients with psoriasis vulgaris (group 1) and 60 age- and sex-matched healthy individuals (group 2) were included in this study. EFT was obtained by transthoracic echocardiography. Disease specific characteristics of the patients were recorded. Serum glucose, lipid profile, and high sensitive C-reactive protein (hsCRP) levels were measured.

Results: EFT and hsCRP were significantly higher in group 1 than in group 2 (5.7±1.2 vs. 4.1±1.0 mm, p<0.001 and 0.52±0.45 mg/dL vs 0.19±0.17 mg/dL, p<0.001; respectively) (Fig. 1). In patients with psoriasis vulgaris, EFT was correlated with disease severity assessed with psoriasis activity score index (PASI)(Fig. 2). The PASI score and hsCRP were found to be independent predictors of EFT in patients with psoriasis vulgaris (β=0.21, t=2.67, p=0.01 and β=0.62, t=7.72, p=0.001; respectively).

Conclusions: Our findings indicate that EFT was significantly higher in patients with psoriasis vulgaris compared with the controls. It was more prominent in patients with severe disease.