further control coronary angiography because of an acute coronary syndrome. Clinical, angiographic, and angiographic data were analyzed.

**Results:** Patients were divided into 3 tertiles according to the RDW values (12.9 ± 0.4, 14.2 ± 0.4 and 16.3 ± 1.5 respectively). Stent thrombosis developed in 47 (40.9%) patients in the lowest tertile, 39 (37.9%) patients in the middle tertile and 60 (58.3%) patients in the highest tertile (p < 0.006). Female gender ratio was significantly high in the highest tertile (13 (11.3%), 8 (7.8%), 24 (23.3%), p = 0.003, respectively). The RDW (odds ratio 1.397, 95% CI: 1.177-1.657, p < 0.001), platelet count (odds ratio 1.008, 95% CI: 1.004-1.012, p < 0.001) remained independent predictors of stent thrombosis after multivariate logistic regression analysis. Receiver–operating characteristic (ROC) curve analysis demonstrated a cut off value 13.9 for the RDW predicted the development of stent thrombosis with a sensitivity of 57% and specificity of 52% (Area under the ROC curve: 0.59, 95% CI: 0.53 to 0.65, p < 0.007).

**Conclusion:** High RDW values were found to be independent associated with the development of stent thrombosis in patients with ST-elevation MI.

**PP-277**

**The Pharmacoeconomic Efficacy of Ivabradine and Nebivolol Treatment of Stable Angina Pectoris in Patients with Left Ventricular Dysfunction**

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**Background:** We aimed to investigate the pharmacoeconomic efficacy of ivabradine and nebivolol in treatment of stable angina pectoris patients with left ventricular dysfunction.

**Methods:** This prospective study included 34 patients with a left ventricular ejection fraction (LVEF) < 40% that were followed up by the cardiology department; 15 (44%) patients were male, 19 (56%) were female, and mean age was 61.5 ± 5.1 years. Patients treated with nebivolol (17 patients, 50%;) formed nebivolol group, patients who could not tolerate nebivolol and treated with ivabradine (17 patients, 50%) formed ivabradine group. The parameters recorded included heart rates, LVEF, hospitalization rates, quality of life (QoL) based on the Seattle Angina Questionnaire (SAQ) scores, the Duke Treadmill Score (DTS). Pharmacoeconomic analysis was performed by using Cost Minimization Analysis (CMA), and Cost Effectiveness Analysis (CEA).

**Results:** After 6 months’ treatment ivabradine (mean dose 12 ± 2.5 mg daily) reduced heart rate by (102 ± 8.9) to (66 ± 3.2) beat per minute (bpm), (p < 0.05), and nebivolol (mean dose 4 ± 1.0 mg/day) reduced heart rate by (105 ± 9.1) to (67 ± 4.3) bpm (p < 0.05). LVEF for the nebivolol group improved by (38 ± 6.5) to (41 ± 3.2), (p < 0.05) and for the ivabradine group (37 ± 5.4) to (41 ± 2.3), (p > 0.05). The mean MET value in the nevolol group increased from (3.7 ± 1.2) to (5.5 ± 1.6), (p < 0.05), versus from (3.6 ± 1.5) to (5.5 ± 1.4), (p < 0.05) in the ivabradine group. After 6 months’ treatment CMA results showed a difference in the total cost of treatment was $ 5 288.70 in favor of nebivolol.

**Conclusions:** The findings of this study suggest that nebivolol is more cost-effective than ivabradine in the treatment of stable angina pectoris patients with left ventricular dysfunction.

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**Association between Plasma Fibrinogen Level and Saphenous Vein Graft Patency**

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**Background:** Fibrinogen is related to pathogenesis of atherosclerosis. The inflammatory process in atherosclerosis may cause an increase in plasma fibrinogen level. Therefore, in this study we attempted to investigate whether plasma fibrinogen is associated with the patency of saphenous vein graft in patients at least 1 year after coronary artery bypass graft (CABG) surgery.

**Methods:** Patients who had undergone CABG surgery at least 1 year previously with at least one saphenous vein graft were included in the study. Patients were directed to cardiac catheterization for stable anginal symptoms or positive stress test results. Before coronary angiography, all patients had routine blood tests including plasma fibrinogen levels.

**Results:** Saphenous vein grafts were found to be patent in 199 patients and occluded in 132 patients. Plasma fibrinogen levels were significantly different between the two groups (2.85 ± 0.49 g/L vs. 3.62 ± 0.82 g/L, p < 0.001, respectively). Although time after CABG operation differs significantly between the two groups (p < 0.004), multiple logistic regression analysis showed that plasma fibrinogen levels were found to be significantly associated with the patency of vein graft (OR = 0.27, 95% CI 0.16-0.48, p < 0.001) (Table). In addition, a plasma fibrinogen value > 3.45 g/L was determined to predict saphenous graft vein disease with a sensitivity of 57% and a specificity of 9% (AUC area under the curve) 0.784 (Figure).

**Conclusion:** Our results demonstrated that plasma fibrinogen levels were higher in patients with an occluded saphenous vein graft. To prove this relationship between plasma fibrinogen values and saphenous vein graft patency, further investigations are needed.

**PP-279**

**Mediterranean Diet and Cardiovascular Diseases in an Turkish Population**

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**Aims:** Mediterranean diet (MD) is considered a model for healthy eating. However, prospective evidence in Turkey evaluating the relationship between MD and cardiovascular events is scarce. We surveyed the adherence of Turkish population to MD and its association with cardiovascular disease (CVD).

**Methods-Results:** Followed-up 900 participants (52 percent women) initially free of cardiovascular disease (CVD) during 5.1 years. The general dietary habits of study population were detected with a food frequency questionnaire. Data obtained from that questionnaire were tested with Mediterranean diet score in order to find out the relevance to Mediterranean diet. A MD score (scale 0-8) was computed reflecting high ratio of monounsaturated to saturated fat; high intake of alcohol, legumes, cereals, vegetables, and fruits; low intakes of meat and its products, milk and dairy products. Scoring <5 was defined as Low-MD consuming, while >5 as High-MD consuming. We observed 25 incident cases of CVD. Consumption of High-MD was 21% in men and 19% in women. The risk for myocardial infarction, coronary bypass, angioplasty, and any cardiovascular disease in men increased by 1.3 (p = 0.02), 1.4 (p = 0.03), 1.5 (p = 0.01), and 1.3 (p = 0.02), respectively, for each MD score decrease. In women, the risk for myocardial infarction and angioplasty increased by 1.3 (p = 0.02) and 1.5 (p = 0.01), respectively, for each MD score decrease. The risk for coronary bypass, and any cardiovascular disease in women, crude odds ratios ranged from 1.1 to 1.3 but were not statistically significant.

**Conclusions:** The current rate of MD in Turkey is fairly low. There is an inverse association between adherence to MD and the incidence of fatal and non-fatal CVD in initially healthy adults.
Is MPO Activity and MDA a Marker of Determine Coronary Artery Disease in Non Diabetic Metabolic Syndrome Subjects?

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Introduction: 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).

Conclusion: 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

<table>
<thead>
<tr>
<th></th>
<th>MetS+CAH</th>
<th>MetS</th>
<th>p değeri</th>
</tr>
</thead>
<tbody>
<tr>
<td>MPO (U/L)</td>
<td>48.92±22.08</td>
<td>45.62±12.02</td>
<td>0.488</td>
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<tr>
<td>MPA (mol/L)</td>
<td>7.56±1.57</td>
<td>5.63±1.13</td>
<td>0.001</td>
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<tr>
<td>hsCRP (mg/dL)</td>
<td>0.44±0.05</td>
<td>0.47±0.48</td>
<td>0.587</td>
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<tr>
<td>Fibrinogen (g/L)</td>
<td>3.55±0.79</td>
<td>3.52±1.01</td>
<td>0.763</td>
</tr>
<tr>
<td>WBC (x10^3/µL)</td>
<td>7.33±1.34</td>
<td>7.70±1.44</td>
<td>0.222</td>
</tr>
</tbody>
</table>

PP-281

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

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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 Eylül 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 24.25±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. In CABG group, there was no statistically significant difference in hospital mortality occurred 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 ventricular ejection fraction average values (respectively p=0.003 and p=0.021) in CABG group. In this group there were no statistically significant difference due to syntax scoring averages (p=0.121).

Discussion: 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.