Heart rate changes and the epicardial adipose tissue

	HRC (<43)	HRC (>43)	p value
ALL CASES Epicardial adipose tissue thickness (mm)	6,17±1,64	4,20±1,42	<0,001
PATIENTS GROUP Epicardial adipose tissue thickness (mm)	6,52±1,43	5,11±1,90	0,007
CONTROL GROUP Epicardial adipose tissue thickness (mm)	3,76±0,70	3,68±0,68	0,83
HRC: post exercise heart rate recovery in 2 minutes			

POSTERS

PP-200

Left Atrial Mechanical Functions, Atrial Electromechanical Delay and P Wave Dispersion in Patients with Mild to Moderate Psoriasis

Fatma Özlem Arıcan Özlük[1], Mustafa Yılmaz[1], Serkan Yazıcı[2], Tezcan Peker[1], Dursun Topal[1], Kemal Karaagac[1], Fahriye Vatansever[1], Alkame Akgumus[3], Erhan Tenekecioglu[1]
[1]Bursa Ihtisas Training and Research Hospital, Cardiology Department, Bursa, [2]Bursa Ihtisas Training and Research Hospital, Dermatology Department, Bursa, [3]Bursa Gemlik Hospital, Cardiology Department, Bursa

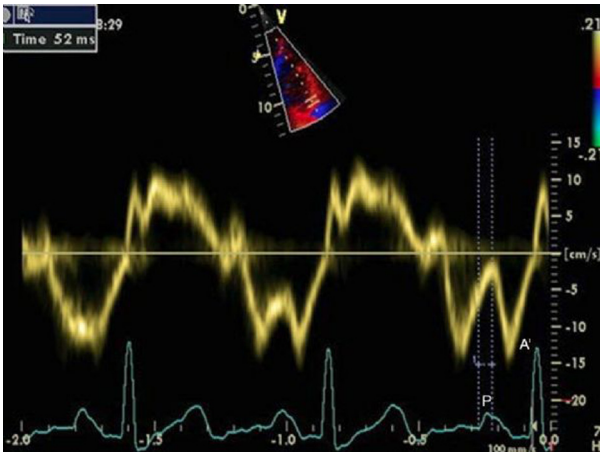
Objectıves: Many systemic diseases including cardiovascular disturbances have been described in psoriatic patients. In the previous studies, left ventricul (LV) subclinical myocadial dysfunction was reported in the psoriasis patients. To evaluate the effect of psoriasis on left atrial (LA) functions, which is an important determinant 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 – PAtricus) and intraatrial electromechanical delay (PAsep – PAtricus) (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.
Conclusıons: 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

Habibe Kafes[1], Esra Gücük İpek[3], Lale Dinç Asarcıklı[1], Selçuk Kanat[2], Yeşim Güray[1], Burcu Demirkan[1], Omaç Tükefçioğlu[1]
[1]Ankara Türkiye Yüksek İhtisas Hospital, Cardiology Clinic, Ankara, [2]Department of Cardiology, Ankara Numune Education and Research Hospital, [3]Clinic of Cardiology, Polatlı State Hospital, Ankara

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/inter-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 duration (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) while 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 ± 11.32 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). Tricuspit PA did not differ between groups (35.40 ± 8.14 ms vs. 30.81 ± 8.71 ms, p: 0.052). Interatrial EMD (lateral – tricuspit 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 ± 5.80 ms vs. 7.57 ± 4.05 ms, p: 0.154).
Conclusıon: 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.



PP-202

Right Ventricular Isovolumõc Contractõon Acceleration Before and After Percutaneous Closure of Atrial Septal Defects

Ali Rıza Akyüz[1], Levent Korkmaz[1], Turhan Turan[1], Abdulkadir Kırış[2], Hakan Erkan[1], Mustafa Tarık Ağaç[1], Muslihittin Emre Erkuş[1], Şükrü Çelik[1], Ramazan Akdemir[3]
[1]Ahi Evren Cardiovascular and Thoracic Surgery Training and Research Hospital, Trabzon, [2]Department of Cardiology, Karadeniz Technical University Faculty of Medicine, Trabzon, [3]Sakarya University Faculty of Medicine, Sakarya

Objectıve: Tricuspid annular isovolumic myocardial acceleration (IVA) time determined by tissue Doppler (TD) is a reliable parameter in evaluation of right ventricular(RV) systolic functions independent of preload and afterload changes. In present study, we aimed to assess the recovery of right ventricular systolic function after transchateter closure of atrial septal defects.
Methods: In total 25 cases of which 21 were female (84%), with an average age of 39.8±17.03 were enrolled in the study who were diagnosed with secundum type atrial septal defects (ASD) via transthoracic echocardiography (TTE) and transesophageal echocardiography (TEE) and for whom percutaneous closure decision was made between 2009 and 2011, in polyclinics conditions. Standard transthoracic echocardiography and tissue Doppler imaging were performed in left lateral decubitus position to all the patients 12-24 hours before percutaneous ASD closure procedure and in the first month after successful percutaneous ASD closure procedure.
Results: Significant decreases were observed in RV end-diastolic diameter, RV/left ventricular (LV) end-diastolic diameter ratio, right ventricular systolic myocardial velocity (Sm), right ventricular early myocardial velocity (Em) and right ventricular late myocardial velocity (Am) in the control echocardiography in the first month when compared with pre-procedure values. While significant increase was observed after procedure in right ventricular IVA, no significant change was observed in right ventricular global performance index, in right ventricular Em/Am ratio and left ventricular EF.
Conclusıon: Percutaneous closure of ASD resulted in recovery of right ventricular function as early as 1 month after closure.

PP-203

Assessment of Diastolic Function with Mitral Annular Plane Systolic Excursion in Obese Adults

Hakan Taşolar[1], Türkan Mete[2], Mustafa Çetin[1], Burak Altun[3], Mehmet Ballı[1], Adil Bayramoğlu[4], Ömür Otlu[4], Hasan Pekdemir[4]
[1]Adiyaman University Training and Research Hospital, Department of Cardiology, Adiyaman, [2]Adiyaman University Training and Research Hospital, Department of Endocrinology and Metabolism, Adiyaman, [3]18 Mart University, Faculty of Medicine, Department of Cardiology, Canakkale, [4]Inonu University Faculty of Medicine, Turgut Ozal Medical Center, Department of Cardiology, Malatya

Background: Mitral annular plane systolic excursion (MAPSE) correlates with diastolic parameters indicating close relations between systolic and diastolic functions. To our knowledge, MAPSE has not been evaluated to diagnose left ventricule (LV) diastolic dysfunction at early stage in obese adults. For this reason, we aimed to the assess the diagnostic accuracy of MAPSE in the detection of diastolic dysfunction of different severity in obese adults.
Methods: Forty obese patients with diastolic dysfunciton at early stage and 40 obese control subjects with normal diastolic function were included in our study with an equal number of men and women. The patient group was divided into two group as grade I obesity group who had stage I diastolic dysfunction, and grade 2 obesity group who had stage 2 diastolic dysfunction.
Results: MAPSE was significantly lower in patient group compared with controls (P<0.001). MAPSE was also more lower in grade II obesity group than grade I obesity group (P<0.001). Furthermore, MAPSE was negatively correlated with body mass index (BMI) (P=0.004) (Figure 1) and E/Em ratio (P<0.001), and correlated