analysed by polymerase chain reaction. Demographic characteristics and major risk factors for atherosclerosis were evaluated in the study groups. The severity of SCF and CAD was assessed based on the number of involved vessel.

Results: There was no significant difference with respect to age and gender between groups. The percentage of smoking was higher in the CAD group than in the SCF and control groups. There was no statistical difference in genotype distribution among the groups. The genotype distribution in control group was as follows: GG genotype frequency was 16 (53.3%), GT genotype frequency was 13 (43.3%) and TT genotype frequency was 1 (3.3%). In the dominant and recessive models of statistical analysis, there was no statistically significant difference among groups.

Conclusions: Our findings show that there is no significant association between Glu298Asp polymorphism of eNOS gene and SCF in the present study.

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The Relationship Between Acute Coronary Syndrome and Stress Hyperglycemia
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Background and Objective: Hyperglycemia on admission is associated with increased mortality and morbidity in acute coronary syndrome irrespective of presence of diabetes mellitus. To the best of our knowledge, no evidence on the relationship between stress hyperglycemia (SH) and the extent of coronary artery disease is found in the literature. Our objective in this study is to assess the relationship of SH with the prognosis of acute coronary syndrome, extent of coronary artery disease (CAD), development of arrhythmia, and major adverse cardiac events.

Method: 89 patients who were hospitalized in the coronary intensive care unit with diagnosis of acute coronary syndrome between January 2010 and June 2010 were enrolled in the study. The patients were separated into two groups as having stress hyperglycemia or not, according to their blood glucose levels on admission. TIMI and GRACE risk scores were obtained and GENSINI scoring was performed to assess CAD extent for all the patients. Major adverse cardiac events (MACE) (death, MI, re-revascularization, stroke) were recorded for all patients while in the hospital and at 1 and 6 months.

Results: In our study, MACE, GENSINI scores at 6 months and development of in-hospital arrhythmia rates were statistically significantly higher and left ventricular ejection fractions were statistically significantly lower in the group with SH. The association of TIMI, GRACE, GENSINI, New York Heart Association (NYHA) and Killip classifications with blood sugar, fasting blood sugar and HbA1c on admission was confirmed.

Conclusion: Prognostic course happens to be worse and coronary artery disease is more extensive in CAD patients with SH. In addition, blood sugar values may have to be estimated lower compared to the samples in the literature, in order to diagnose SH.