mortality. ROC curve analysis was performed to detect the best cut-off value of NLR in the prediction of in-hospital mortality.

**Results:** The mean age of the study population was 61±13.8 years (M: 30, F: 17). Twenty-eight patients underwent operation due to type A aortic dissection. The rest of the patients with chronic type B dissection were followed-up under medical treatment. Nine patients died during hospitalization; higher levels of NLR was observed in these patients compared to the patients who did survive (21.8±18.5 vs 8.1±5.6; p=0.008). Twelve patients (26%) had pericardial effusion on admission and NLR was significantly higher in these patients than the patients without effusion (17.3±10.7 versus 9.7±11.8; p=0.02). Multivariate analysis showed that age ≥65 years, aortic diameter ≥49 mm, pericardial effusion, history of smoking, systolic blood pressure <90 mmHg were associated with in-hospital mortality. NLR value > 8 yielded an AUC value of 0.795 (95% CI:0.623-0.966; p=0.009) which demonstrated a sensitivity of 78% and specificity of 65 % for the prediction of mortality.

**Conclusions:** NLR may be associated with in-hospital cardiac events in patients with acute aortic dissection.

**PP-125**

**Is Increased Epicardial Adipose Tissue a Sign of Cardiovascular Disease in Women with Gestational Diabetes Mellitus?**

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**Background:** Increased epicardial adipose tissue thickness (EATT), a component of body visceral adiposity, has been suggested to increase the likelihood of lifetime cardiovascular disease risk. Women with gestational diabetes mellitus (GDM) have higher risk of developing type 2 diabetes and, consequently, a higher cardiovascular risk. We searched if the patients with GDM have increased EATT, along with its relation with insulin sensitivity.

**Method:** 96 women with GDM, 69 women with healthy pregnant aged between 19 and 44 years were enrolled. They all underwent physical examination and hormonal and metabolic evaluation, as well as standard echocardiography and EATT. EATT was measured by echocardiography above the free wall of the right ventricle. Age, smoking status and gestational body mass index (pre-BMI) were obtained. Insulin resistance was assessed by homeostasis model assessment of insulin resistance (HOMA-IR) formula. Krauskal-Wallis followed by Bonferroni-corrected post hoc Mann-Whitney U tests were used to analyze the data.

**Results:** The women with GDM were significantly older than the non-diabetic pregnant women (p=0.001). The HOMA index and basal insulin levels were significantly higher in the GDM group than the non-diabetic group (p <0.0001 and p <0.0001, respectively). GDM subjects had higher EATT (p<0.001) but other echocardiographic parameters were not statistically different.

**Conclusion:** Thickness of the EAT is increased in patients with GDM in conjunction with insulin resistance. Further studies are needed to clarify the relation of EATT and cardiovascular risk in patients with GDM.

**Table 1**

<table>
<thead>
<tr>
<th>EATT (mm)</th>
<th>GDM Patients</th>
<th>Non-Diabetics</th>
<th>p</th>
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<tbody>
<tr>
<td>4.7 ± 0.88</td>
<td>3.8 ± 0.88</td>
<td>&lt;0.001</td>
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</tbody>
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**PP-126**

**Associations of Components of Metabolic Syndrome with Pulmonary Function and Functional Capacity**

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**Introduction:** Recent studies were reported on relationships of pulmonary function with hypertension, type 2 diabetes, low density lipoprotein cholesterol, obesity and insulin resistance as diagnostic criteria for metabolic syndrome and changes in the pulmonary function. The purpose of this study was to investigate the associations between components of metabolic syndrome with pulmonary function and functional capacity.

**Material-Methods:** Twenty five subjects with metabolic syndrome (mean age: 43.30±10.3 years) were included in our study. Metabolic syndrome is diagnosed on the basis of the Asia criteria of the American Heart Association/National Heart, Lung, and Blood Institute. The anthropometric values (body mass index, waist and hip circumference, waist/hip ratio, body fat percentage, lean muscle mass) of subjects were determined. The total cholesterol, triglyceride, high-density lipo-protein cholesterol, low-density lipoprotein cholesterol and fasting blood sugar were measured with blood test. The vital capacity (VC), inspiratory capacity (IC), forced vital capacity (FVC), forced expiratory volume for 1 second (FEV1), and FEV1/FVC ratio, maximal inspiratory and expiratory muscle strengths (MIP, MEP) were evaluated. Functional capacity was assessed using 6-minute walk test (6MWT) distance.

**Results:** Both waist circumference and waist/hip ratio were adversely correlated with VC (r=-0.503, p=0.01; r=-0.561, p=0.004, respectively) and FVC’s (r=-0.468, p=0.018; r=-0.405, p=0.045, respectively). There were negative relationships between waist circumference with FEV1% (r=-0.456 p=0.022) and hip circumference with FEV1 (r=-0.499, p=0.011). It was observed that there were significant adverse correlations between body fat percentage with MIP (r=-0.488, p=0.013), VC (r=-0.587, p=0.002), IC (r=-0.398, p=0.049), FVC (r=-0.678, p=0.000); lean muscle mass with MIP (r=0.447, p=0.025); HBAc1 with MIP (r=-0.418, p=0.038), MIP% (r=-0.488, p=0.013), MEP% (r=-0.464, p=0.020). In addition, there were negative correlations between hip circumference and body fat percentage with 6MWT distance (r=-0.521, p=0.03; r=-0.730, p=0.000, respectively) and there was positive correlation lean muscle mass with 6MWT distance (r=0.696, p=0.000).

**Conclusion:** These results indicate that the metabolic syndrome impacts some pulmonary function parameters, inspiratory and expiratory muscle strengths and functional capacity negatively. Therefore, pulmonary function, inspiratory muscle strength and functional capacity should be included in the assessments and treatments intended for them should be included in treatment programs in patients with metabolic syndrome.

**PP-127**

**Evaluation of Early Subclinical Cardiotoxicity of Chemotherapy in Breast Cancer**

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**Objectives:** Breast cancer is the most common type of cancer in women. Treatment of breast cancer includes surgery, chemotherapy and radiotherapy. These treatment modalities have beneficial effect on prognosis with the cost of potential serious cardiac side effects. Cardiac effects are usually recognised after clinical symptom or sign occurrence. However, subclinical cardiac side effects can be determined by electrocardiography or echocardiography even in the early period. In this study we aimed to determine the potential subclinical cardiotoxic effects of chemotherapy in patients with breast cancer during early period.

**Method:** Fifty-one patients consecutively enrolled to the study. All patient were diagnosed as breast cancer at oncology hospital in University of Gaziantep. All patients were taken lower chemotherapy dosage than well known cardiac safety dosage limits. The chemotherapy type, total dose and number of cure and region of radiation therapy were determined in all patients. Before chemotherapy all of the patients underwent to detailed ECG and ECHO examinations. After 6 months detailed ECG and ECHO examinations were repeated and compared with baseline values.

**Results:** Our study results are as follows: statistically significant decrease in ejection fraction was found after treatment (62.3±3.3 versus 59.9±5.9%, p=0.002). Significant increase in the transmural A flow velocity and significant decrease of E/A ratio were observed on Doppler ECHO analysis (77±4.19 cm / sec versus 86.0±18.0 cm / sec, p<0.001; 1.01±0.3 versus 0.9±0.2, p<0.03, respectively). On tissue Doppler analysis we observed that significant reduction in the value of E’ and significantly increase E’/E’ ratio were present (12.5±3.6 cm / sec versus 10.7±2.9 cm / sec, p<0.001; 6.6±2.9 versus 7.3±3.3, p<0.004). On electrocardiographic examination, heart rate was significantly increased (85±15 / min versus 85±13 / min, p=0.02), and there was prolongation of PR interval which was not reached to the statistical significance (143±16 ms versus 147±20 ms, p = 0.09).

**Conclusion:** We evaluated the subclinical cardiac adverse effects of chemotherapy in patients with breast cancer. We found that chemotherapy has detrimental subclinical effect on both of systolic and diastolic function in early six months period despite the prescription of lower dosage of cemotherapy than well known cardiac safety dosage limits. During post chemotherapy period, echocardiographic screening for subtle change in echocardiographic parameters should alert physician for possible cardiac toxicity of chemoradiotherapy.