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HEART RATE TURBULENCE RELATES TO LONG-TERM PROGNOSIS IN PATIENTS AFTER ACUTE MYOCARDIAL INFARCTION

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Actuality: Considering the predominant role of heart muscle electrical heterogeneity in pathogenesis of ventricular fibrillation, which is a main mechanism of sudden cardiac death, attention of modern medical science is focused on search of noninvasive electrophysiological markers that would identify (with high sensitivity) the cohort of patients with increased risk of life-threatening arrhythmias. Heart rate turbulence (HRT) is one of the phenomena importance of which in assessing the long-term prognosis in patients after acute myocardial infarction is widely debated today. HRT presents a short-term fluctuations in the length of cardiac cycle immediately after ectopic ventricular beat.

Objective: to determine the significance of abnormal changes of the HRT parameters in their relationship with long-term prognosis prognosis in patients with acute myocardial infarction.

Materials and methods: 114 individuals who underwent hospital treatment in the intensive care unit of SI "L.T. Malaya National Institute of Therapy of NAMS of Ukraine" for acute myocardial infarction had been observed. 25 patients (men – 16, women – 9) had been selected for further analysis, who had ventricular ectopic beats at 4-6 weeks of observation according to Holter ECG monitoring. Turbulence onset (To)

and turbulence slope (Ts) were calculated using the commonly recognized algorithm. The patients were divided into subgroups according to presence of pathological and normal values of HRT markers: To > 0% vs. To ≤ 0%, Ts < 2,5 ms/RR vs Ts ≥ 2,5 ms/RR. Subgroups were compared to assess the risk of hospital and 6-month mortality and combined point (death / acute myocardial infarction) using the GRACE scale.

Results: Patients with abnormal values of To (> 0%) were characterized with significantly increased risk on GRACE scale for hospital mortality (7.5 (4.5, 29.0) versus 2.0% (1.5, 3.0) %, p = 0.056), hospital mortality / AMI (24.0 (20.0, 37.5) versus 16.0% (11.5; 17.0)%, p = 0.018), 6-month mortality (15.5 (9.0, 44.0) versus 5.0% (3.5; 7.5)%, p = 0.056), 6-month mortality / AMI (38.0 (31.5, 59, 0) to 25.0% (19.0; 27.5)%, p = 0.045). Analysis of Ts relation to the risk on GRACE scale showed no such differences despite the presence of a strong correlation between the two markers of HRT (R = -0,70, p <0.05).

Conclusions: Pathological values of turbulence onset in patients with acute myocardial infarction are significantly associated with higher risk of adverse events in hospital period and in the 6-month catamnesis, validating the need for more detailed study of its role as a prognostic marker in these patients.

THE RELATIONSHIP OF ENDOTHELIAL DYSFUNCTION AND RENAL DYSFUNCTION IN PATIENTS WITH DIABETES MELLITUS TYPE 2

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Actuality: Endothelial dysfunction in renal vasculature is implicated in the pathogenesis of renal failure in type 2 diabetes mellitus (DM). Endothelial dysfunction occurs in systemic vasculature of DM patients, and there may be a relationship between endothelial dysfunction in the brachial artery and renal vasculature.

The purpose: This study examined whether endothelial vasomotor dysfunction in the brachial artery predicts early renal dysfunction in DM patients.

Materials and methods: Flow-mediated endothelium-dependent dilation (FMD, % increase in artery diameter from baseline) in the brachial artery was measured in 27 consecutive DM patients with normal renal function at enrollment (serum creatinine levels [sCr] <1.0 mg/dl, urinary albumin excretion [UAE] < 25 mg/day and estimated glomerular filtration rate [eGFR] 60 mL/min/1.73 m² at baseline). They were prospectively followed for 1.5 years. The end point was development of early stage renal dysfunction, defined as occurrence of one or more of the following events: sCr 1.2 mg/dL, UAE 30 mg/day and eGFR < 60 mL/min/1.73 m².

Results: During the follow-up period, early stage renal dysfunction developed in 63 (46.7%) patients with impaired FMD (< 5.2%, 50th percentile of the distribution) and in 17 (12.1 %) patients with the preserved FMD (5.2%) (p < 0.0001). Using multivariate logistic analysis, the impaired FMD was an independent predictor of the development of early stage renal dysfunction (OR; 5.1, 95%CI; 2.62 - 9.68, p < 0.0001) after adjustment with covariates, including hypertension, age, use of anti-diabetic drugs and CRP levels. Using a c-statistic, the predictive value of impaired FMD was significantly incremental over that of the conventional known risks including hypertension, age, use of anti-diabetic drug and CRP levels for progression of renal dysfunction (area under the ROC curve; 0.88 and 0.72, respectively, p = 0.01). Dilator response of the brachial artery to nitrates had no significant predictive value.

Conclusions: Endothelial vasomotor dysfunction in the brachial artery is an independent predictor of development of early renal dysfunction in DM patients. The measurement of FMD is useful for identifying patients with type 2 DM at risk of developing future renal dysfunction.

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