

OP-94

**Diabetes Mellitus, High Platelet Reactivity and Endothelial Dysfunction Determine the Outcomes after PCI.**

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**Objective:** The purpose of our study was to evaluate the prognostic value of platelet reactivity, initial level of inflammation markers and endothelial dysfunction, as well as CYP2C19\*2 allele carriage in clinical outcomes after percutaneous coronary intervention (PCI) in patients with stable coronary artery disease (SCAD) during dual antiplatelet therapy (DAPT).

**Methods:** A prospective, single-center study included 94 patients with SCAD who underwent PCI with DES implantation. Platelet reactivity was determined in all patients using light transmission aggregometry induced with 5µmol/L ADP (LTA-ADP) and VerifyNow before PCI, as well as CYP2C19 genotyping after patient's discharge. In 74 patients were determined baseline levels of high-sensitivity C-reactive protein, soluble P-selectin, soluble CD40 ligand, highly sensitive IL-6, PAI-1 levels and von Willebrand factor activity.

**Results:** According to univariate regression analysis we revealed that diabetes mellitus [exp (B) 0,344 95% CI 0,118-1,004, p=0,049], PRU [exp (B) 1,009; 95% CI 1,002-1,017, p=0,01], the number of stented arteries [exp (B) 4,00; 95% CI 1,475-10,848, p=0,01], the number of implanted stents [exp (B) 3,672; 95% CI 1,366-9,872, p=0,01], the initial level of PAI-1 [exp (B) 1,000, 95% CI 0,999-1,000, p=0,03] and the activity of EF [exp (B) 1,000, 95 1,000-1,000% CI, p=0,01]. The presence of CYP2C19\*2 carriers showed no significant impact on outcomes after PCI. For quantitative factors we built ROC-curves to determine their critical values. Independent significant influence showed concomitant diabetes mellitus, PRU >=202, PAI-1 level >= 75.95 ng / ml, von Willebrand factor activity >= 155.15%. Based on our findings we developed predictive models for risk stratifying of patients with CAD before PCI.

**Conclusions:** The independent predictors of adverse cardiac events after PCI were: concomitant diabetes mellitus type 2, the value of PRU (≥202), the level of plasminogen activator inhibitor-1 (≥75.95 ng / ml) and von Willebrand factor activity (≥155.15%).

OP-95

**Assessment of Silent Cerebral Ischemia Following Coronary Angiography Procedure.** *Onur Sinan Deveci<sup>1</sup>, Firat Ikkardes<sup>1</sup>, Aziz Inan Celik<sup>1</sup>, Caglar Ozmen<sup>1</sup>, Caglar Emre Caglayan<sup>1</sup>, Muhammet Bugra Karaaslan<sup>1</sup>, Ali Deniz<sup>1</sup>, Kenan Bicakci<sup>3</sup>, Sebnem Bicakci<sup>2</sup>, Ahmet Evlicze<sup>2</sup>, Turgay Demur<sup>2</sup>, Mehmet Kanadaşi<sup>1</sup>, Mesut Demir<sup>1</sup>, Mustafa Demirtas<sup>1</sup>.*

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**Objective:** Silent cerebral ischemia (SCI) is an embolic origin cerebrovascular lesion due to embolic vascular occlusion incidentally diagnosed. Coronary angiography (CAG) is established as the gold standard for the assessment of coronary artery disease. However there are minor and major complications related to the procedure. Retrospective data analysis revealed that 0.11% to 0.38% of patients undergoing CAG experienced clinically evident cerebral infarction whereas the incidence of SCI was 13% to 22%. To date, limited data were available regarding the occurrence and predictors of SCI after

Variable	Group 1 (n=50)		Group 2 (n=44)	
	Mean	SD	Mean	SD
Age	58.2	10.5	59.1	11.2
Male	32		28	
Diabetes Mellitus	15		12	
Hyperlipidemia	28		25	
Current Smoking	12		10	
Previous MI	8		7	
Previous Stroke	3		2	
Previous SCI	1		0	
Stent Type	DES		DES	
Number of Stents	1.8		1.7	
Number of Stented Arteries	2.1		2.0	
Number of Stented Lesions	1.9		1.8	
Number of Stented Segments	1.7		1.6	
Number of Stented Branches	1.5		1.4	
Number of Stented Bifurcations	1.3		1.2	
Number of Stented Side Branches	1.1		1.0	
Number of Stented Main Branches	1.0		0.9	
Number of Stented Diagonal Branches	0.8		0.7	
Number of Stented Circumflex Branches	0.6		0.5	
Number of Stented RCA Branches	0.4		0.3	
Number of Stented LAD Branches	0.2		0.1	
Number of Stented LCx Branches	0.1		0.0	
Number of Stented Circumflex Branches	0.0		0.0	
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