P4.60: DEFECT VENOUS WALL PROPERTIES AS WELL AS ARTERIOLAR REGULATION IN PATIENTS WITH VASOVAGAL SYNCOPE

J. Skoog, L. Ewerman, H. Zachrisson, M. Lindenberger, T. Länne


To link to this article: https://doi.org/10.1016/j.artres.2012.09.206

Published online: 21 December 2019
Aims: measurement and assessment of serum SP-D level and endothelium-dependent vasodilatation in patients with chronic obstructive pulmonary disease (COPD).

Methods and Results: In 39 patients with II and III stage of COPD we have measured serum SP-D level and endothelium-dependent vasodilatation during reactive hyperemia test. Comparing II to III stage more impaired endothelium-dependent vasodilatation during reactive hyperemia test and reduced increase in brachial artery diameter in III stage were registered (median D 26% vs. D 10.9%, correlation -0.71, p<0.05). SP-D level also correlated with COPD stage (correlation 0.75, p=0.01). However, we didn’t find reliable correlation between SP-D level and endothelium-dependent vasodilatation. At the same time endothelium-dependent vasodilatation has shown high correlation with serum pro-inflammatory and anti-inflammatory cytokines level, negative and positive, accordingly.

Conclusion: both worsening of endothelium function and SP-D concentration strongly correlates with stage of COPD. However, can suppose that endothelium dysfunction in COPD-patients isn’t associated with SP-D serum concentration, and SP-D can’t be assessed as the significant risk factor of endothelial dysfunction. This fact requires further investigation.

P4.62
PROGNOSTIC VALUE OF ARTERIAL STIFFNESS INDICES IN PATIENTS WITH ACUTE ISCHEMIC STROKE
First Propedeutic Department of Internal Medicine, Medical School, Aristotle University of Thessaloniki, AHEPA Hospital, Thessaloniki, Greece

It is unclear whether arterial stiffness predicts the outcome of patients with acute ischemic stroke. We aimed to assess the prognostic value of arterial stiffness in this population. We studied 280 consecutive patients (37.5% males, age 78.8±6.4 years) who were hospitalized in our Department for acute ischemic stroke between September 2010 and May 2012. Arterial stiffness was assessed by measuring the augmentation index (Alx), central systolic blood pressure (cSBP) and central pulse pressure (cPP) over the radial artery with the Sphygmocor device. The severity of stroke was assessed with the National Institute of Health stroke scale (NIHSS) score at admission and the outcome was assessed with the modified Rankin scale score at exit from the hospital. None of the indices of arterial stiffness correlated with NIHSS score at admission. Alx showed a negative correlation with the modified Rankin scale score at exit from the hospital (r=-0.200, p<0.05). cSBP and cPP correlated with the number of days of hospitalization (r=0.180, p<0.05 and r=0.225, p<0.05, respectively). Twenty-five patients (8.9%) died during hospitalization. These patients had lower Alx than patients who were discharged (18.2±11.3 vs. 29.9±9.8, respectively; p=0.005). Other indices of aortic stiffness did not differ between patients who died during hospitalization and those who were discharged. In conclusion, a higher Alx was associated with better functional outcome and lower mortality rate in patients with acute ischemic stroke. Competing causes of death and the relatively beneficial effect of elevated BP during the acute phase of stroke might partly explain this apparently paradoxical finding.