P171: CARDIOVASCULAR RISK EVALUATION IN BEHCET’S PATIENTS – THE ROLE OF CHRONIC INFLAMMATION IN ARTERIAL STIFFNESS

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Introduction: Arterial stiffness is known to be associated with atherosclerosis, cardiac remodelling and cardiovascular diseases. In recent studies, common carotid artery rigidity was seen to better predict cardiac morphology and function compared to aortic parameters. The aim of the study was to determine the relation between carotid/aortic stiffness indices and the main echocardiographic measures in patients with rheumatological disease. Methods: 208 participants were evaluated (57.4 ± 11.4 yr; males = 36.1%); 65.9% were previously diagnosed with rheumatoid arthritis, 20.2% with psoriasis, cardiac remodelling and cardiovascular diseases. In recent studies, DC has been seen to inversely correlate with LVM/BSA (r² = 0.20, p = 0.005), Intraventricular Septum and Posterior Wall Thickness; DT correlation coefficient < 0.0001, PWV did not present statistically significant differences. Conclusion: The introduction of the collected data made it possible to requalify the patient's cardiovascular risk (CVR). The integrated analysis of the collected data made it possible to requalify the patient's chronic inflammatory disease physiology: a contemporary review. Auto Immun Highlights. 2016 Dec; 7(1): 4-8. References


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ROLE OF ADIPOSE TISSUE AND SKELETAL MUSCLE IN MACROVASCULAR AND MICROVASCULAR DISEASES

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Purpose/Background/Objective: Carotid artery disease (CAD) and peripheral arterial disease (PAD) are non-cardiac manifestations of atherosclerotic disease, which are less extensively studied. Presently, adipose tissue (AT) and skeletal muscle (SM) are considered endocrine organs, producing cytokines with vascular effects. The role of AT and SM in several stages of atherosclerotic disease (CAD and PAD), and its connection with arteriosclerotic changes in other territories. Secondary objective: to study the evolution of these parameters after revascularization and after carotid endarterectomy.

Methods: Study Groups (Fig 1): control- without macrovascular atherosclerotic disease eligible for elective varicose veins surgery with inguinal approach. Study group 1- with PAD, confirmed by ankle-brachial index, with or without indication to revascularization. Study group 2- with CAD with or without indication to endarterectomy. We will determine the quantity, endocrine function and histology of SM and AT (in groups submitted to surgery). The groups will be evaluated at admission, 3 and 6 months (Fig 2).

Expected Results: The quantity of AT compartments (visceral, subcutaneous and perivascular) and SM will be determined with transvers abdominal CT scan at the level of 3th vertebra. The endocrine function will be evaluated measuring the myokines and adipokines in blood sample. During the surgery we will collect samples of AT (visceral, subcutaneous and perivascular), SM and artery for histology. We will determine the type, number and size of present cell and vascularization. Additional Central Hemodynamic data will be obtained from carotid Doppler ultrasound, carotid femoral-pulse wave velocity; peripheral central pulse pressure; anthropometric and muscle mass measurements will be performed.

Conclusion: We hope to correlate the atherosclerotic and arteriosclerotic phenotypes with SM and AT characteristics, as well as indexes of sarcopenia.

References


