Abstracts*)







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Abstract number 0045

ls there a correlation between C677T MTHFR polymorphism and the incidence of peripheral artery disease in east Algerian population?

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Introduction: MTHFR, is a key enzyme in catalyzing 5,10- methylenetetrahydrofolate into 5-methyltetrahydrofolate. A missense mutation of MTHFR that converts alanine to valine (C to T substitution at nucleotide 677) encodes a thermolabile enzyme with lower specific activity. The MTHFR C677T polymorphism as a risk factor in peripheral artery disease (PAD) has been suggested, but direct evidence from genetic association remain inconclusive. The aim of this study is to analyze the prevalence of the MTHFR C677T gene polymorphism and to examine the possible association between PAD and MTHFR gene mutation in PAD patients and to compare them to controls. Methods: 59 patients with PAD were included in the study. They were 44 males and 15 females with a mean age of 57.96 years. 48 patients

(81.35%) were diabetic and 22 (37.3%) were hypertensive.

MTHFR C677T gene polymorphism was analyzed by PCR-RFLP. 85 healthy subjects (36 males and 49 females with mean age of 46 years) served as healthy controls.

Results: The C677T mutation of MTHFR was not found to be different in patients with PAD and controls. 31 patients with PAD (52.54%) and 44 healthy subjects (51.76%) had the wild-type genotype CC, 9 patients (15.25%) and 15 healthy controls (17.65%) had muted TT genotype, and 19 patients (32.20%) and 26 healthy controls (30.59%) had CT heterozygote genotype.

Conclusions: In the PAD population, MTHFR C677T gene polymorphism occurred in a pattern similar to that seen in controls. No significant association was detected between the T/T genotype and PAD.

Abstract number 0053

Implemantation of guidelines in patients with very high LDL-C levels in daily clinical practice

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Aim: To evaluate the implementation of lipid guidelines in patients with very high LDL-Cholesterol levels in daily clinical practice. Methods: A total of 25094 biochemistry records of a tertiary clinic (in and out-patients) during a twelve month period were screened and clinical and laboratory data of patients with very high (\geq 190mg/dl) LDL-cholesterol levels were analyzed in this observational study. We present the preliminary screening results of the 6464 records during the first 3 month period.

Results: There were 241 patients (3.72% of total, mean age 57.2±11.4, 60.4% male) with high LDL-C levels. Hypertension, diabetes and positive family history were present in 39.1%, 42.6 and 21.6% respectively. Fifty four patients (22.4%) had a diagnosis of any vascular disease. The average LDL-C on first presentation was 217,12±26.7mg/dL (min 190-max 398). Ninety one patients (37.8%) were on statins at initial presentation and an effective dose increase or change to a more potent statin was performed only in 20.9% (19/91). From 150 statin-naive patients 38 (39.25%) were prescribed statins. In the next 12 months a control LDL-C level was available in only 41% (99/241) of patients and mean LDL-C level achieved was 167.6±54.7mg/dL.

Conclusion: Although the importance of LDL-C for primary and secondary prevention is well established this preliminary data of a high risk group suggests that in routine daily clinical practice guideline adherence and follow-up as well as patient compliance is poor.

Abstract number 0054

Hyperhomocysteinemia in patients with coronary artery disease

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Aim: To determine the concentration of plasma homocysteine (Hcy) and the lipid risk factors: total cholesterol (TC), HDL-cholesterol (HDL-C), LDL-cholesterol (LDL-C) and triglycerides (TG) in patients with coronary artery disease (CAD) and healthy subjects, control group, as well as, to investigate the correlation between tHcy and lipid parameters in the set two groups of subjects.

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