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ABSTRACT BOOK

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Clinical-functional and biochemical determinants of acute coronary syndrome.

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By the purpose of research was the study of a condition of system of POL and antiradical potential of plasma, painless ischemia of myocardium at acute coronary syndrome.

Methods: 85 men - patients with unstable angina pectoris I - III classes (Brauvall) and 42 patients with stable angina pectoris are surveyed.

For registration of episodes painless ischemia of myocardium carried out (spent) daily electrocardiogram biofeedback. Analyzed the contents of primary and secondary products of POL in the erythrocyte, level of vitamin E and general (common) antiradical activity of plasma.

Conclusion. The complex research of system of POL and antiradical potential of plasma, degree of display of ischaemia of myocardium at angina pectoris of various weight has allowed to define (determine) the clinical-functional and biochemical determinants of acute coronary syndrome.

The results are submitted in the table.

	Angina pectoris, groups		
	Stable	Unstable	
		Class I	Class II - III
	1	2	3
Quantity of episode of painless ischemia of myocardium	1,7 ± 0,54	4,5 ± 0,38(a)	7,2 ± 0,65(ab)
Duration of ischaemia in minutes, per day	9,0 ± 1,84	39,6 ± 2,53(a)	82,0 ± 5,61(ab)
Primary products of POL, delta D232/ml	3,0 ± 0,14	4,2 ± 0,22(a)	5,6 ± 0,35(ab)
Secondary products of POL, fluorescence/ml	6,7 ± 0,38	13,1 ± 0,52(a)	27,5 ± 0,09(ab)
Vitamin E, nmol/mg	3,9 ± 1,18	3,1 ± 0,07(a)	2,7 ± 0,09(ab)
Antiradical activity, nmol/mg	9,3 ± 0,32	7,8 ± 0,20(a)	4,6 ± 0,19(ab)

P < 0,05 for: a - 1&2; b - 2&3.

Acute Coronary Disease (ACD) in Segregated Mostar in War Conditions

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We analysed morbidity (Mb) and mortality (Mt) of ACD in several years of war in Bosnia and Herzegovina (BiH) from 1992. to 1995. and compared with years before war 1991. We aimed to see how much war conditions and war in segregated Mostar influenced population of the city which were effected by immigrations and war crimes (bombing), hunger, no electricity and no water, no medicines.

Method: by statistical analysis we find out procentage and statically important differences in Mb and Mt from ACD before, during and after war in corelation with malnutrition.

Results: 1.Number of hospitalized people in Internal section of Clinical Hospital in Mostar during the war lowered comparing to years before war from 41.7% in 1992., 62.9% in 1993., 46% in 1994., 30.3% in 1995. 2.Number of patients which have ACD comparing 1991. was lowered significantly from 45.2% in 1992. To 50.5% in 1993., 47.3% in 1994., and 42.4% in 1995. 3.Number of patients which have ACD has been changing to younger people, although the top of Gause curve still connected to age from 50-70, the upward curve is going up higher for younger people both sexes. 4.Frequency of having ACD is higher in West Mostar comparing to East Mostar (3-4 times higher) in 1993., 107:34 patients showed up, in 1994. 122:28, in 1995. 136:28, while the Mt is the same in both parts of the city but its still high from 17.64% to 32.14%. Because malnutrition is big factor of diferencis segregated Mostar. Reason for this situations we find in war stress, problems of imigration (majority patients were evacuated from parts of city which were bombed and concentration from other places to Mostar is significant from places of East Herzegovina in Easzt part of Mostar but from central Bosnia in West part of Mostar, so population in both parts is equal), the nutrionit habits, hunger food made on oil, cereals which we got from humanitarian aid in East Mostar comparing to normaly nutrion in West part of Mostar, smoking (there is some kind of smöking epidemia) phisical activity (fatigue because, of collecting woods, water and food in East Mostar and normal supplying of water, electricity, food, medicines in West Mostar. Mt and Mb werw higher in 1995., which we explain like phase of relaxing, normalising nutrionity and decrease phisical activity.

HORMONE INDICATORS OF THE PITUTARY-GONADAL SYSTEM IN MEN SUFFERING THE ISCHEMIC HEART DISEASE

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The subject of the present work was to study the hormonal function of the pituitary-gonadal system in men suffering the ischemic heart disease (IHD) and to develop methods of correcting the system.

Assessment of the functional state of the pituitary-gonadal system was carried out by determining the content of the lutropine (LG), follitropine (FSG), prolactine (PRL), testosterone (T) and estradiol-lactin (E2) in the blood serum of the patients by radioimmunological methods. Some patients underwent functional testicle tests (FTT) with a single intramuscular injection of chorionic gonadotropine (CG) in a dose of 2000 U x 1 Mt..2 of body surface. In the first age group (20-35) of the IHD patients, the average content of T was lowered, and E2 and the LG/T ratio was high. The FSG level was lowered, in case of myocardial infarction, and high in patients with post-infarction cardiosclerosis. A pronounced PRL increase was observed in cases of acute myocardial infarction, and a moderate one, in patients with post-infarction cardiosclerosis. In the second age group (36-50years), all patients showed a low T content in the blood serum on an empty stomach, an increase of E2 and that of the LG/T ratio. The LG level was not altered. The FSG content is high in patients with post-infarction cardiosclerosis, and that of PRL, in cases of acute myocardial infarction. While carrying out FTT with CG, a steady increase of T content was observed in both age groups, which, however, did not reach the level of this indicator in healthy men.

The data obtained shows a lowering of the testosterone-producing function of the testicles in the IHD patients. An increase of the LG/T ratio, a low T, a high E2, as well as an insufficient T increase in response to a stimulation with CG testify in favor of a primary gonadal lesion in the IHD patients. The hyperprolactinaemia and elevated levels of cortisol in the blood serum of the patients suffering a myocardial infarction may be an additional cause of the testosterone secretion lowering.

ESPECIALLY CLINICAL CURRENT MYOCARDIAL INFARCTION IN THE INHABITANTS OF BAKU WORKING IN ECOLOGICALLY INTENSE AND NOT INTENSE CONDITIONS.

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In the work is investigated clinical current of a myocardial infarction (MI) in the patients working in ecologically intense (machine-building, oilgasdrilling and processing, leaden storage factories etc.) conditions under influence antropoaccident of the factors (CO, CO₂, CO₃, NO, NO₂, aeroashes etc.) and not intense conditions (workers of trade, education, public health services, economists etc.). Was examined 60 patients with front transmurale MI in the age of 30-70 years. 30 patients worked in ecointense (I group) 30 and not intense conditions (II group). The patients both groups were treated colcocerile with Heparinum and intravenous laser irradiation of a blood (ILIB). All patients before treatment and through 24 hours, 48 hours, 72 hours and 7 day registrated PET In 35 abduction, EkoKG, defined KFK, AsT, (AMP) average molecules of peptides) in a blood, ΣST, NST, AST, ESV, EDV, FV. In I groups were decreased ΣST, NST, AST, AMP. In indicators ESV, EDV of essential changes it was not marked. FV has increased statistically not authentically. (P> 0,05). In II - is significant, fast and progressive have decreased ST, NST, AST, AMP, have decreased. ESV, EDV in the end of 7 day. Authentically has increased FV (< 0,01). In I groups at 6 (20 %) patients were observed proof anginous pains (AP), in 3 (10 %)- residive MI (RMI), in 2 (6,6 %)- cardiogenic shock (CSh), in 3 (10 %) - heart insufficiency (HI), in 1 (3,3 %) aneurysm (A). In II groups in 1-st (3,3 %) patient was marked of RMI, at another (3,3 %) - CSh, in 2 (6,6 %) HI. Inhabitants of Baku working in the ecologically intense conditions, in early terms by MI of complications were observed greater. Were difficultly corrected of volume of a defeat and indications of cardiodynamics.