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COMBINED ANNUAL MEETING ABSTRACTS

Combined Annual Meeting Abstracts

Cardiology/Cardiovascular Disease

MICRORNA EXPRESSION PATTERN IN PATIENTS WITH VENTRICULAR ARRHYTHMIAS AND END STAGE HEART FAILURE

T. Calway, T. Bak, K. Furlough, G. Kim. Medicine, University of Chicago, Chicago, IL.

Introduction: Patients with heart failure (HF) are among those at greatest risk for sudden cardiac death. Despite the advancement in medical and device therapy for HF, there remains a high incidence of cardiac arrhythmias with a

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arrhythmias (VA) occur freg heart substrate, MicroRNAs

(miRs) are critical regulators of diverse biological processes; however, studies of miRs and arrhythmia remain sparse, particularly in humans. Given their inherent pleiotropic actions to repress multiple gene targets simultaneously, microRNAs (miRNAs) are well poised to play a comprehensive and integrative role coordinating the interplay among electrical, contractile, and structural components that drive HF-induced ventricular tacharrhythmias. We recently reported on the role of miR-130a in regulation of the gap junction protein, connexin43 (Cx43) and arrhythmogenesis in HF. Induction of miR-130a expression in murine heart in a cardiomyocyte-specific manner is sufficient to induce both atrial and ventricular tachyarrhythmias. We sought to determine whether elevated levels of miR-130a in explanted heart tissue from human patients was associated with the presence of VAs.

Methods: A prospective study of miR levels in myocardium was performed to determine the association between miR-130a levels and VAs. Subjects were enrolled between January 2013 and June 2014. Patients with high VA burden were defined as: 1) history of VA storm within the preceding 3 months, or 2) greater than five defibrillator shocks at the time of admission. Subjects with ischemic heart disease were excluded. Controls in this study were subjects listed for transplantation with a diagnosis of non-ischemic dilated cardiomyopathy with: 1) no prior history of VAs, or 2) not receiving antiarrhythmic medication at the time of admission. Quantitative PCR was performed for a DNA a with because and a thenia official based on animal

Methods Used: We conducted a retrospective cohort study in which we analyzed the coronary angiography reports of 46 Hispanic P. with moderate-to-severe psoriasis. Findings were recorded and statistically analyzed using the student T test. Summary of Results: The male to female ratio found was 7:3 and the median age was 56 years. Of the 46 P., 27 were found to have coronary artery disease (C.A.D.) (59%) by angiographic criteria, but without infarction, Twelve P. had obstructive C.A.D. requiring bypass graft surgery. Six P. underwent stent placement. None showed electrocardiographic changes suggesting a (M.I.). No clinical findings or history of S. were found.

Conclusion: Whether psoriasis can be considered a risk factor for developing C.A.D. or S. is still an unknown debate. At least 50% of our P. showed angiographic coronary artery disease, but no clinical M.I. or S., when the most frequent cause of death in the Island is S. followed by M.I. The HDLC and LDL levels were normal. Fifty percent had diabetes Type 2; when in P.R. is 16%. More research is needed to fully understand the atherogenetic mechanisms underlying this dermatologic condition, especially in the Hispanic population, probably inflammation is a factor more important than diabetes Type 2 or lipoproteins. In this study, we have successfully described the angiographic findings of P. with moderateto-severe psoriasis having coronary disease, but no M.I. or S. This incidence is less than other series reported. This is due to the reported resistance of Puertorrican genes and possibly of the Hispanic population to the atherosclerotic risk factors.

ID: 4

TRPV1 RESIDUES VITAL TO PROTECTION AGAINST 4-HNE MODIFICATION, PRSERVATION OF CHANNEL ACTIVITY AND MICROVASCULAR FUNCTION

D.J. DelloStritto, P. Connel, I. Bratz, Integrative Medical Scineces, Northeast Ohio. Medical University, Rootstown, Ohio. W. Geldenhuys. Pharmaceutical Sciences, Northeast Ohio. Medical University, Rootstown, Ohio.

We previously demonstrated enhanced 4-hydroxynonenal (4-HNE) posttranslational modification (PTM) of TRPV1 decreases TRPV1 functional expression and contributes to microvascular dysfunction in diabetes. Accordingly, we hypothesized that manipulation of residues associated with 4-HNE PTM would preserve TRPV1 function and restore vascular integrity. 4-HNE decreased capsaicin mediated increases in myocardial blood flow and capsaicinmediated relaxation in isolated coronary microvessels. TRPV1 functional

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