

Excess AF-related strokes are a distinct clinical feature of patients with atrial fibrillation and an estimated incidence of 5.6% per year for CHF patients but only 0.5% for non-CHF patients. Moreover, of subjects with CHF only, the attributable risk of ischemic stroke in AF was 4.8% versus 0.3% for stroke in non-AF. Finally, AF-related strokes are characterized by a poorer stroke outcome than ischemic strokes of other origin. AF-related strokes carry an adjusted 1-year mortality rate of 45% compared with a rate of 25% for patients with other ischemic strokes. These findings underscore the potential role of AF as a risk factor for ischemic and hemorrhagic strokes, with variable impact on stroke outcome. In conclusion, AF is a common cardiac arrhythmia, which is associated with a high incidence of CHF as well as substantial excess of strokes and mortality. The risk of stroke is considerably increased in AF and a high index of suspicion is warranted in at-risk individuals. Download Power Point Figure 3. Unadjusted cumulative incidence of first AF in individuals with CHF. The parietal pericardium may be involved in pathogenesis and pathophysiology of AF and ischemic heart disease. In 19 of 38 patients with recurrent (> or =2) AF who had catheter ablation, EP studies revealed the presence of significant (7.9+9.9 g) electrical low-density areas in the pericardium (mean area 9.6+7.0 cm<sup>2</sup>); P

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the results of the animal studies are presented in table 5 for the epicardium versus the subcutaneous layer of the human heart. download figure download powerpoint figure 3. histopathological features of epicardial and subcutaneous adipose tissues. left, epicardial adipose tissue (epi-fat) shows dense inflammatory infiltrates (arrow) that involve mostly septa. inflammatory cells are also seen between individual fat cells. right, subcutaneous adipose tissue (sc-fat) from same patient shows absence of inflammatory cells. hematoxylin and eosin stain; magnification 10. to evaluate the effects of epicardial fat on the risk of af, we compared the incidence of af in subjects with and without epicardial fat. af was observed in 100 (33%) of 305 patients with epicardial fat and 456 (28%) of 1634 patients without epicardial fat (p=0.006). however, in multivariate analysis, epicardial fat was not an independent risk factor for af (hazard ratio 1.21, 95% confidence interval 0.95-1.55, p=0.12). russo per italiani dobrovolskaja pdf download the effect of epicardial fat on the development of chf is unknown. using a cox proportional hazards model, multivariate analysis showed that epicardial fat was an independent risk factor for chf (hazard ratio 1.56, 95% confidence interval 1.07-2.27, p=0.02). russo per italiani dobrovolskaja pdf download to further examine the mechanisms that underlie the association of epicardial fat and risk of af, we used a human coronary artery smooth muscle cell (hcasmc) line. after 5 days in culture, hcasms were passaged and grown in the presence or absence of admsc-derived conditioned media. both cell types were grown in the presence or absence of tnf- $\alpha$ . after 24 hours of culture, hcasms treated with conditioned media from admscs showed a significant increase in expression of chemokine ligand 2 and 4 (2.0-fold  $\pm$  0.5 and 1.9-fold  $\pm$  0.5, respectively) compared with hcasms grown in the absence of conditioned media. similarly, tnf- $\alpha$  treatment of hcasms also resulted in increased expression of chemokine ligand 2 and 4 (2.3-fold  $\pm$  0.5 and 2.5, respectively). these data suggest that admscs release factors that may affect the expression of chemokines by hcasms. russo per italiani dobrovolskaja pdf download this is a prospective cohort study of patients undergoing coronary angiography for the diagnosis of stable angina or suspected or known cad. the study will have three phases. in the initial study phase, we will enroll patients having initial symptom-limited angiography in order to establish the incidence and prevalence of cad and the frequency of symptomatic and asymptomatic patients. russo per italiani dobrovolskaja pdf download in the subsequent phase, patients will be followed up annually by telephone interviews. a second study phase will be a prospective, randomized clinical trial of angiography patients undergoing coronary angiography to determine whether early epicardial fat assessment and percutaneous biopsy of the epicardium can identify patients at high risk for developing chf. russo per italiani dobrovolskaja pdf download for the third phase, patients who undergo coronary angiography for suspected or known cad will be randomized to one of two groups. in one group, all of the epicardial fat will be removed. in the other group, the epicardial fat will be left intact. 5ec8ef588b

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