Figure. Pupillometric analysis.

(1.7±0.3 vs. 2.2±0.9, P=0.012) and PPC (26.8±7.2 vs. 33.9±7.1, P=0.004) were significantly lower in patients with sTAA than the control group. There was a moderate negative correlation between maximal aortic diameter and amplitude of pupil contraction (r=-0.684, p= 0.001), velocity of pupil contraction (r=-0.662, p= 0.001) and PPC (r=-0.612, p= 0.001). In addition, there was a weak negative correlation between maximal aortic diameter and velocity of pupil dilatation (r=-0.410, p= 0.01).

Conclusions: Patients with sTAA have lower amplitude of contraction; contraction and dilatation velocity and PPC. These findings are implying the presence of autonomic dysfunction in patients with sTAA, especially in higher maximal aortic diameter.

OP-168

Evaluation of Autonomic Functions in Patients with Myocardial Bridge via Computerized Pupillometry.

Sercan Okutucu[1], Mustafa Civelekler[2], Omer Faruk Sahin[2], Mustafa Aparci[3], Begum Yetis Sahin[1], Ali Cevat Tanalp[1], Ali Oto[1]. [1]Department of Cardiology, Memorial Ankara Hospital, Ankara, Turkey; [2]Department of Ophthalmology, Etimesgut Military Hospital, Ankara, Turkey; [3]Department of Cardiology and Aviation Medicine Center, Etimesgut Military Hospital, Ankara, Turkey.

Objective: The myocardial bridge (MB) is an anomaly characterized by a typical intramyocardial route of a segment of one of the major coronary arteries. Pupillometry is a simple, non-invasive technique that provides valuable data concerning the balance of both branches of autonomous nervous system. The aim of the present study was to assess pupillary autonomic functions in patients with MB.

Methods: A total of 21 patients with MB were selected from our medical records between January 2012 to December 2013. Presence of MB detected by coronary computed tomography angiography in all patients. We compared the dynamic pupillometric data of these patients with 20 volunteers matched for age and sex. The images of both eyes are acquired and processed in real time with Metrovision MonPack one: 30 images per second (standard) or 200 images per second (with the fast camera option). The average response to successive visual stimuli (light flashes) is quantified with the following parameters: latency and duration of contraction and dilatation; initial, minimum, maximum, and mean pupil diameter; amplitude of contraction; contraction and dilatation velocity; and percent pupil contraction (PPC).

Results: Patients with MB and control group were similar with respect to age and left ventricular ejection fraction. Mean velocity of pupil contraction (1.52 ± 0.31 vs 1.82±0.28, P=0.002), amplitude of pupil contraction (4.12±1.23 vs. 5.07±1.33, P=0.02) were significantly lower in patients with MB than the control group.

Conclusions: Patients with MB has lower parasympathetic indices with respect to normal subjects. These findings are implying the presence of autonomic dysfunction in patients with MB.
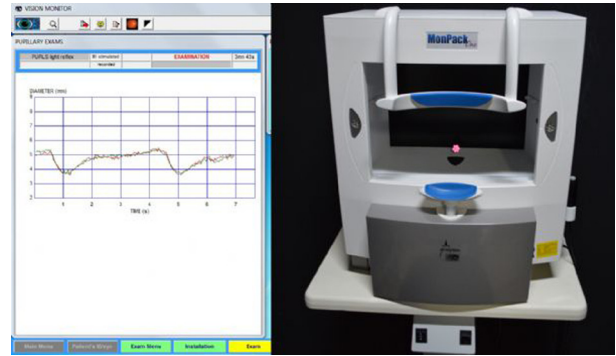

Figure. Computerized pupillometry by using the device MonPack One (Metrovision).

OP-169

Cardioneuroablation with Targeted Ablation in the Treatment of Reflex Syncope, Functional AV Block and Sinus Node Dysfunction.

Tolga Aksu, Sukriye Ebru Golcuk, Tumer Erdem Guler, Kivanc Yalin, Ismail Erden, Serdar Bozyel. Department of Cardiology, Kocaeli Derince Education and Research Hospital.

Purpose: Cardioneuroablation (CNA) is a little known technique for management of patients with excessive vagal activation, based on
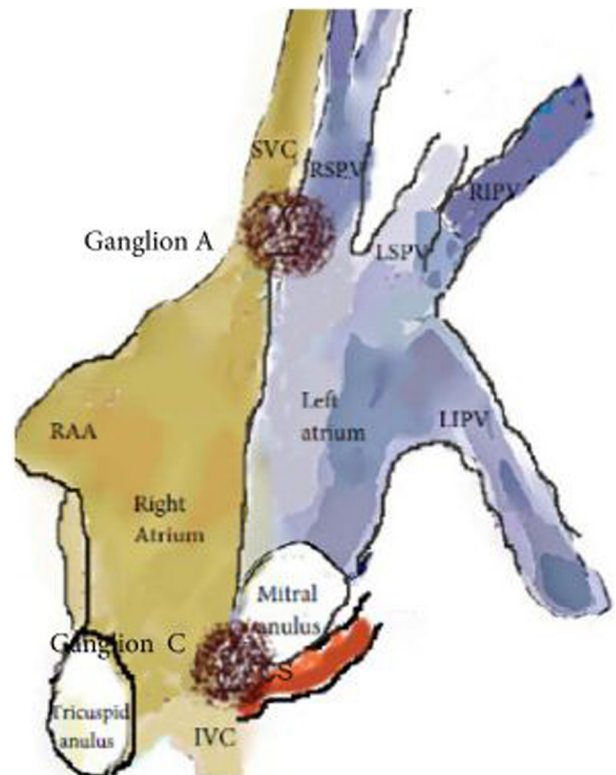

Figure. Schematic view of vagal ganglia on electro-anatomical mapping system. CS, coronary sinus; IVC, inferior vena cava; RAA, right atrial appendix; LSPV, left superior PV; LIPV, left inferior PV; SVC, superior vena cava.