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Position Book

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The Effects of Ivabradine on an Isolated Non Innervated Langendorff Guinea Pig Heart

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ABSTRACT TITLE: 1111 ELLECTS OF IVABRADINE ON AN ISOLATED NON INNERVATED LANGENDORFF

was to investigate the electrophysiological and haemodynamic parameters of ivabradine on isolated the sinoatrial node by blocking the If channel responsible for the slow depolarisation current. Our aim BACKGROUND: Ivabradine (IVA) is a novel bradycardic drug used in clinical practice. Ivabradine acts or

or student paired T- Test were used where appropriate. P<0.005 was taken as significant. 0.2uM Ivabradine. Data are shown as the mean ±SEM. One way ANOVA with Bonferroni post hoc test 0.3uM, 0.4uM, 0.5uM Ivabradine. Measurements during constant pacing (200ms CL) were taken at BL ined (>10s) VF with burst pacing (30x30ms). Measurements were taken at baseline (BL), 0.1uM, 0.2uM, (ERP) was obtained with right ventricular pacing using a single extra-stimulus protocol (S1 200ms CL) MAP duration (90% decay)during constant ventricular pacing (200ms CL). Effective Refractory Period Contact Monophasic Action Potential (MAP) electrode recorded the apical and basal left ventricular Ventricular Fibrillation Threshold (VFT) was measured as the minimum current required inducing susta-(LVP) is recorded by a pressure transducer connected to a fluid filled latex balloon inserted into the LV flow Langendorff mode with Tyrode solution at 20ml/min (37°C, pH = 7.4). Left ventricular pressure their hearts rapidly excised. The ascending aorta was then cannulated and perfused in the constant METHODS: Male Dunkin Harley guinea pigs (N=6, 0.42-0.52kg) were culled by cervical dislocation

to 54.1±4.5 (IVAJ). During constant pacing, 0.2uM Ivabradine significantly prolonged both apical MAPE 23.4±1.0 [IVA]). During constant pacing, LVP remained constant with 0.2uM IVA perfused (54.6±7.6 [BL (111.50±2.8 [BL] to 114.83±3 [IVA]) and basal MAPD (121±2.6 [BL] to 123.8±3 [IVA]) 23.1 ± 4.5 [IVA]) but prolonged ERP (116 \pm 1.9 [BL] to 143 \pm 2 [IVA]) and VFT significantly (11.7 \pm 1.6 [BL] to **RESULTS:** 0.2uM Ivabradine reduced HR (207.7±11 [BL] to 86.7±6.4 [IVA]) and LVP (54.6±7.6 [BL] to

guinea pig heart despite current literature suggesting If channels to be absent in guinea pig ventricles CONCLUSION: 0.2uM Ivabradine had significant effects on ventricular electrophysiology in the isolated The mechanism behind these electrophysiological ventricular effects requires further investigation

of essential hypertension in men and women Determination of vaso-regulators' concentration in diagnosis

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THE NITAL HYPERTENSION IN MEN AND WOMEN AUSTRACT TITLE: DETERMINATION OF VASO-REGULATORS' CONCENTRATION IN DIAGNOSIS OF

provide (CNP) continue to be explored. We can assume that their ratio reflects the balance VD / VC. italhelial dysfunction has been well studied, but the properties of vasodilator (VD) C-type natriuretic IIACKGROUND: The role of endothelin- 1 (ET -1) as vasoconstrictor (VC) and marker of vascular en

lpha showevers) and 50 women (56,91 \pm 0,36 years) AH II-III degree was diagnosed. In all examined patients the levels of CNP and ET-1 were determined by immunoenzyme method. Also we have calculated their correlation index - CI (CNP/ET-1). $_{0.40}$ years) and 80 women (57,49 \pm 0,48 years) of the control group. In 40 men (mean age 55,01 \pm METHODS: We have examined 119 men and 139 women, including 79 healthy men (mean age 54,64

 $(1.44 \pm 0.04 \, \text{u})$, respectively. The CNP level was higher in men, and ET-1 in females (p \leq 0.05). Significant el differences depending on the sex of the patients were not identified. **RESULTS:** The quantity of CI in males of the control group was lower than in women: $(1.39 \pm 0.02 \text{ u})$ and

of vasoconstrictor concentration compared with healthy individuals. CNP/ET-1 index can be used to three ted. CI was lower in hypertensive patients than in the control groups, indicating the predominance CONCLUSION: Changes in the levels of CNP and ET-1 in the blood of men and women were differently thagnose hypertension