Table 1 PO 255
CRP(Mg/dL) and troponin T HS(ng/L) progression

Estatísticas													
		PCR1	PCR2	PCR3	PCR4	PCR5	PCR6	Trop1	Trop2	Trop3	Trop4	Trop5	Trop6
N	Válido	69	69	69	69	62	57	69	69	69	69	65	60
	Omisso	0	0	0	0	7	12	0	0	0	0	4	9
Média		1,14	1,57	2,98	4,74	5,52	4,07	702,79	4.183,24	3.451,26	2.573,27	2.253,05	1.694,77
Mediana		0,49	0,73	1,62	2,94	2,78	1,78	92,00	2.817,00	2.467,00	1.920,00	1.968,00	1.069,00

Table 2 PO 255
Relation between CPR concentration and in-hospital mortality

		Teste de Levene para igualdade de variâncias		teste-t para Igualdade de Médias	
		F	Sig.	t	gl
PCR_DIA1	Variâncias iguais assumidas	12,391	0,001	-2,838	68
	Variâncias iguais não assumidas			-1,052	2,019
PCR_DIA2	Variâncias iguais assumidas	5,955	0,017	-4,339	68
	Variâncias iguais não assumidas			-1,874	2,028
PCR_DIA3	Variâncias iguais assumidas	0,185	0,668	-4,591	68
	Variâncias iguais não assumidas			-6,876	1,148
PCR_DIA4	Variâncias iguais assumidas	1,421	0,238	-5,044	68
	Variâncias iguais não assumidas			-25,890	23,803
PCR_DIA5	Variâncias iguais assumidas	1,418	0,239	-3,700	68
	Variâncias iguais não assumidas			-18,946	51,886
PCR_DIA6	Variâncias iguais assumidas	1,678	0,202	-2,715	61
	Variâncias iguais não assumidas			-1,481	1,024

was assessed. An independent sample t test was used to assess CRP value differences between groups based on in-hospital mortality.
Results: A total of 69 patients were included, mean age 64.8 (± 13.2 years). Antibiotics were administered in 9 patients (12.7%). As for the prevalence of cardiovascular risk factors: Obesity (IMC > 30) 17.3%; *diabetes mellitus* 33.3%, tobacco smoking 46.4%, Dyslipidemia 49.2%; Hypertension 60.8%. AF was present in 13%. The peak troponin T HS levels were reached 24 hours after the acute event, while the peak CRP plasma concentration was reached in the 5th inward day (Table 1). CRP levels show a positive relation to in-hospital mortality for the first 48 hours (Day 1: F = 12.391; p = 0.001/ Day 2 F = 5.955 p = 0.017), having non-statistically significant impact in the following measuments, up to the 6th day (Table 2).
Conclusions: First and second day CRP values have a statistically significant relation to in-hospital mortality in STEMI patients. The average peak CRP plasma concentration in this population was seen in the 5th day, which may correspond to the normal inflammatory response.

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PO 256. NORMAL VALUES OF THE ELECTROCARDIOGRAM IN ANGOLANS

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Introduction: Studies on the normal electrocardiogram limits in African populations are limited, especially in sub-Saharan Africa. There is no literature describing normal ECG limits in Angolans.
Objectives: The aim of this study is to establish the normal ECG values for adult Angolans, without established heart disease, stratified by gender and age.
Methods: A cross-sectional study was performed, involving 2 179 participants from a population in northern Angola, without established heart disease, aged between 15 and 74 years. A 12-lead ECG and a rhythm strip were recorded for all participants and analysed and processed by the University of Glasgow software and encoded by the Minnesota Code. The normal range of the electrocardiographic parameters were established as the 2nd and 98th percentiles of the measurement distribution per age group and gender. GAMLSS models were used to obtain the continuous age-dependent percentile curves.
Results: Medians were different between men and women: Heart rate 66 *vs* 74 bpm, P wave 108 *vs* 108 ms, PRI 152 *vs* 152 ms, QRS duration 90 vs 85 ms, QTI 376 vs 378 ms, QTIc (Hodges) 392 *vs*. 404 ms, QTIc (Bazett) 401 *vs*. 418 ms, QTIc (Fridericia) 392 *vs*. 404 ms, QTIc (Framingham) 393 *vs*. 404 ms, P-wave axes 63 *vs* 59º, QRS axes 51 *vs* 48º, T-wave axes 45 *vs* 41º, Sokolow-Lyon index 3.86 vs 2.87 mV and Cornell index 1.27 vs 0.930 mV.
Conclusions: The values described for the electrocardiographic measurements analyzed can be used as a reference for Angolan adults without established heart disease. Our study suggests that the normal limits of most ECG parameters vary over time and that the diagnostic criteria for the ECG must be specific for age and sex.

PO 257. HEMODYNAMIC AND AUTONOMIC NERVOUS SYSTEM (ANS) OUTPUT CHANGES AFTER BARIATRIC SURGERY

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Introduction: Obesity is a well-recognized cardiovascular risk factor. However, whether its effects are mediated by overload and hemodynamic strain and/or autonomic nervous system (ANS) imbalance, is not yet completely understood.
Objectives: The purpose of the present study is to investigate the effects of laparoscopic sleeve gastrectomy (LSG) on arterial strain/stiffness and variables dependent on ANS imbalance in subjects with severe or morbid obesity.