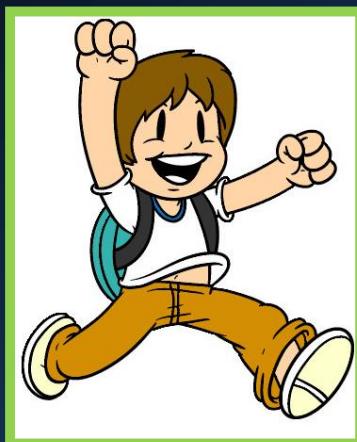
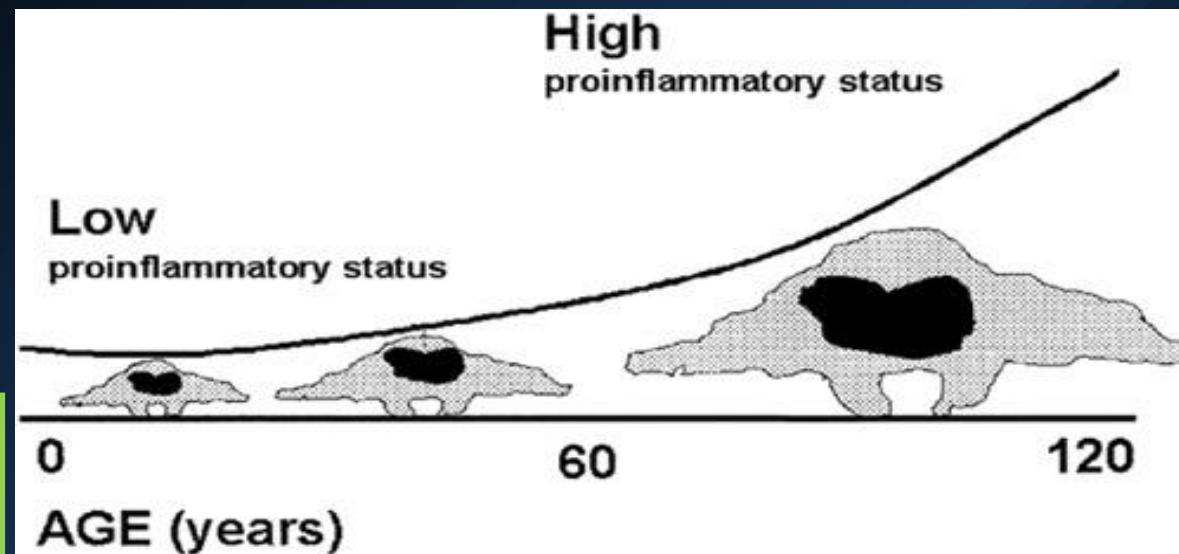




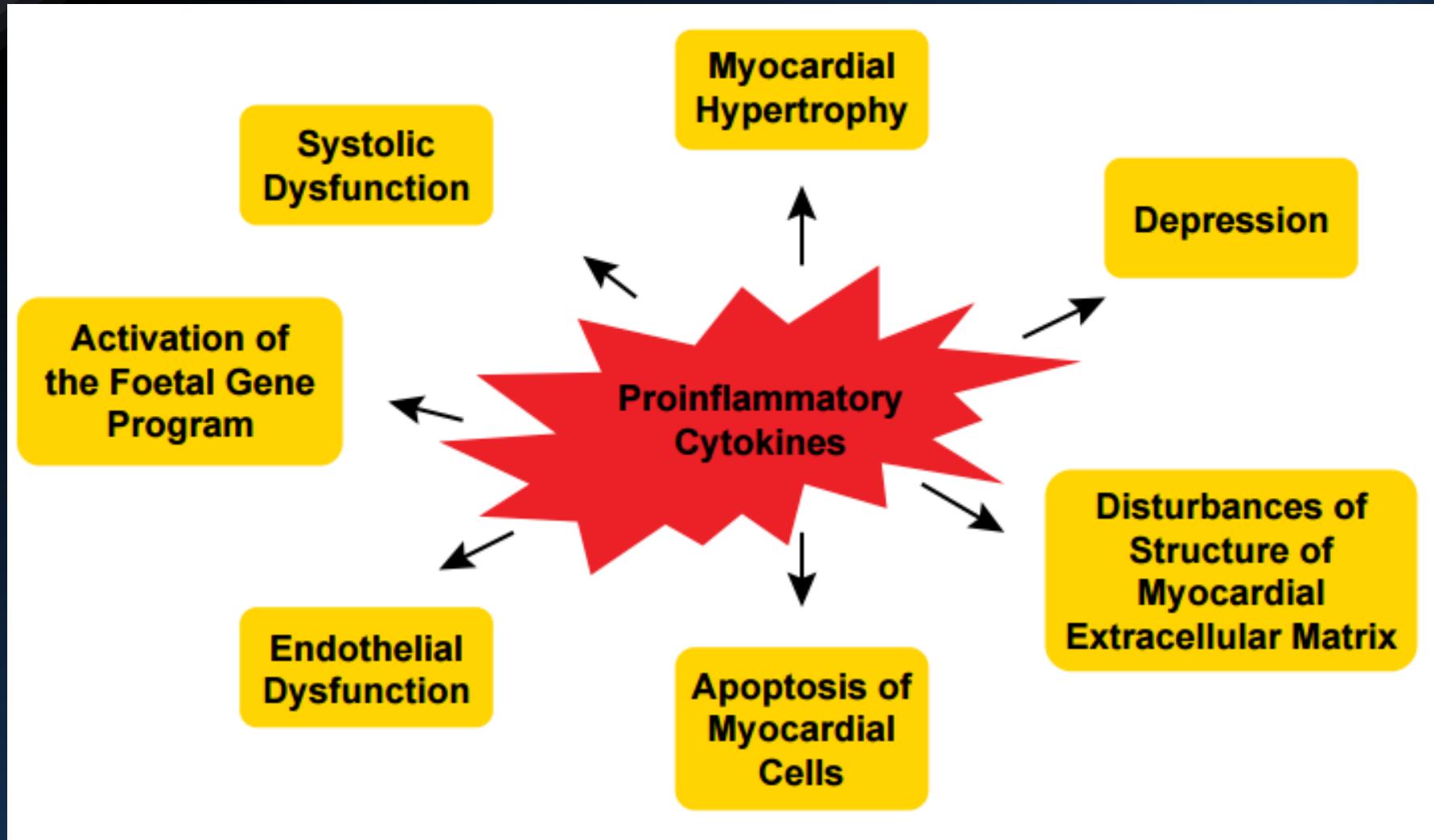
# TESSUTO ADIPOSO E MALATTIE CARDIOVASCOLARI

*Valentina Parisi*  
*Università ‘Federico II’, Napoli*

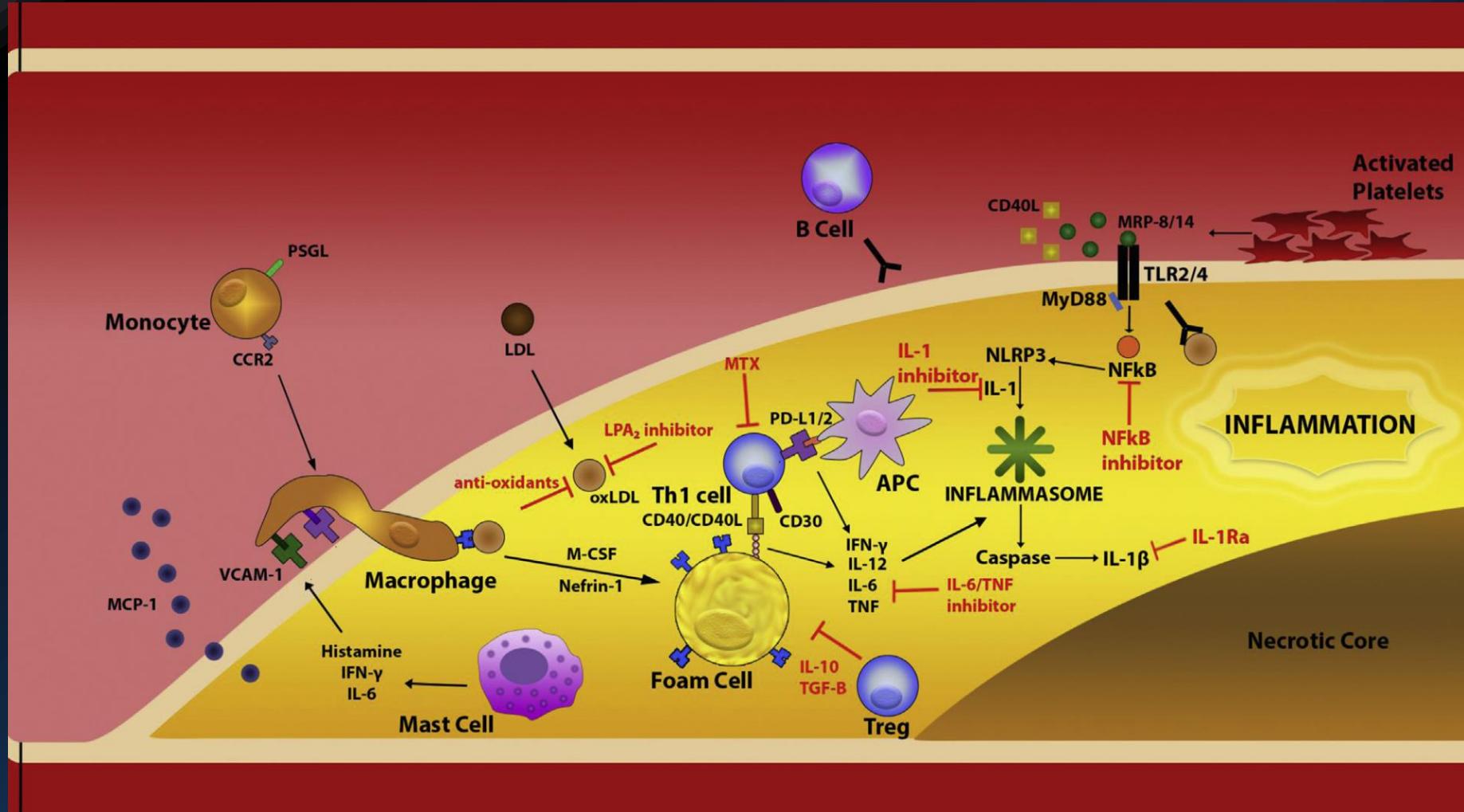
# INFIAMMAZIONE CRONICA NELL'ANZIANO



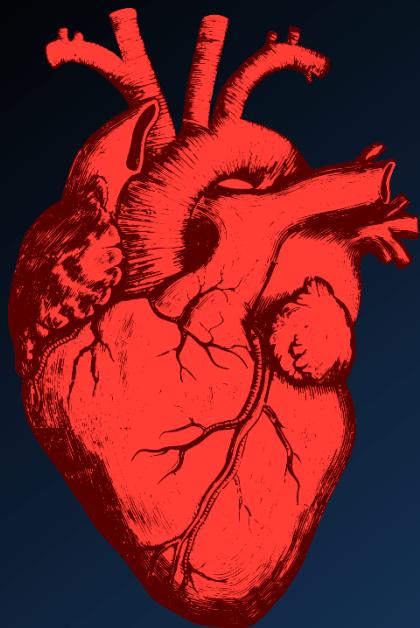
# INFLAMMAZIONE ED INSUFFICIENZA CARDIACA



# INFIAMMAZIONE ED ATEROSCLEROSI

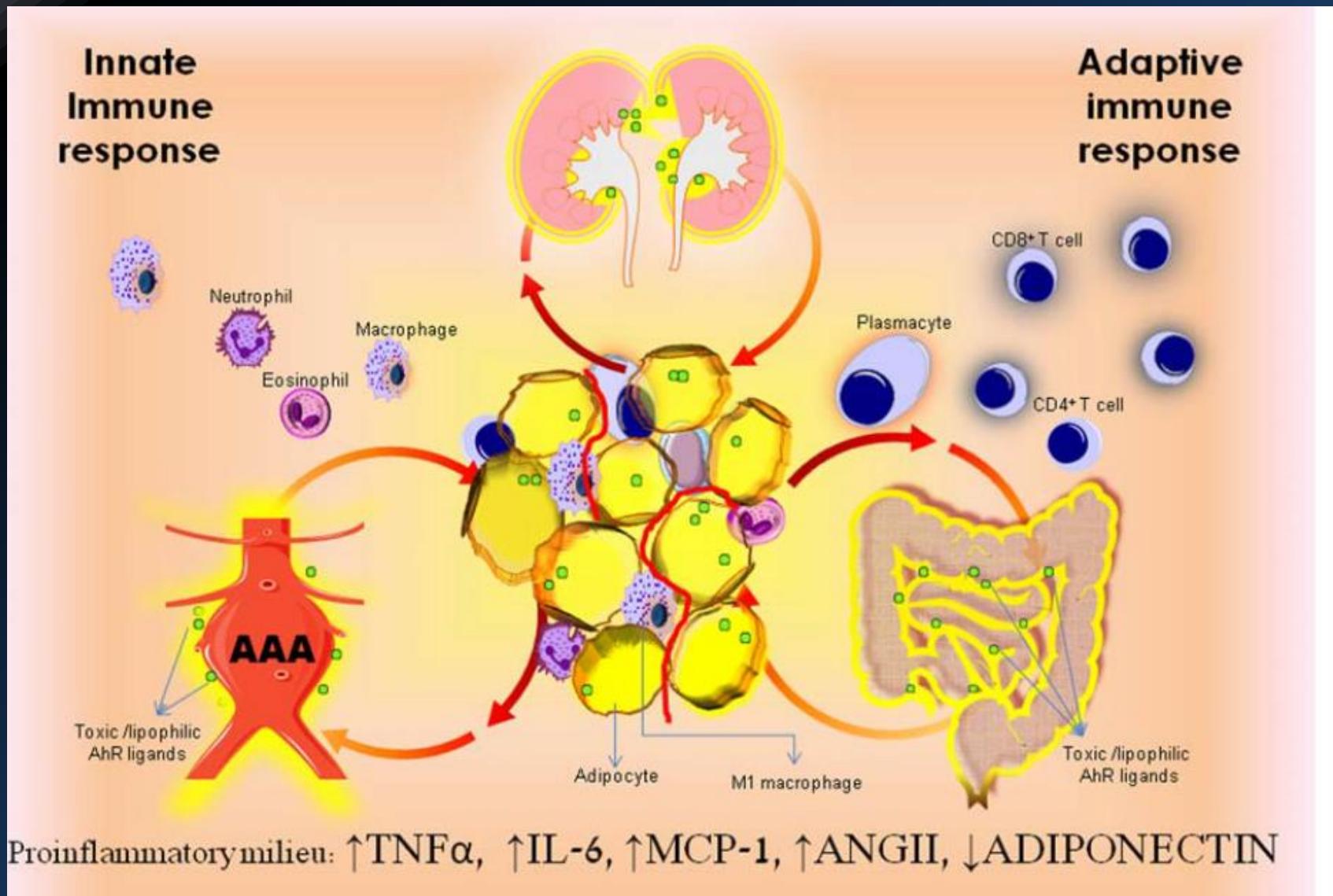


# INFIAMMAZIONE

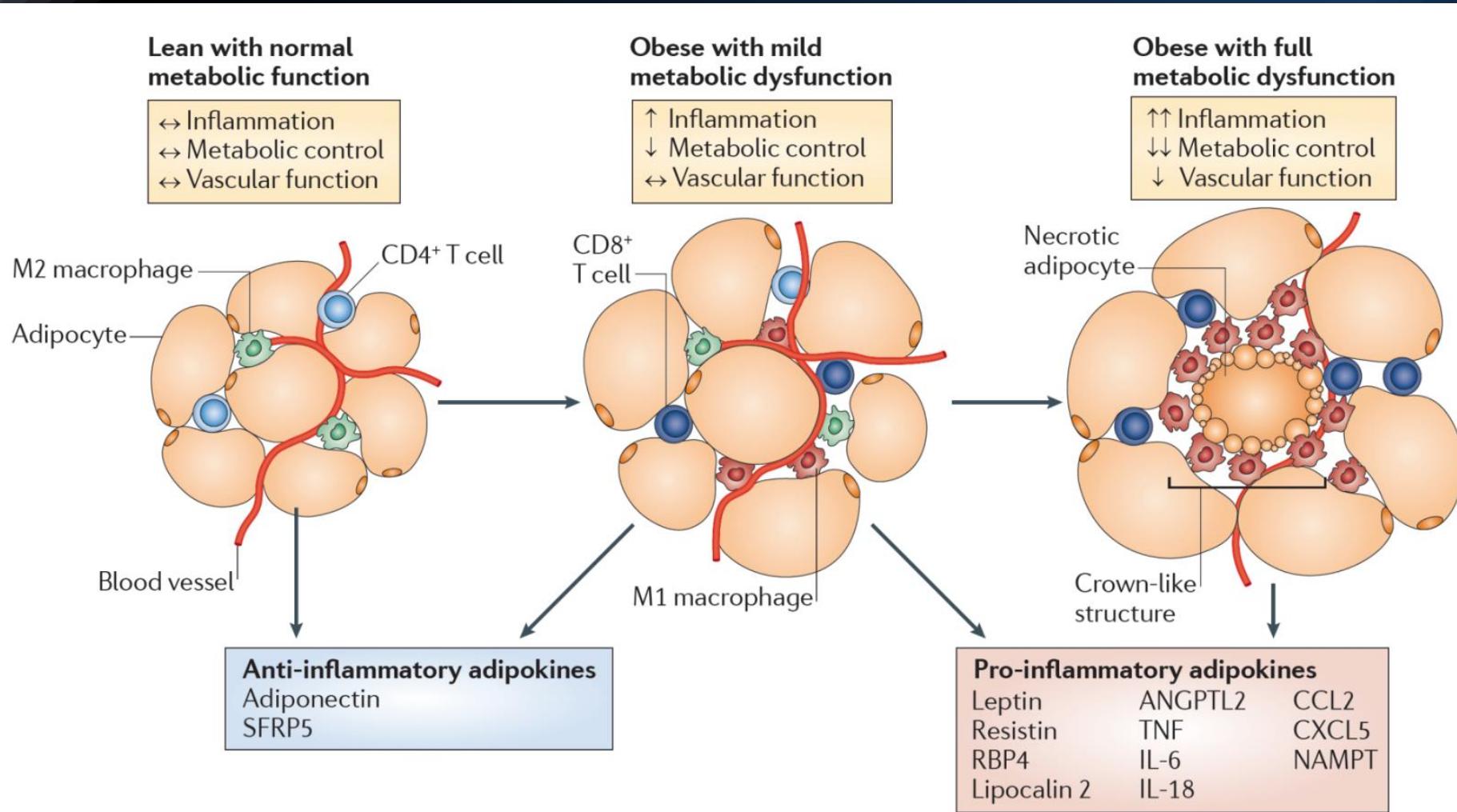


# ATEROSCLEROSI

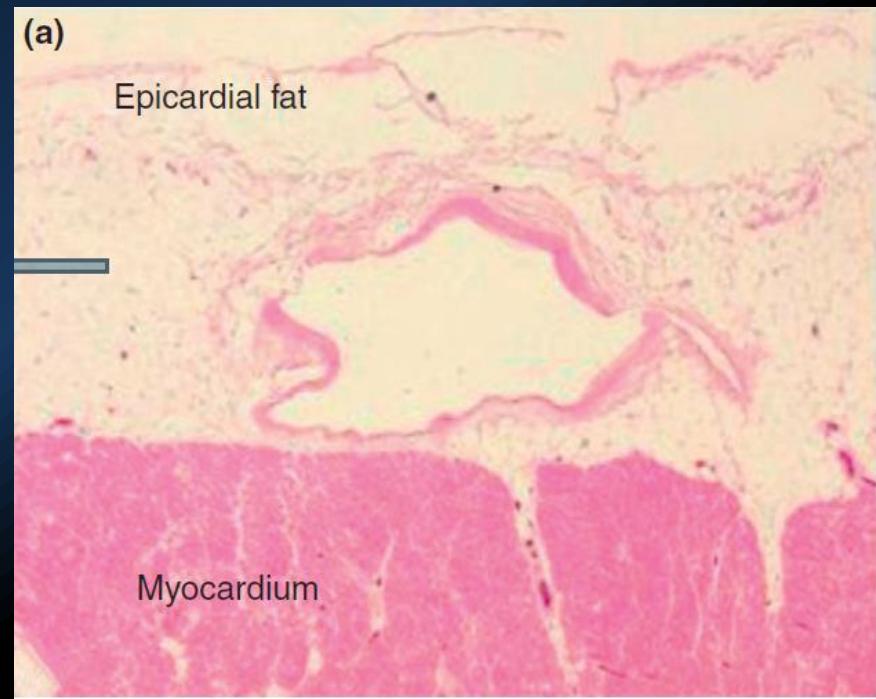
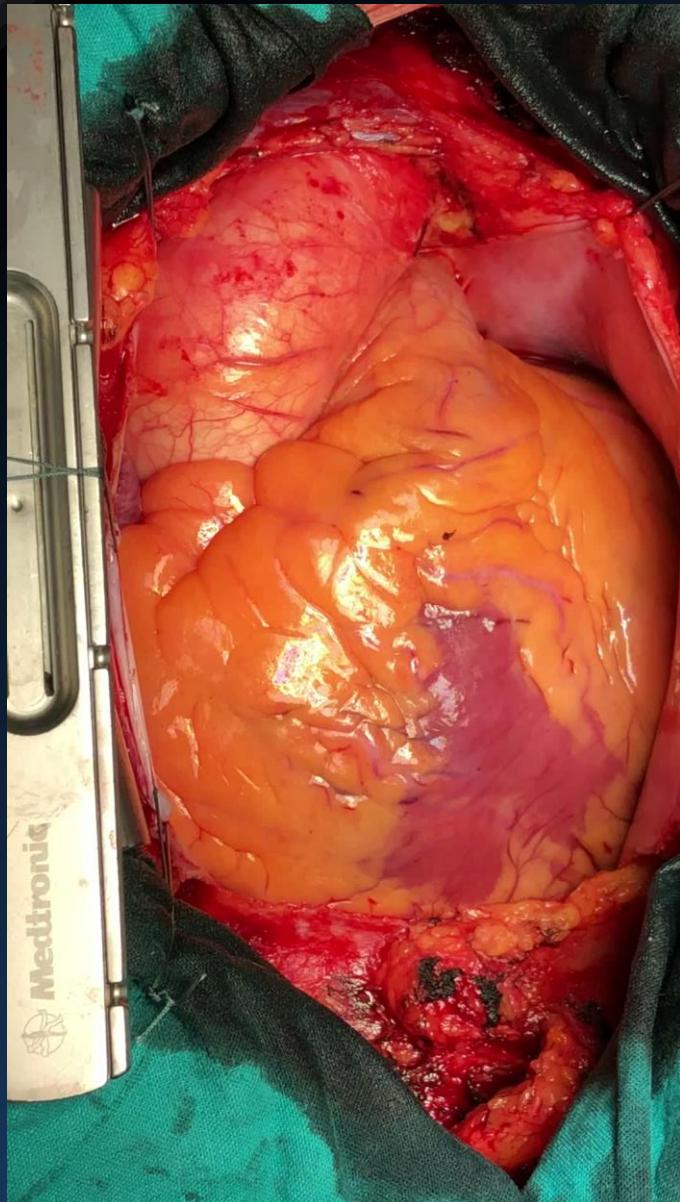
# INFIAMMAZIONE E TESSUTO ADIPOSO



# Visceral adipose tissue



# Epicardial adipose tissue

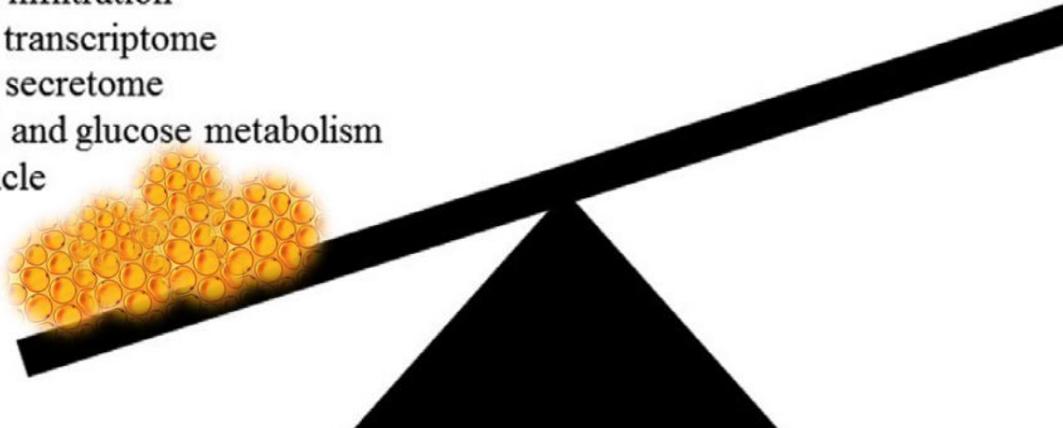


# TESSUTO ADIPOSO VISCERALE

## Epicardial Fat Imbalance

### Overfeeding

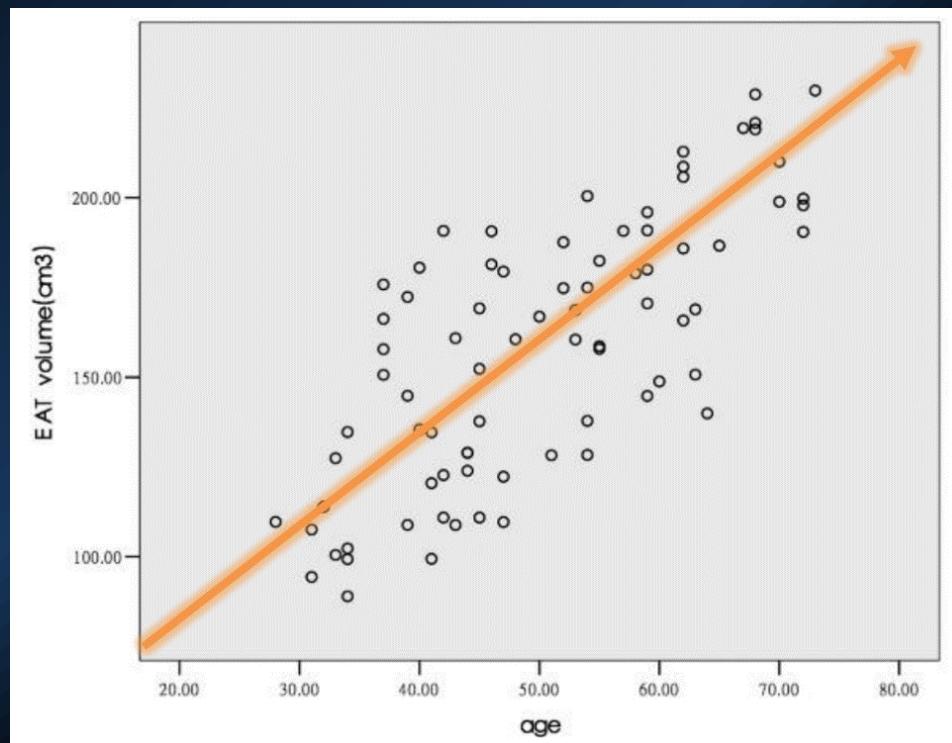
- Intrinsic inflammatory infiltrate
- Highest synthesis and release of FFAs
- Lower glucose uptake
- High lipolysis
- Intrinsic insulin resistance
- Myocardial fatty infiltration
- Proinflammatory transcriptome
- Proinflammatory secretome
- Atherogenic lipid and glucose metabolism
- Mechanical obstacle



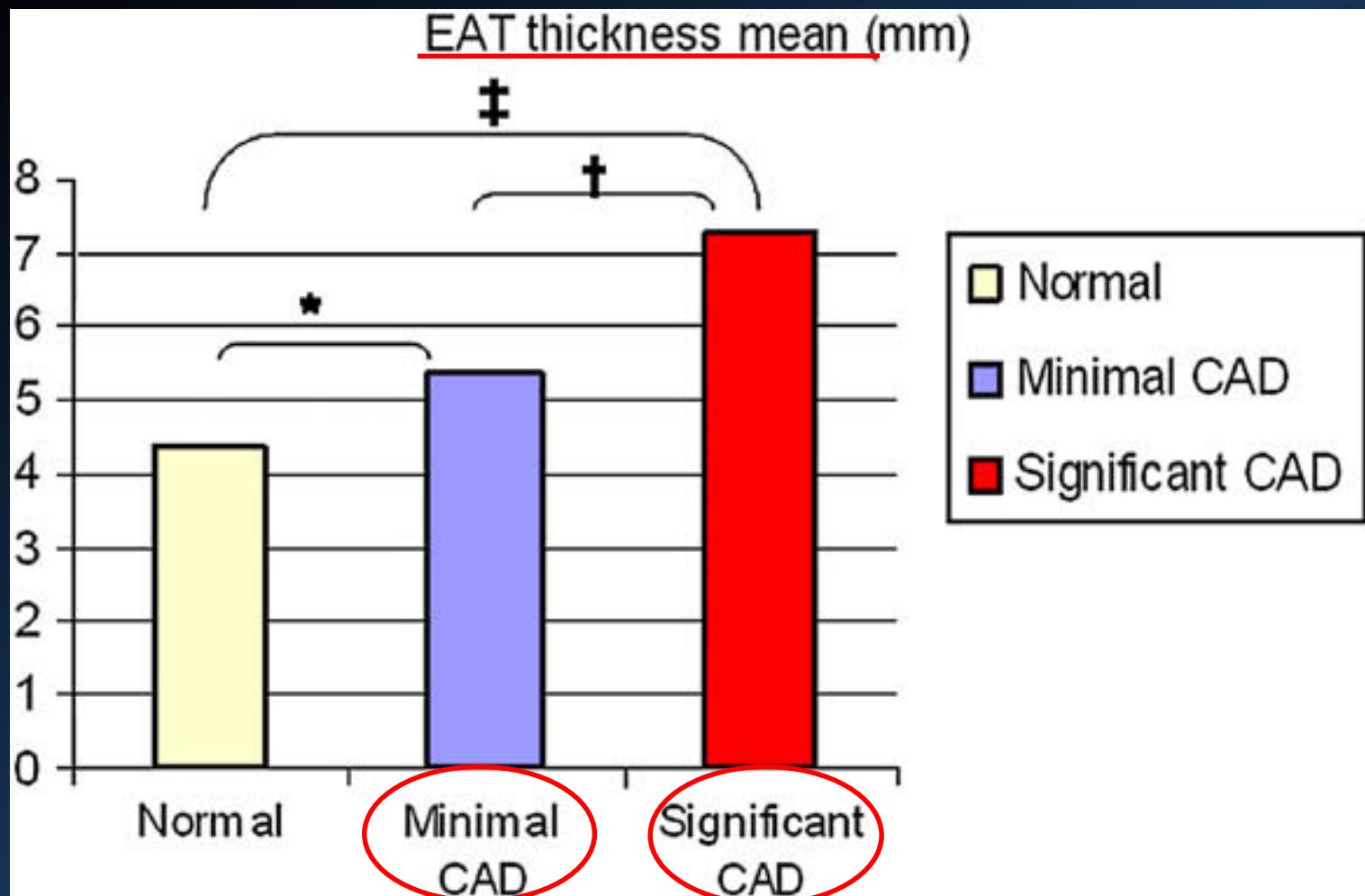
### Feeding

- Thermoregulation of the myocardium
- FFA source for the myocardium
- Buffer against FFA toxic effect
- Antiinflammatory cytokines
- Mechanical protection

# Epicardial adipose tissue and age

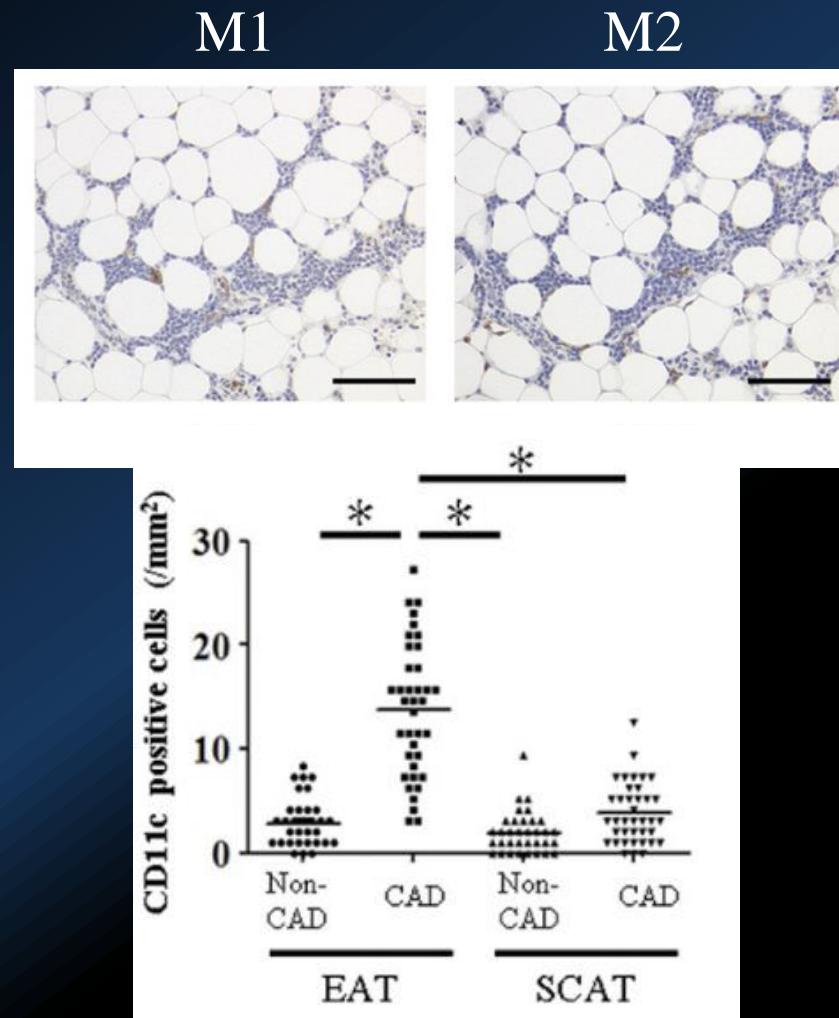


# Epicardial adipose tissue and CAD

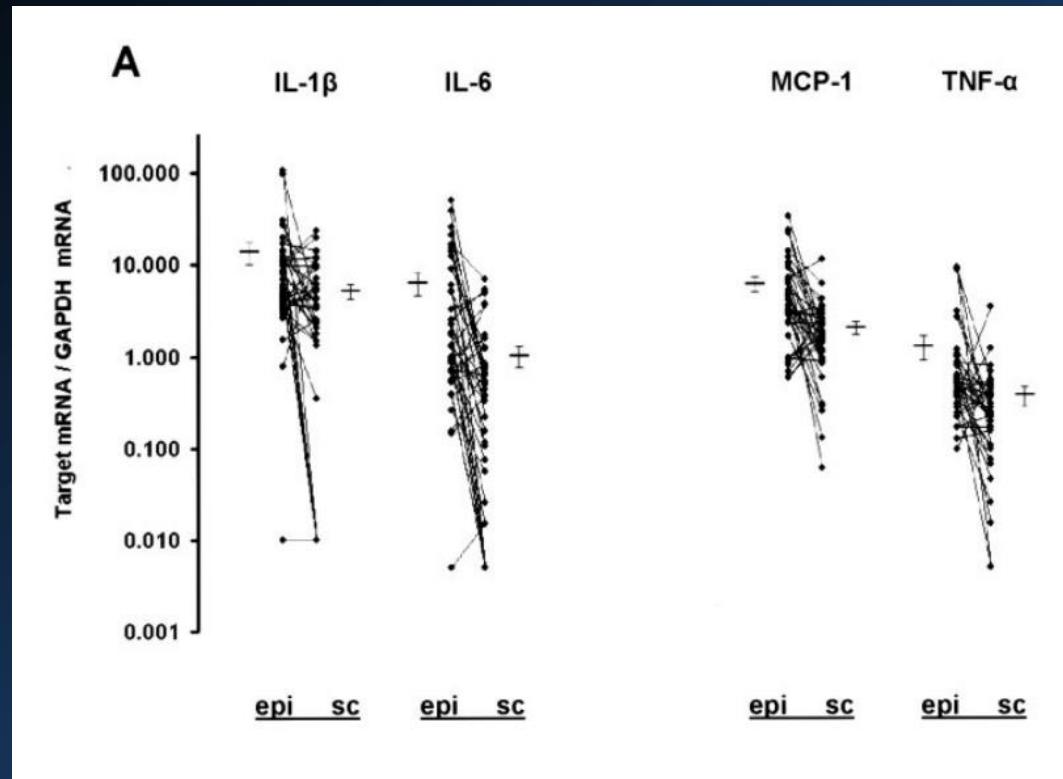


# Epicardial adipose tissue and CAD

- In presenza di CAD aumenta l'infiltrazione macrofagica
- Polarizzazione dei macrofagi M1/M2

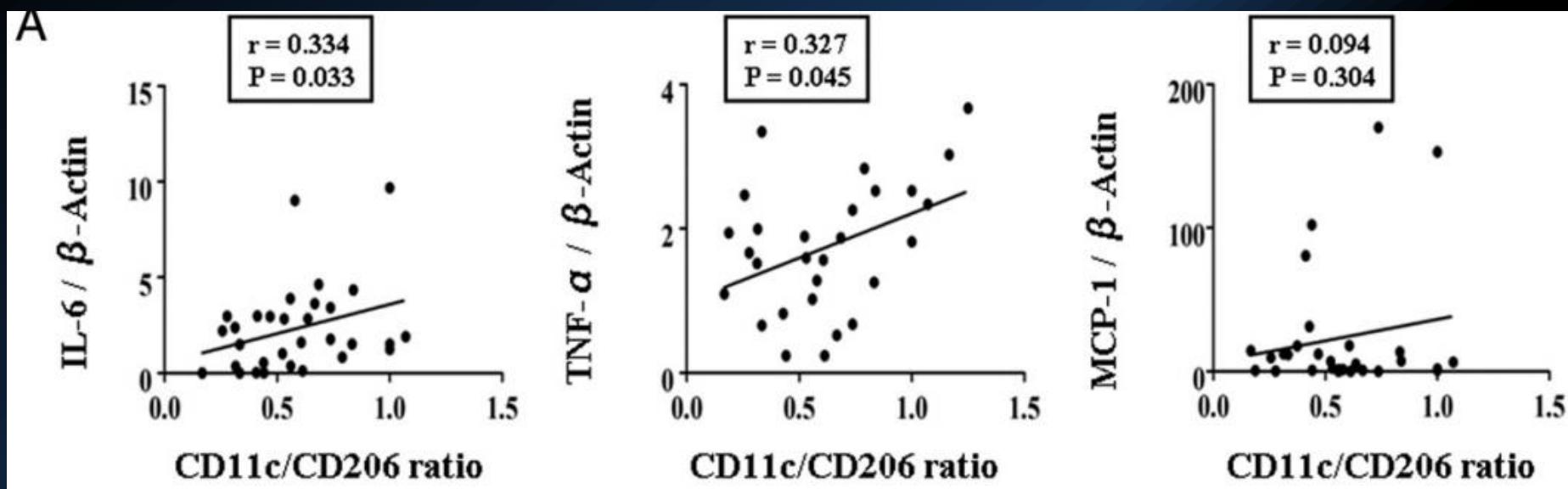


# EAT is a source of inflammatory mediators in CAD pts



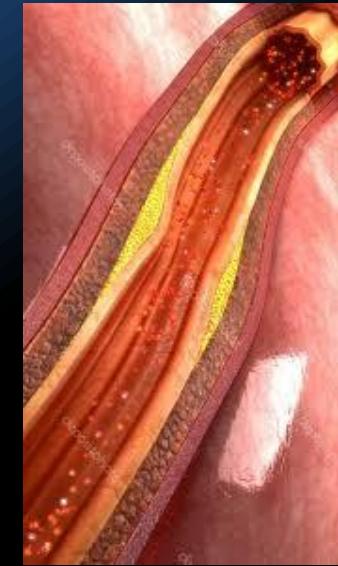
# Epicardial adipose tissue and CAD

La quantità di macrofagi M1 correla con il livelli di :  
IL-6; TNF-alpha; MCP-1

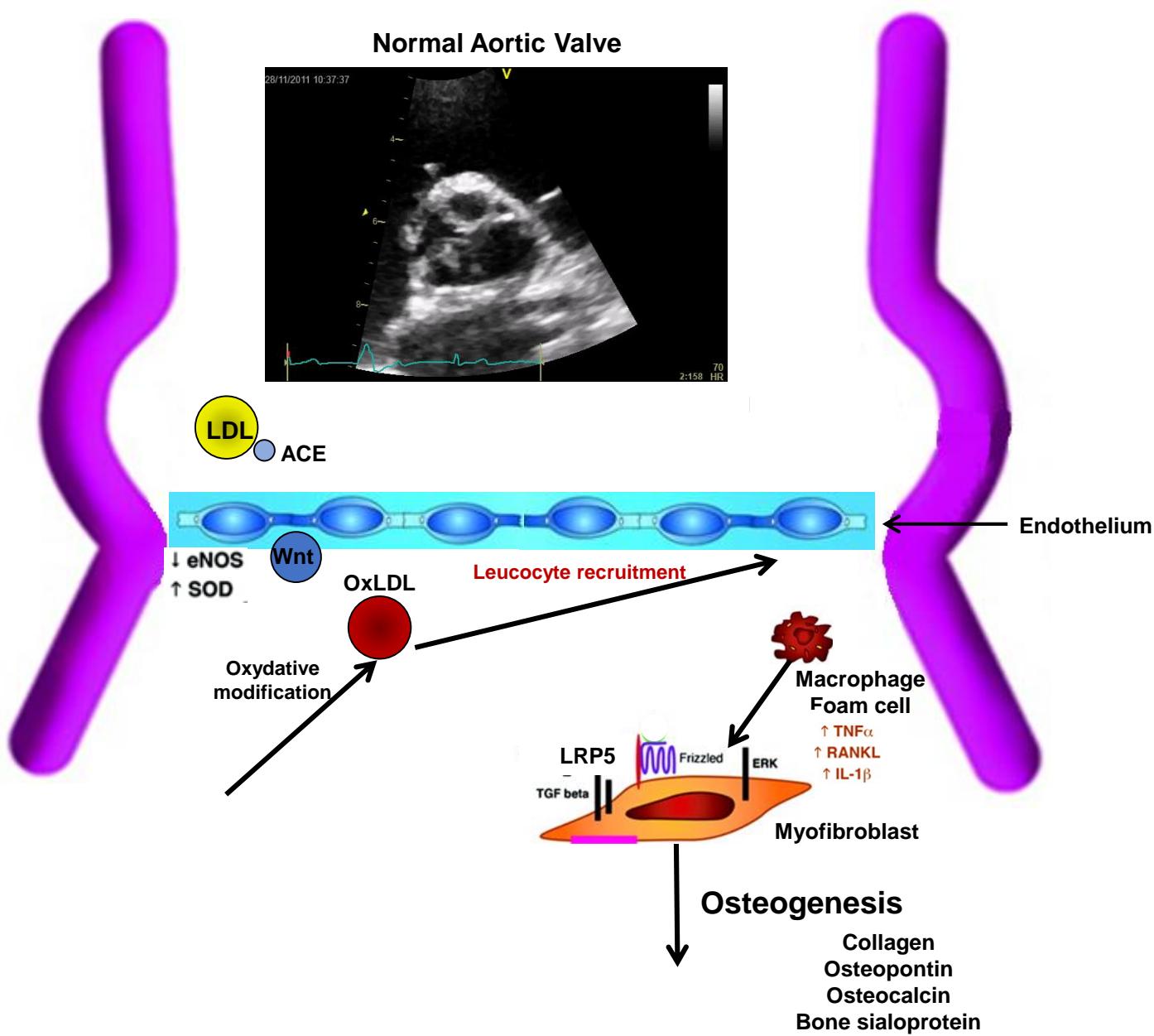
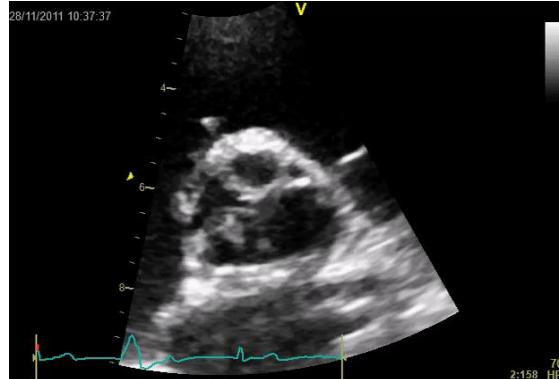




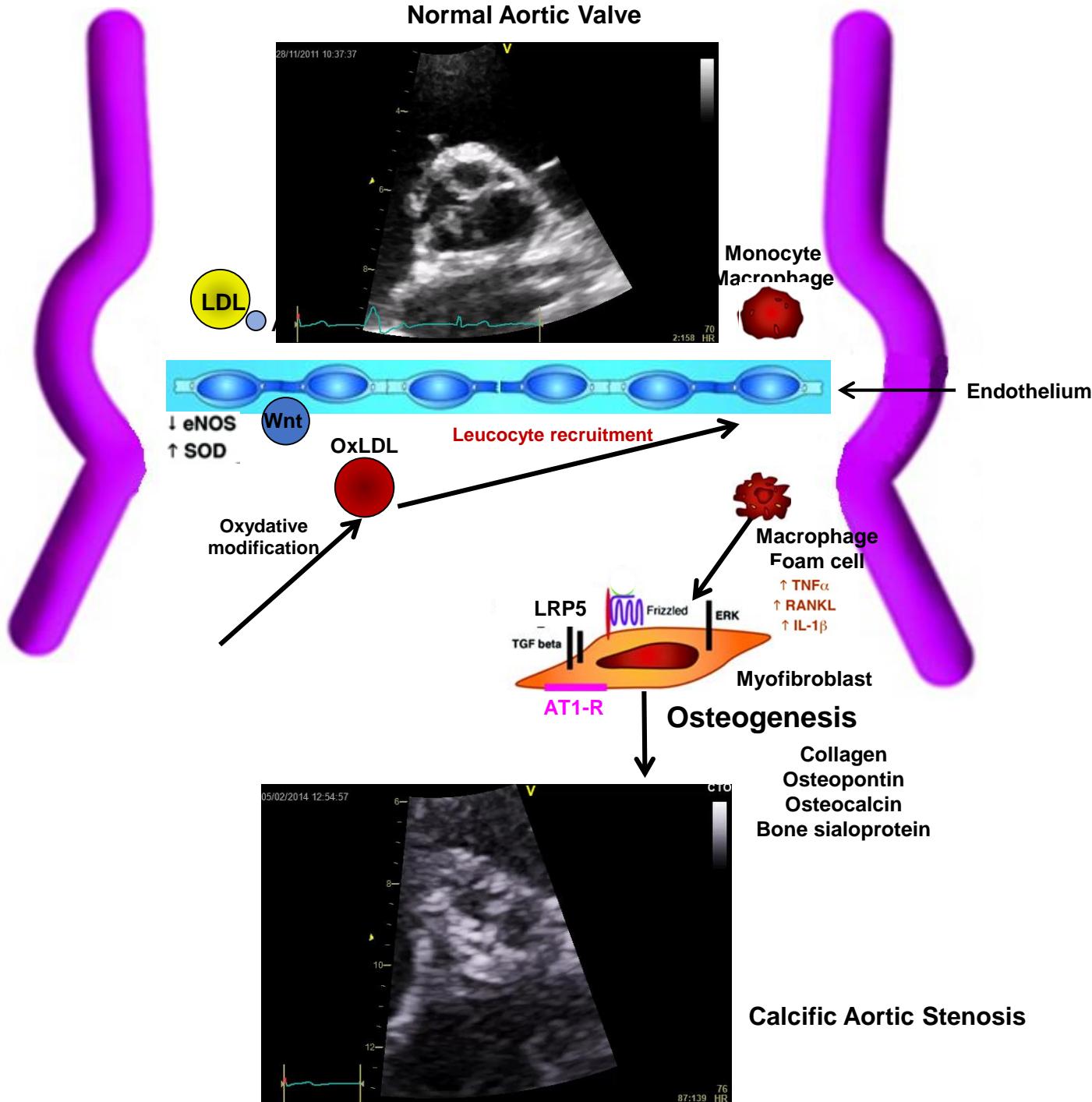
**RILASCIO CITOKINE  
INFIAMMATORIE**



## Normal Aortic Valve



## Normal Aortic Valve



# INFIAMMAZIONE E STENOSI AORTICA

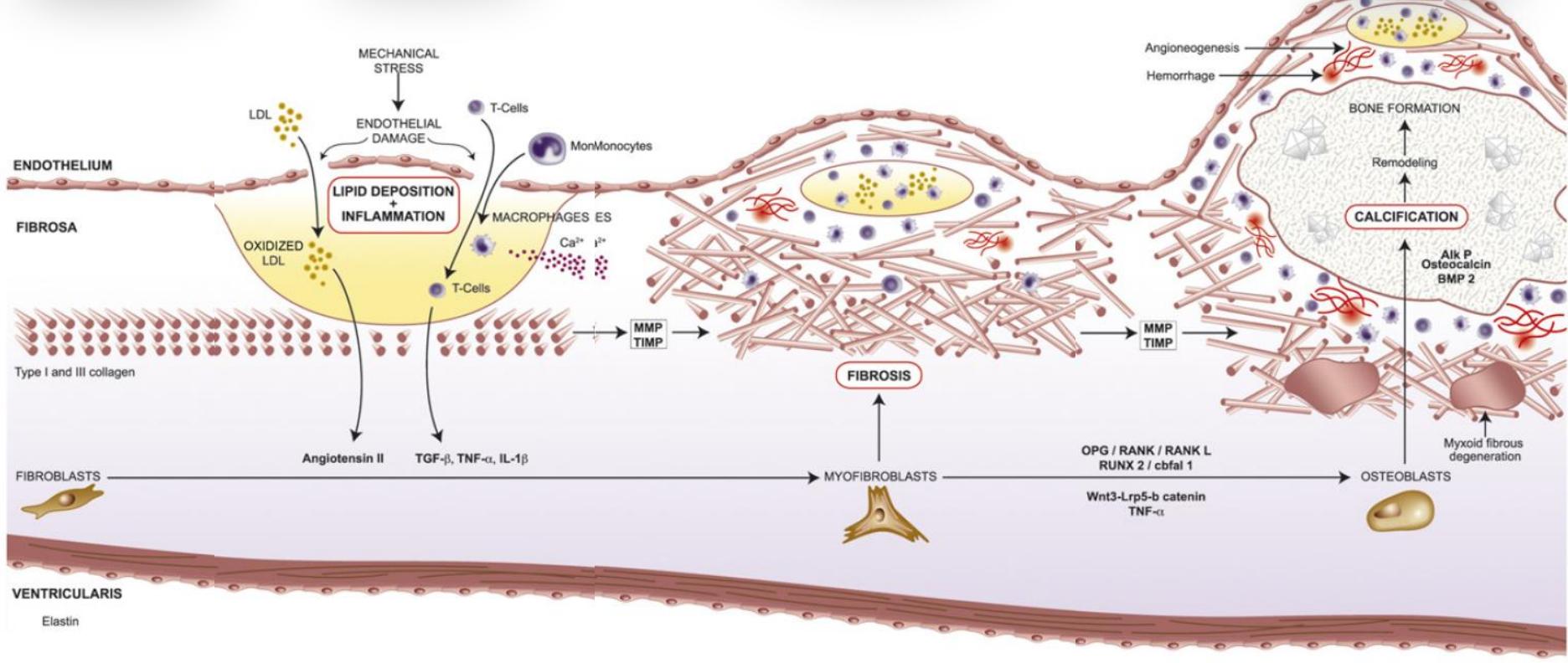


**NORMAL**

**INFLAMMATION**

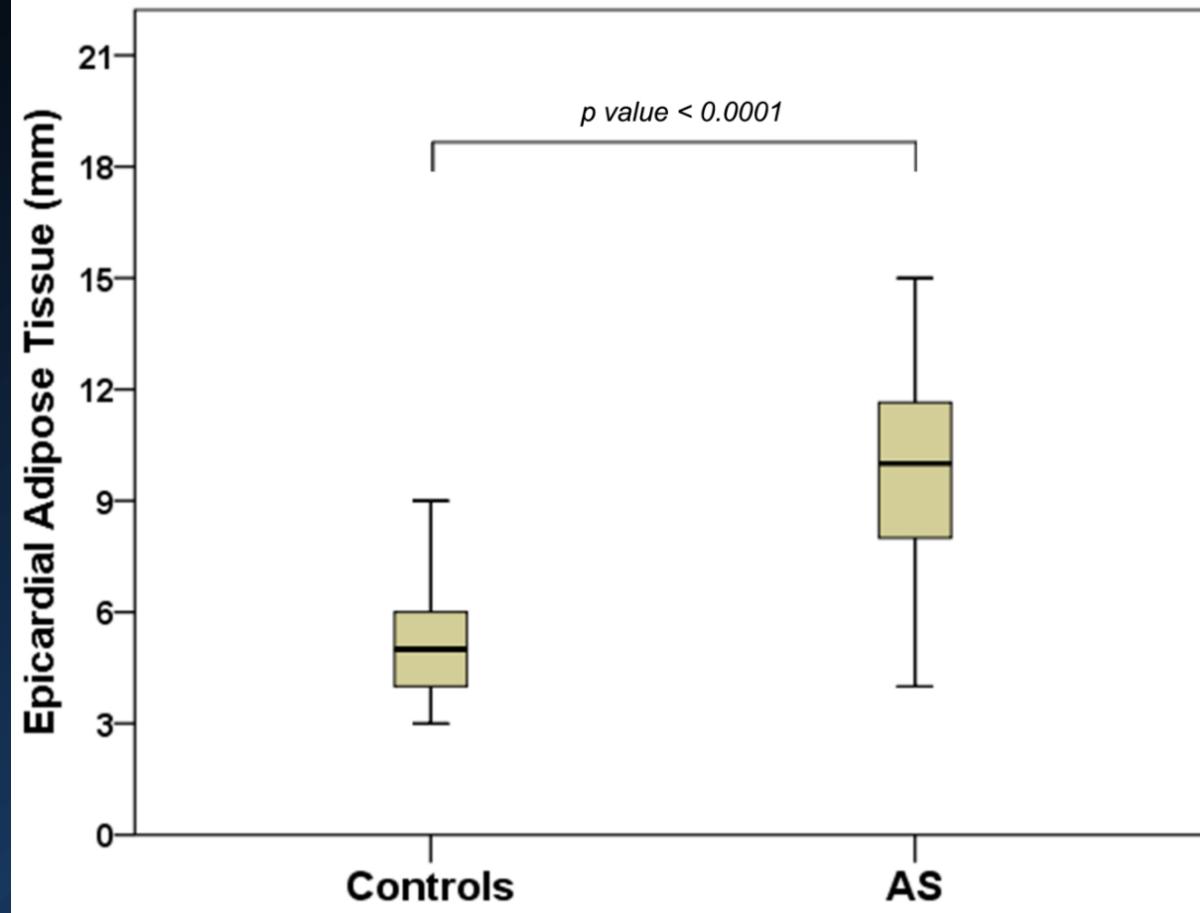
**FIBROSIS**

**CALCIFICATION**

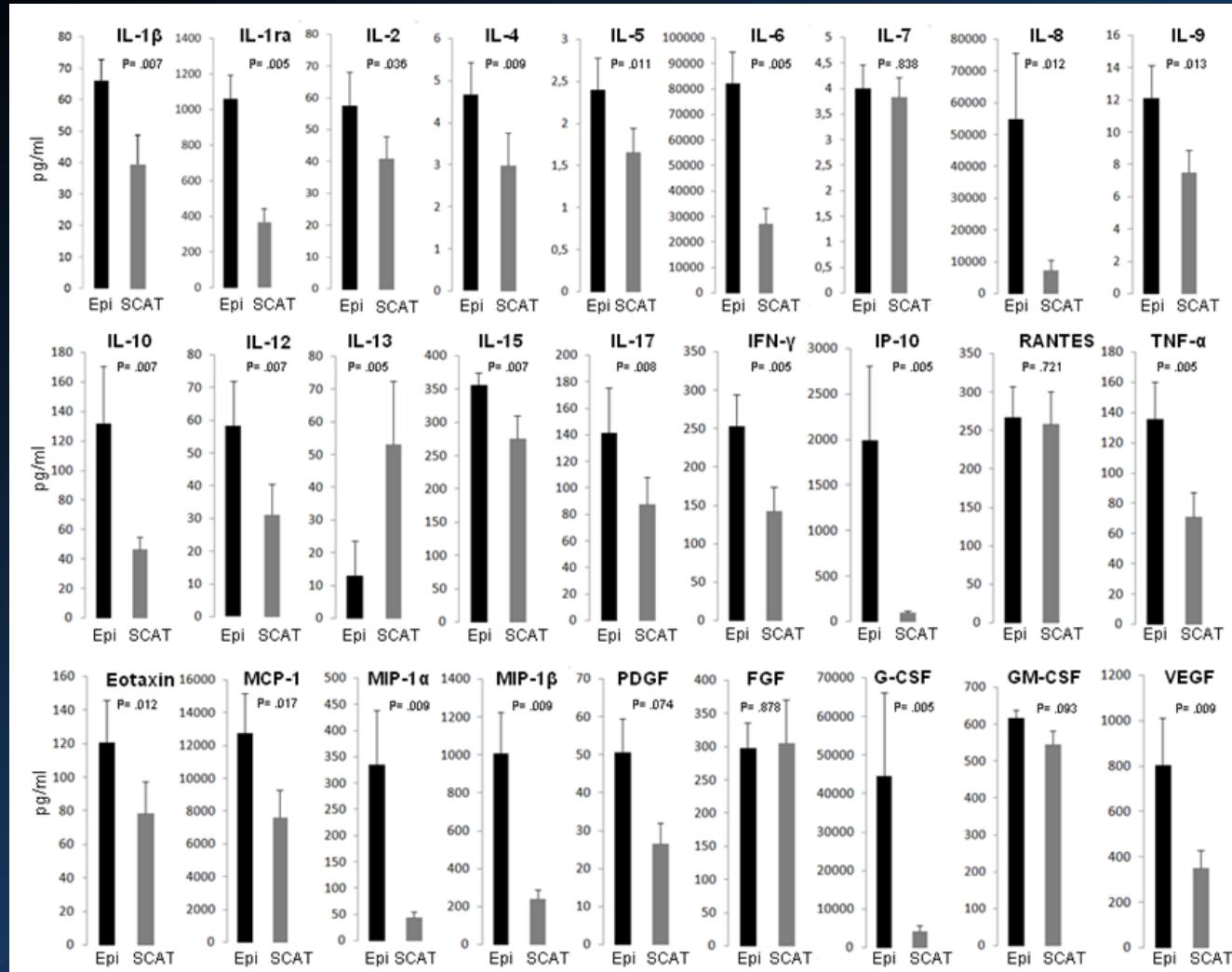


# Epicardial adipose tissue is increased in pts with calcific aortic stenosis

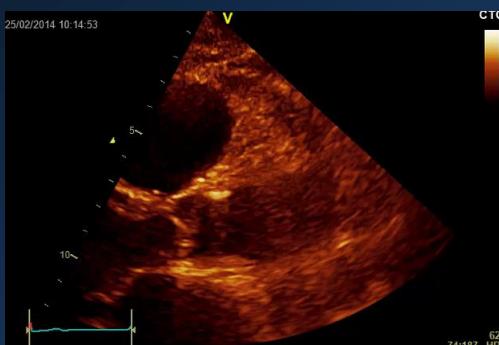
Figure 1



# Epicardial adipose tissue is increased in pts with calcific aortic stenosis



# Correlazione tra spessore EAT e secrezione di mediatori infiammatori

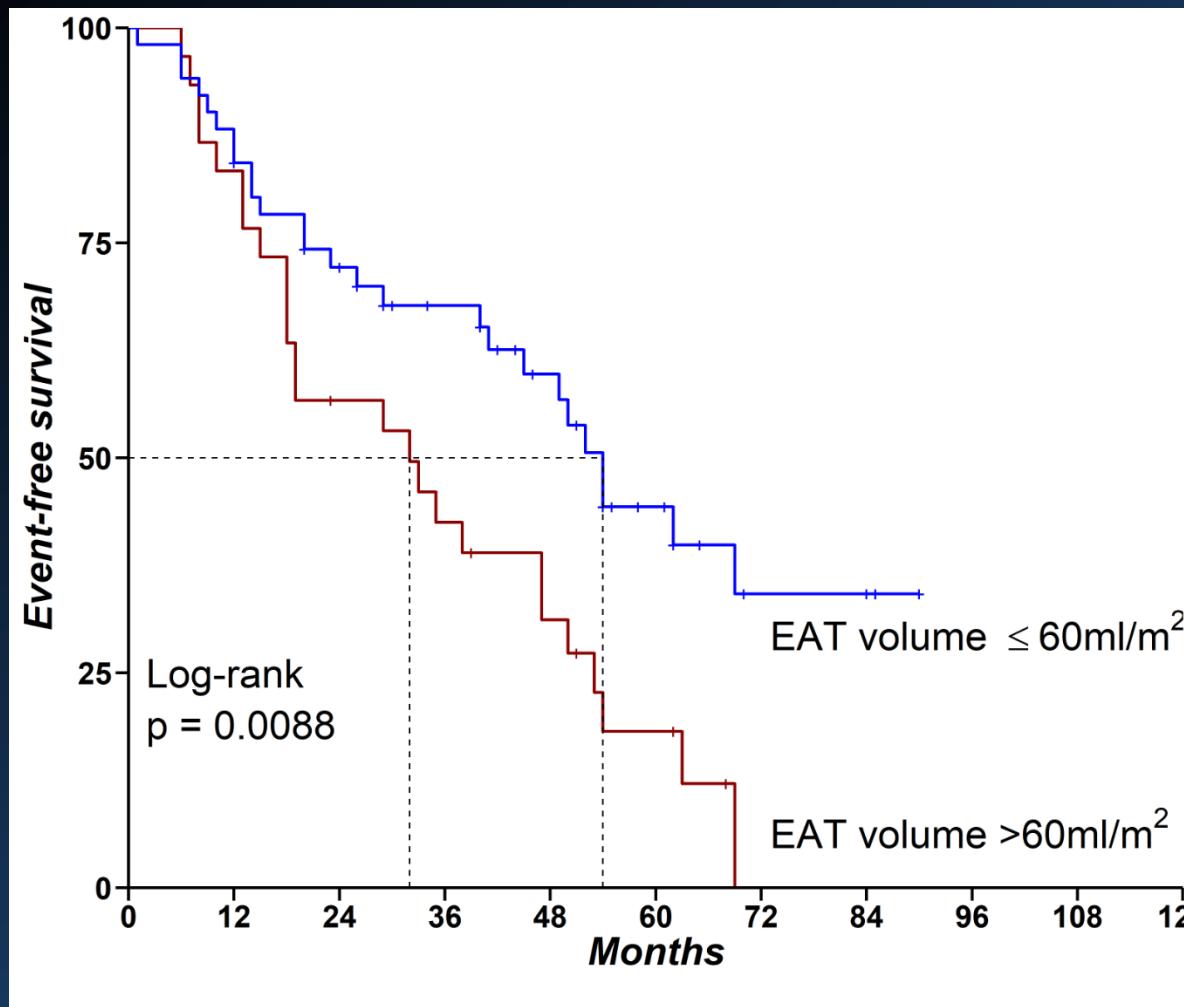


	Spearman	Epicardial fat p value
PDGF	.728*	.017
IL-1 $\beta$	.887**	.001
IL-1ra	.936**	.000
IL-2	.790*	.020
IL-4	.801**	.005
IL-5	.954**	.000
IL-6	.691*	.017
IL-7	.991**	.000
IL-8	.837**	.010
IL-9	.911**	.000
IL-10	.960**	.000
IL-12	.631	.048
IL-13	.110	.762
IL-15	.538	.108
IL-17	.838**	.002
Eotaxin	.850**	.007
FGF basic	.917**	.000
G-CSF	.813**	.004
GM-CSF	.275	.441
IFN- $\gamma$	.813**	.004
IL-10	.881**	.001
MCP-1	.711*	.048
MIP-1 $\alpha$	.813**	.004
MIP-1 $\beta$	.869**	.001
RANTES	.575	.082
TNF- $\alpha$	.869**	.001
VEGF	.569	.086

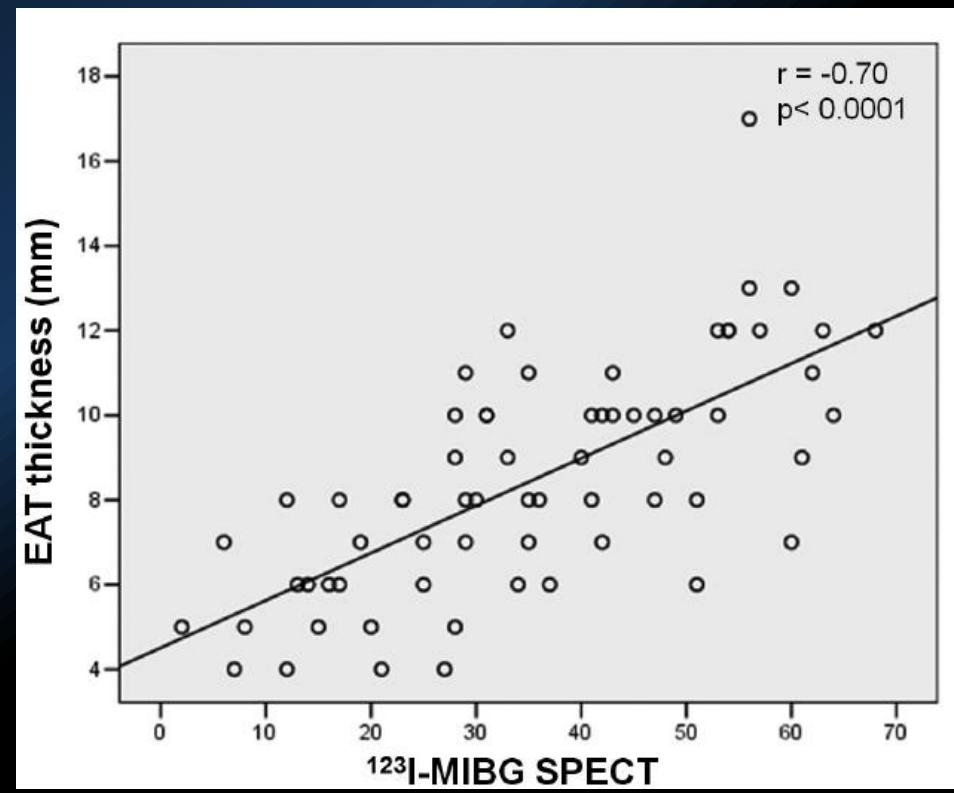
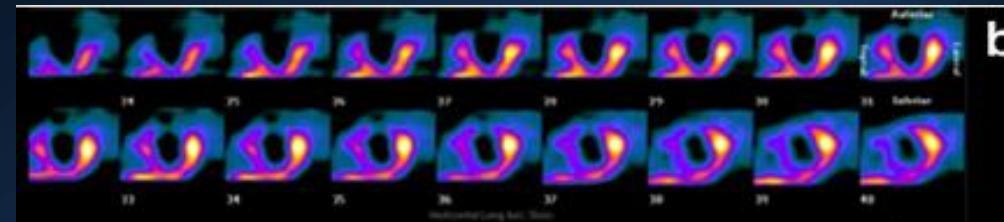
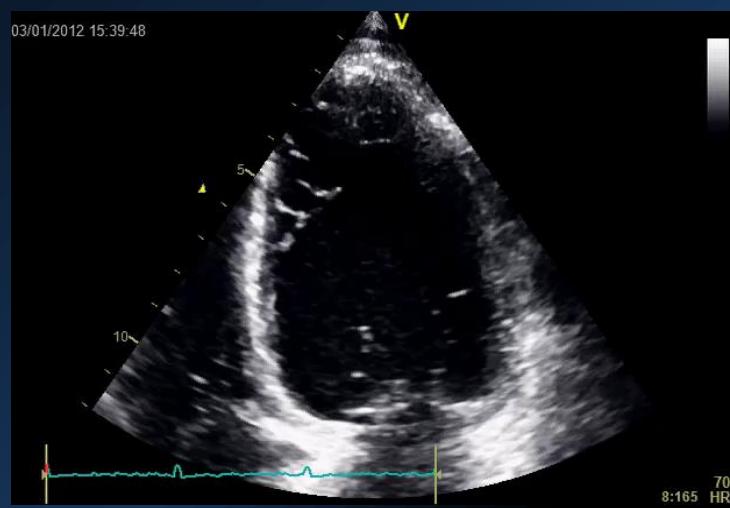
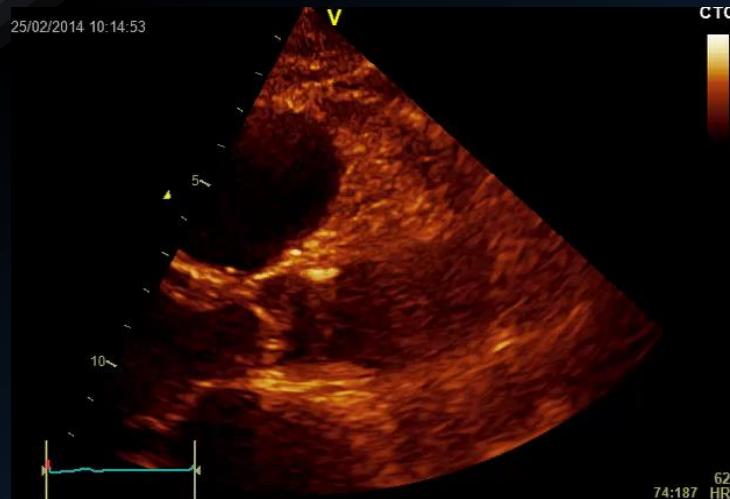


# EAT and outcome in aortic stenosis

## AVR-survival

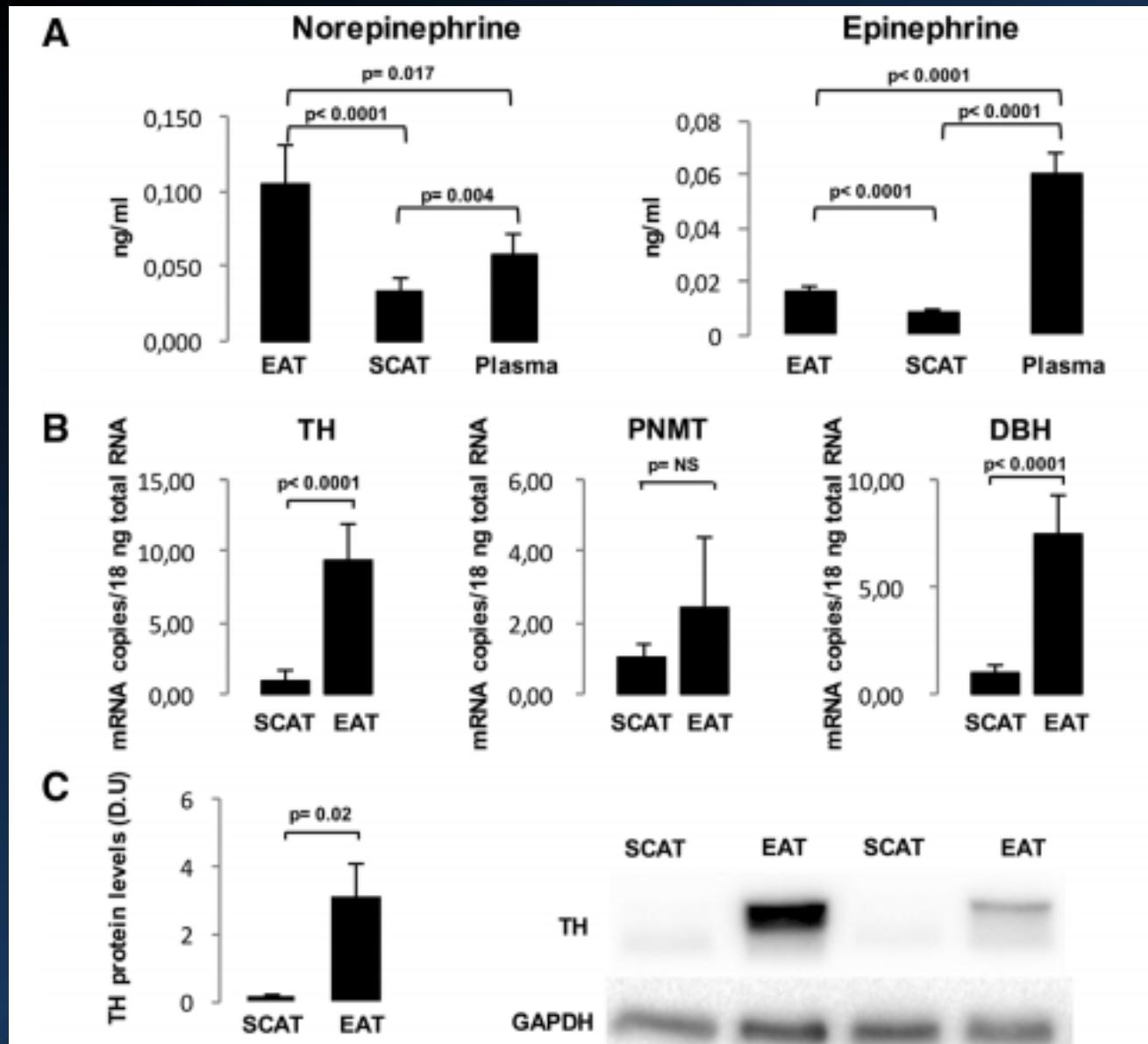


# EAT – sistema adrenegico nello scompenso

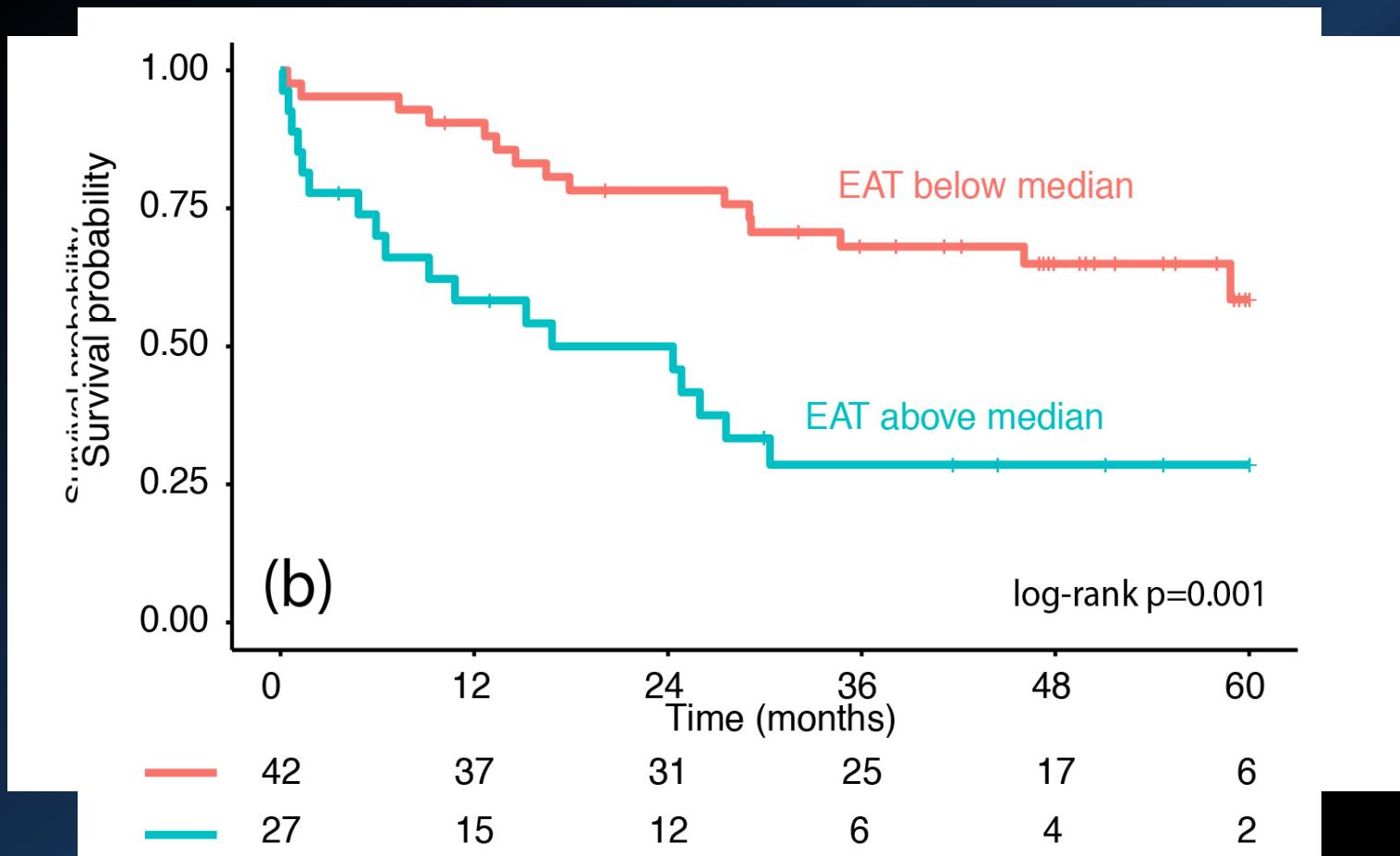


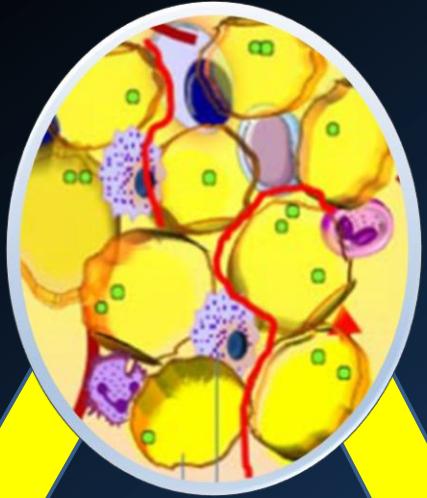
Parisi V et al, Circ Res 2016

# EAT – sistema adrenegico nello scompenso



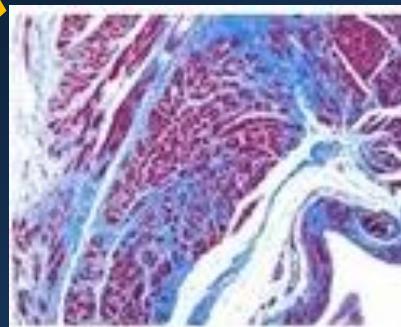
# EAT and outcome in heart failure



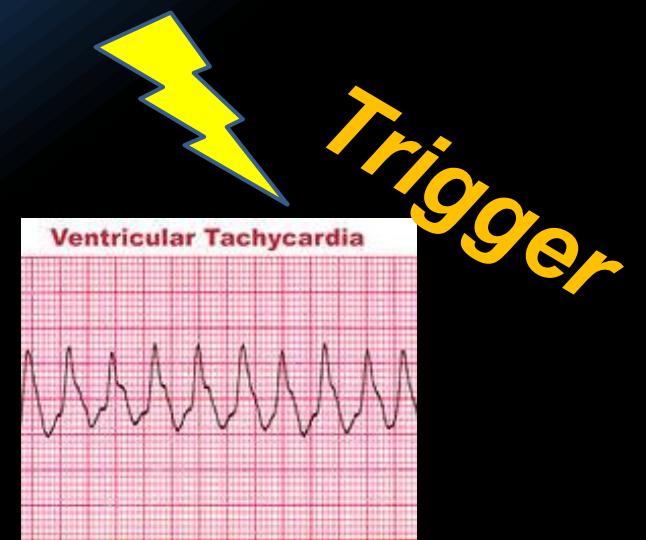


Rilascio citokine  
infiammatorie e pro-fibrotiche

Substrato

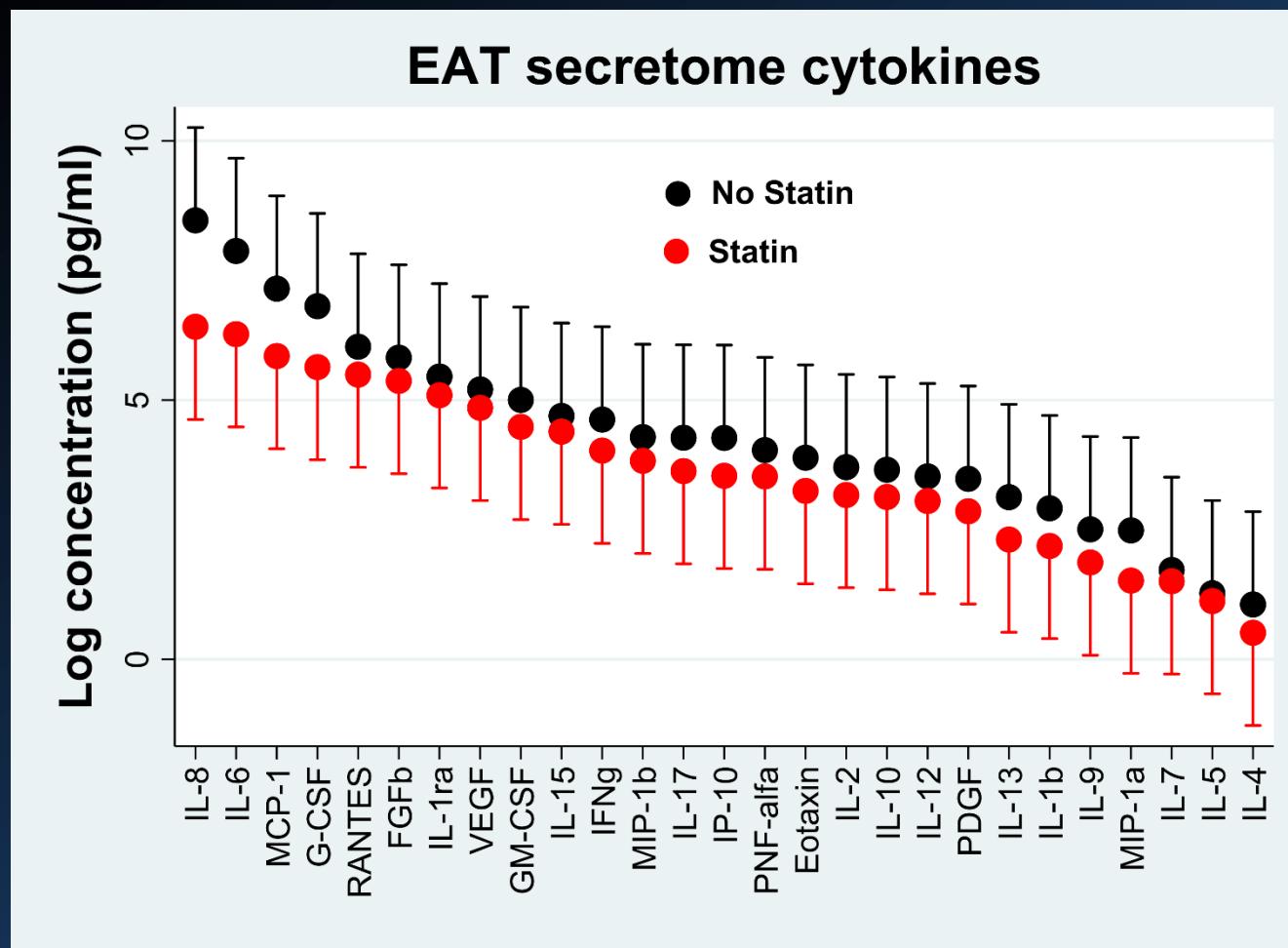


Rimodellamento adrenergico  
secrezione catecolamine

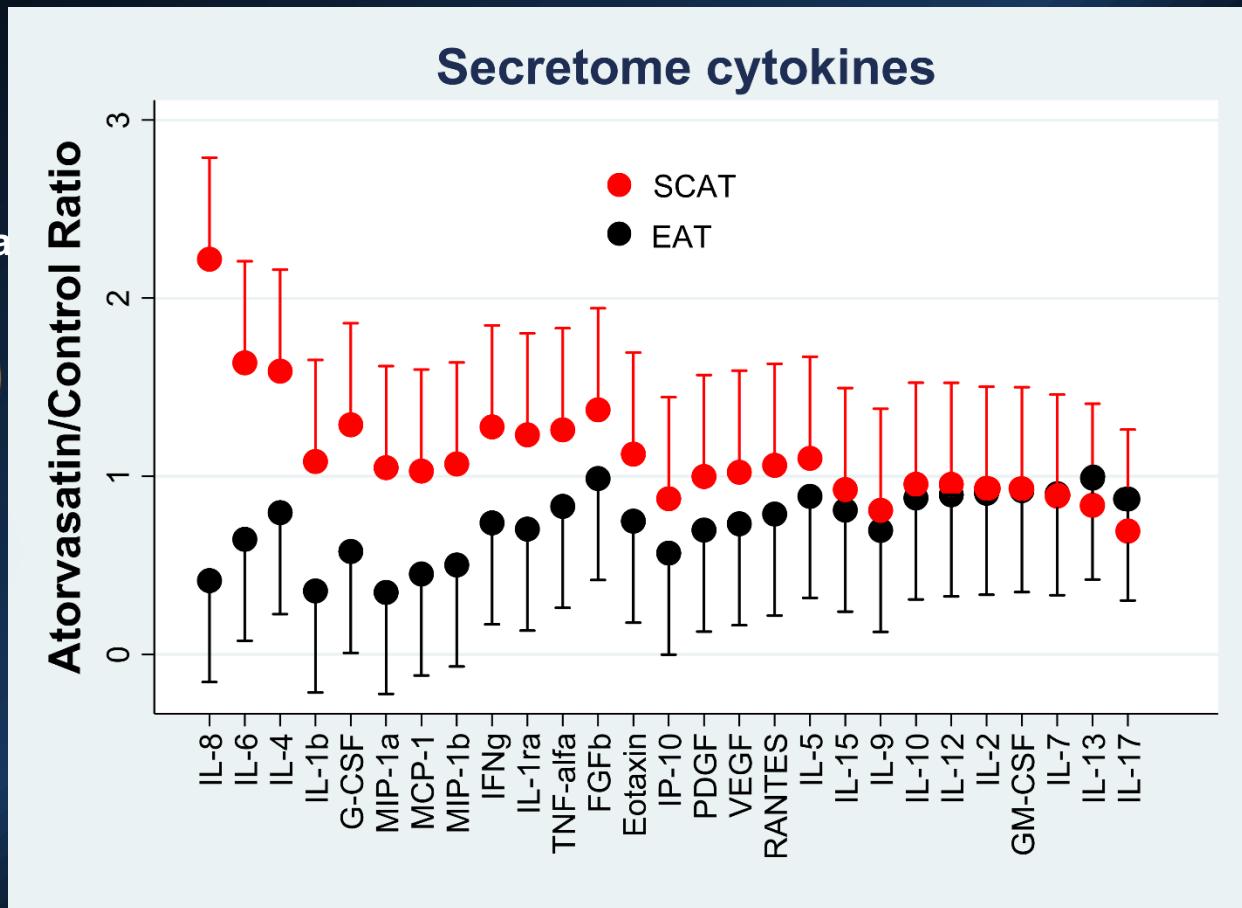
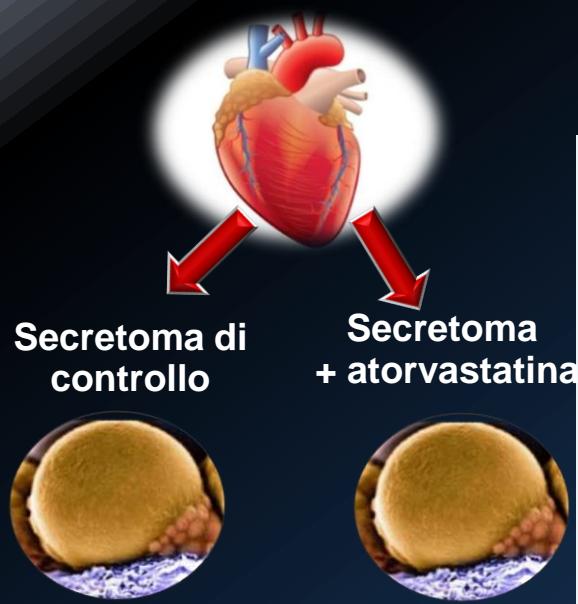


**ARITMIE**

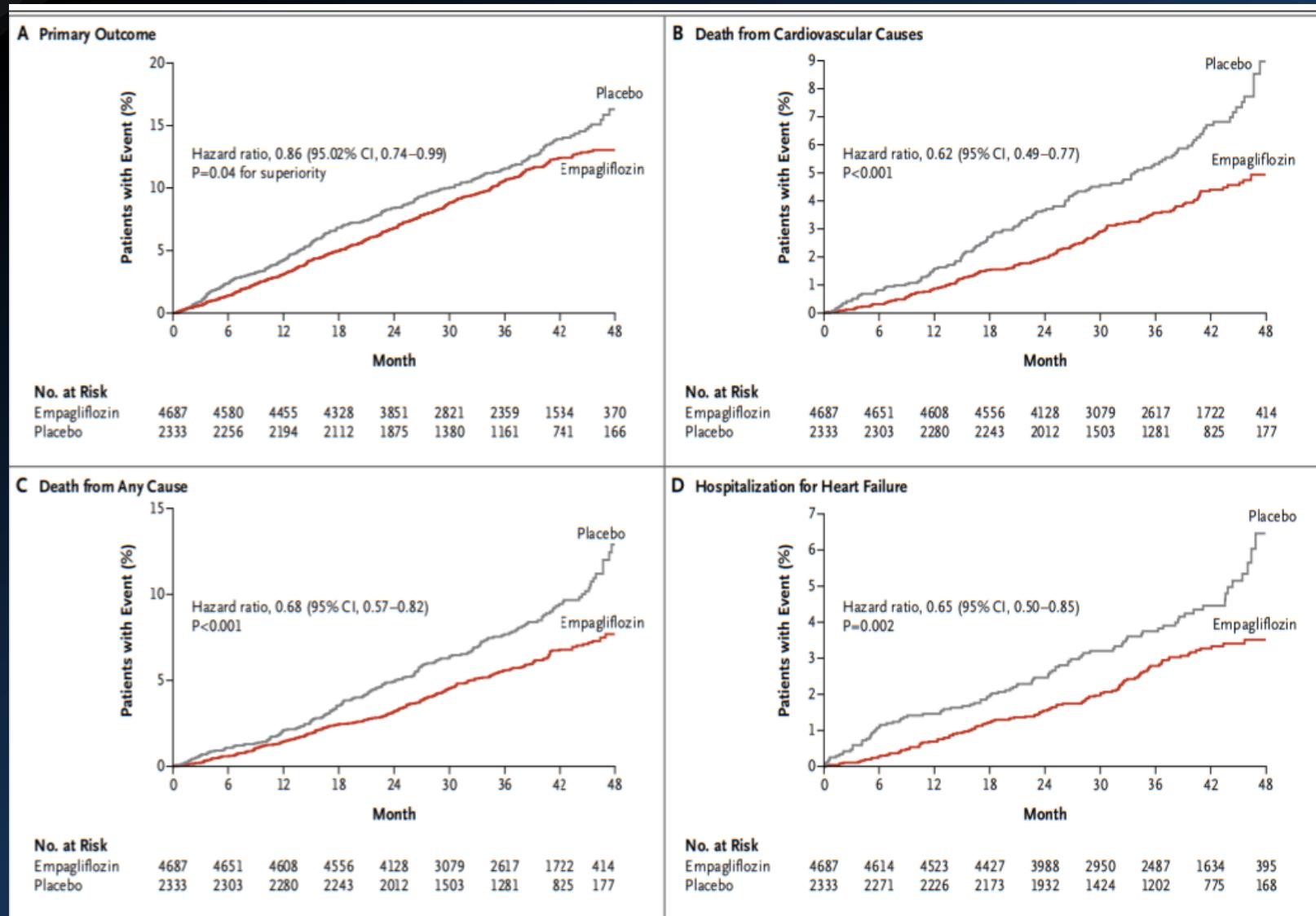
# Statin therapy on EAT inflammatory profile



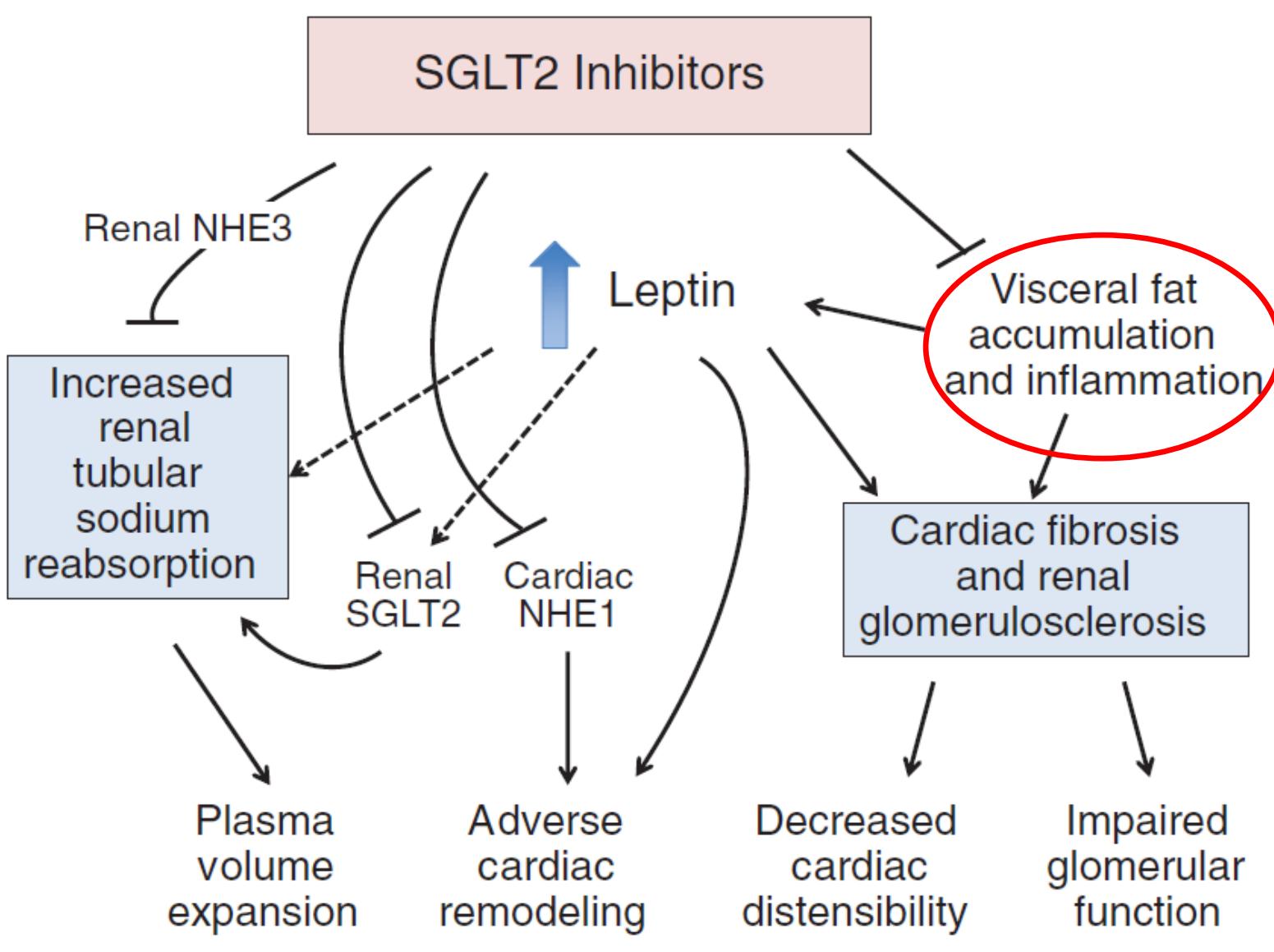
# In vitro effects of atorvastatin on EAT inflammatory profile



# Empagliflozin, Cardiovascular Outcomes, and Mortality in Type 2 Diabetes (EMPAREG trial)



# SGLT2 E TESSUTO ADIPOSO



# Take Home Message

- Il tessuto adiposo viscerale è fonte di mediatori infiammatori e proaterogenici correlati a patologia cardiaca
- Il tessuto adiposo epicardico può essere considerato un marker di rischio cardiovascolare, l'aumento del suo spessore corrisponde a più alti livelli di citokine secrete
- L'aumento del grasso epicardico sembra essere associato associato a peggiore outcome nelle patologie cardiovascolari
- Tessuto adiposo epicardico potenziale nuovo target terapeutico

