

mechanically cleaned and then disinfected by enzymatic high level solutions. Probes is preserved in its original box at he end of the day. Disinfection is evaluated by both convntional cultures and 3M™ Clean-Trace™ Clinical ATP Hygiene Monitoring System. The findings shown in Table 1. The evaluation of cleaning and disinfection by 3M™ Clean-Trace™ Clinical ATP Hygiene Monitoring System (results in 30 seconds) is found more efficient than by coventional culture method which results in at least 24 hours.

**Conclusion:** TEE procedure has infection risks. 3M™ Clean-Trace™ Clinical ATP Hygiene Monitoring System is fast and easy to use. Available results in 30 seconds give the chance of cleaning the probe again if necessary. Assessment of cleaning by a quantitative method is more efficient. There must be standard written decontamination procedures in departments such as cardiology. To decrease TEE related infections new methods are required to solve failure of determining inappropriate disinfection by microbiologic control.

**Keywords:** ATP, TEE PROBE, CLEANING, DISINFECTION

Table 1

Results of microbiological culture method and ATP bioluminescence assay

	Microbiological culture method	ATP Bioluminescence method (RLU)
Measurement area (January-June 2016, 1st period)		
Distal end-probe lens (probe 2)	No growth	33
Distal end-probe lens (probe 2)	methicillin resistant coagulase negative staphylococcus	57
Flexible shaft (probe 1)	No growth	12
Flexible shaft (probe 2)	No growth	40
Measurement area (July-December 2016, 2nd period)		
Distal end-probe lens (probe 1)	No growth	21
Distal end-probe lens (probe 2)	No growth	93
Flexible shaft (probe 1)	No growth	19
Flexible shaft (probe 2)	No growth	39

### ■ PP-070 [AJC » Preventive cardiology]

#### Healty Lifestyle Behaviours of the Cardiovascular Heart Disease Patients.

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**Objective:** Cardiovascular Heart Disease (CHD) is a major cause of death and according to Turkish Statistical İnstitute data to forty percent of total deaths in 2014 were caused by CHD. For primary and secondary prevention from CHD based on to support healty lifestyles for population. This research was conducted as a descriptive study for the purpose of determining healty lifestyle behaviours of Cardiovascular Heart Disease patients.

**Method:** The study was conducted involving 214 patients (121 male and 93 female) with a mean age of 60.03±15.03 (min 18-max 98) years, who were diagnosed with CHD between December 2016-January 2017 in our hospital. Data were collected with a Healty Lifestyle Scale II (HLSBC) and demographic questionnaire. HLSBC is composed of 52 items. The statistical analysis of data was performed using frequencies, percentage, Mann-Whitney U test, Kruskal Wallis Analysis of Variance.

**Results:** According to the findings obtained from study, the maximum score which can be get from HLSBC was 208 points. In this

study, the mean of total score was 136.58±14.64 and the mean score of subscales were; self-realization 27.55±3.92, health responsibility 24.92±3.49, interpersonal relationships 28.96±3.85, stress management 21.29±3.36, nutrition 23.08±4.00 and physical activity 10.76±3.48, respectively. Physical activity score of patients with normal weight (BMI 18.5-24.99) was higher than overweight (BMI 25-29.99) and obese (BMI≥30) patients (p<0.05). There was no statistically difference between patients' HLSBC mean scores and subscale scores according to age, gender, educational status.

**Conclusion:** Patients got the highest score from self-realization subscale and the lowest from physical activity scale. Patients should be advised to receive training about the importance of healty lifestyle behaviours. The development of healty lifestyle behaviours may contribute to improving health and preventing from chronic diseases and the primary and secondary prevention from cardiovascular heart disease.

**Keywords:** Healty life style behaviours, training cardiovascular heart disease patients, promote healty life style

## Careful Clinical Observations: Devil is in Details

### ■ PP-022 [AJC » Peripheral arterial diseases]

#### Bilateral Pseudoaneurysms on Common Femoral

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We report a 53-year old male patient with bilateral mycotic pseudoaneurysms on common femoral arteries.

**Introduction:** The majority of the CFAAs are rare and usually secondary to trauma, infection, or iatrogenic injury.

**Case Report:** A 53-year-old male patient was admitted to another center on March 15. 2015, especially in the epigastric region, began to live with chest pain for 1-2 minutes in the effort and at rest. Systemic physical examination and biochemical examinations, ECG, echocardiographic examinations were normal and coronary angiography was performed considering unstable angina pectoris. The coronary angiography revealed LAD ostial 95%, LCX ostial 80%, RCA was normal. Xience type drug eluting stents were implanted in LAD and LCX. Three months later, on physical examination revealed a pulsatile mass in the right inguinal region and Duplex Doppler examination was performed in the lower extremities. Duplex Doppler examination demonstrated “to and fro” flow pattern and characteristic “ying-yang” appearance inside the lesion adjacent to the common and superficial femoral artery. Subsequently, the mass was thought to be a pseudoaneurysm, and the patient underwent 3-D CT angiography of the lower-upper abdominal and 3-dimensional lower limb leg-thigh. There was a short segmental