



**Patients** with acute ischemic stroke were divided according to fasting blood glucose (FBG) at admission.



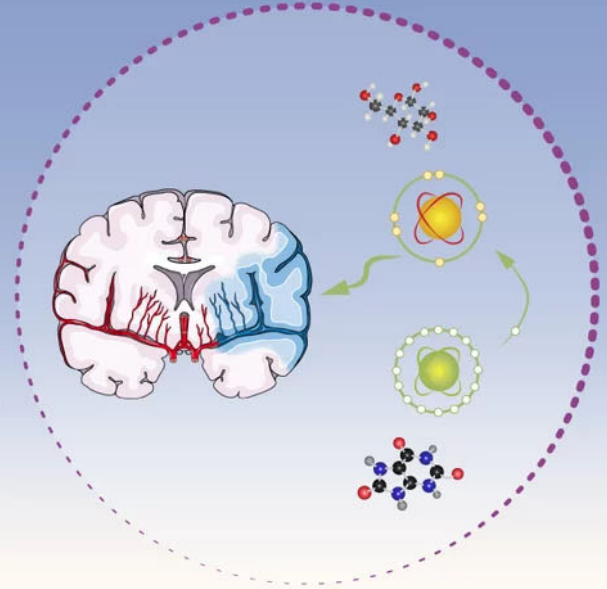
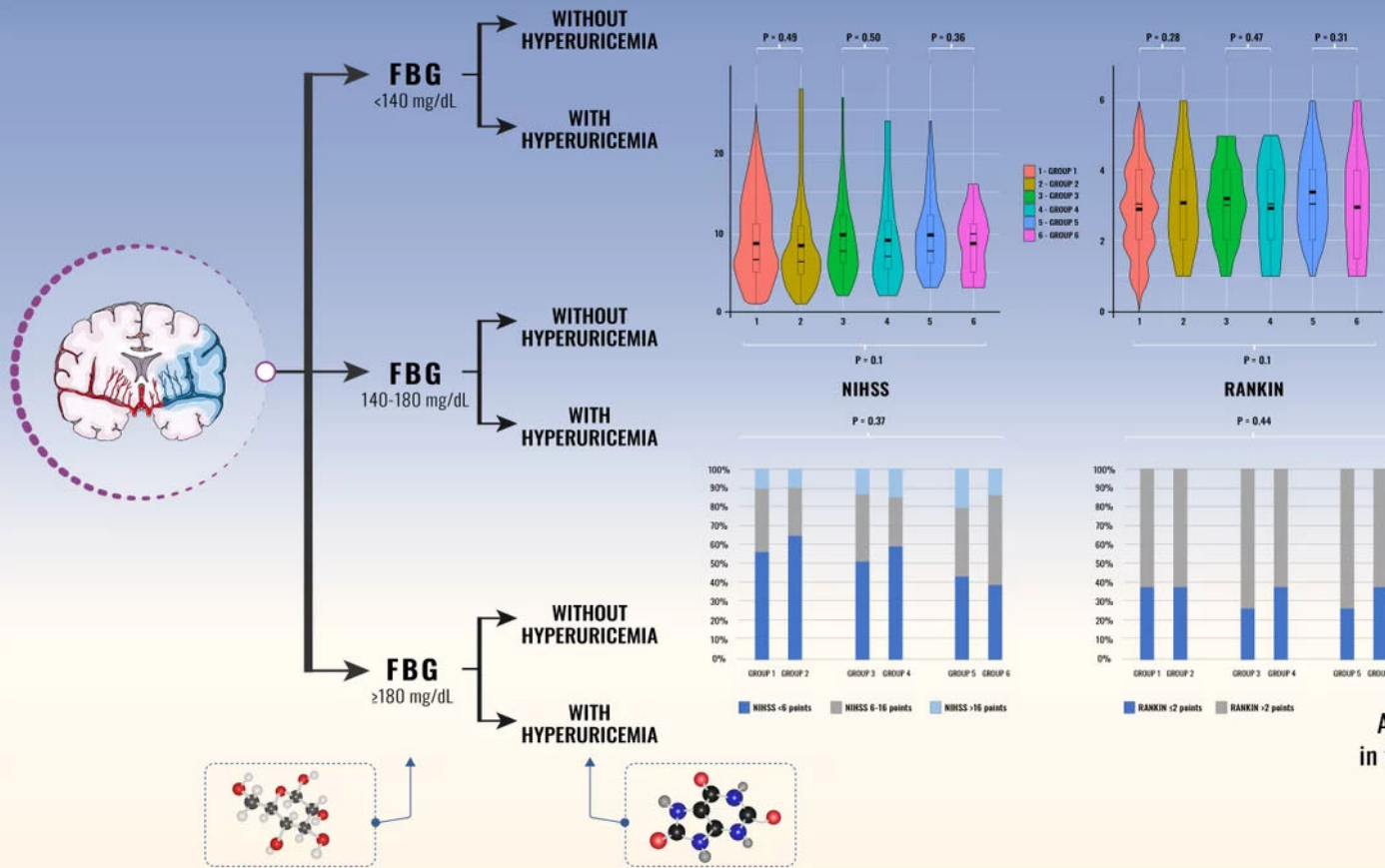
Each **group of glucose** was sub-divided according to the presence of hyperuricemia (>6mg/dL in women and 7mg/dL in men).



Overall, the groups with hyperuricemia had lower but not significant scores (p=0.1) in stroke severity (NIHSS) and functionality (Rankin) comparing to the groups without hyperuricemia.



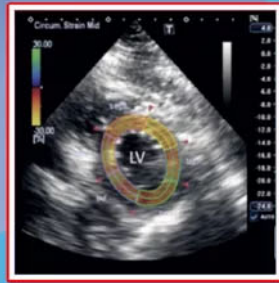
Hyperglycemia has been shown to increase inflammation and oxidative stress. On the contrary, uric acid effects have been associated with their ability to scavenge oxygen radicals and protect the membranes from lipid peroxidation.



Although our results did not reach statistical significance, in the setting of an acute ischemic stroke with hyperglycemia, high levels of uric acid could play a protective role regarding neurological and functional outcomes.

# 101 patients (57 HFpEF) admitted for acute decompensation

After stabilization

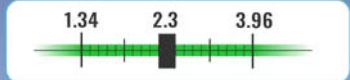


**Global Circumferential Strain Rate (GCSR)**  
(median -1.56 cm/sec)

Irrespective EF (n = 101)

**GCSR**  
Below median (< 1.56)

Death or readmission



According to EF

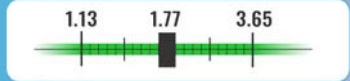
HFrEF

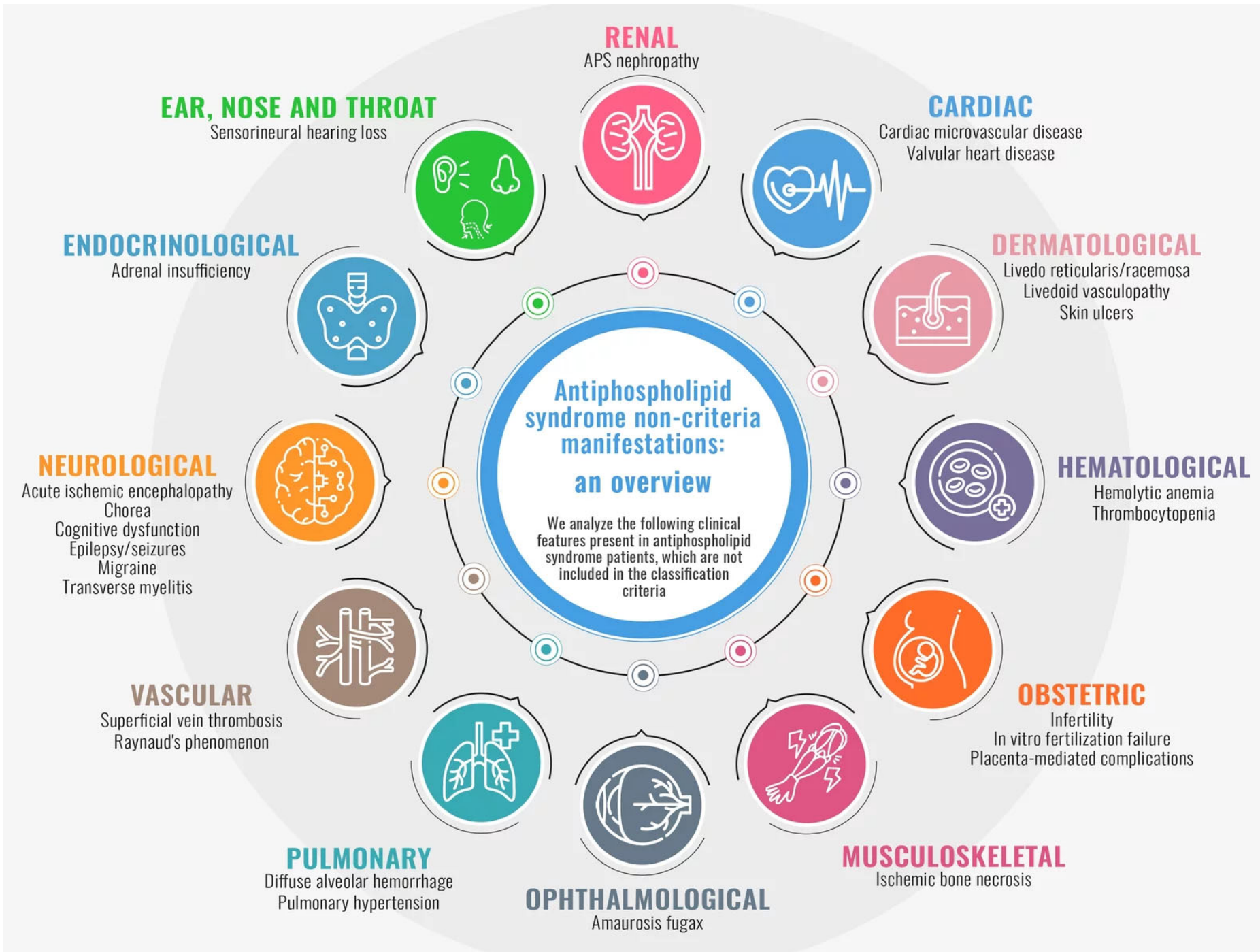
NT-proBNP↑ + **GCSR**  
Below median



HFpEF

NT-proBNP↑ + **GCSR**  
Below median





# PLEURAL FLUID BIOCHEMISTRY

