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Omental adipose removal decreases high blood pressure in hypertensive patients independent of body mass index

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Omental adipose removal decreases high blood pressure in hypertensive patients independent of body mass index: It is a multicenter, prospective cohort clinical study. 133 patients with gastric or gynecological cancer were divided into three groups: non-hypertensive and omentum removed (NH&OR), hypertensive and omentum removed (H&OR), and hypertensive and omentum present (H&OP). The patients were followed up in sitting blood pressure (SBP), changes in related body mass index and metabolic indices. The time points of the two follow-up visits were one month \pm 7 days after the operation before the start of chemotherapy and the endpoint of 8 \pm 1 month. H&OR group showed significant reductions in SSBP and SDBP at 1-m (-16.94/-10.50 mmHg, both $P<0.001$) and 8-m endpoint (-16.00/-5.50 mmHg, $P<0.001$ and $P=0.004$). Little reductions were observed with BMI of patients in three groups (H&OR group: 24.60 kg/m² to 23.57 kg/m², NH&OR group: 23.45 kg/m² to 23.25 kg/m², H&OP group: 25.74 kg/m² to 25.24 kg/m², all $P>0.05$). No correlation was found between baseline BMI and 8-m change of SSBP and SDBP in H&OR groups. In both groups, triglyceride levels were significantly increased at 1-m after surgery (NH&OR 0.32 mmol/L, $P=0.006$; H&OR 0.40 mmol/L, $P=0.010$). Resection of omental adipose tissue represents an impact for reducing SSBP and SDBP at eight months in hypertensive patients, even in the non-obese hypertensive population.