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According to the international diabetes federation, the metabolic syndrome (MetS) is characterised by at least three of five clinical findings: central obesity, elevated blood pressure (systolic blood pressure  $\geq 130$  mmHg or diastolic blood pressure  $\geq 85$  mmHg), elevated serum triglycerides ( $\geq 150$  mg dL  $\geq 1$ ), low serum high-density lipoprotein (HDL) ( $< 40$  mg dL  $\geq 1$  in males and  $< 50$  mg dL  $\geq 1$  in females), and insulin resistance (fasting plasma glucose  $\geq 100$  mg dL  $\geq 1$ ) [ 1 ].

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Metabolic syndrome (MetS) is a cluster of metabolic abnormalities that collectively cause an increased risk of type 2 diabetes mellitus (T2DM) and nonatherosclerotic cardiovascular disease. This study aimed to evaluate the role of myocardial steatosis in T2DM patients with or without MetS, as well as the relationship between subclinical left ventricular (LV) myocardial dysfunction and myocardial steatosis.

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between NAFLD, insulin resistance  
and type 2 diabetes.

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for subjects with the metabolic  
syndrome is increased five-to nine-fold  
[1,2]. In addition, all components of the  
met-abolic syndrome are common  
cardiovascular risk factors. Therefore  
patients with this syndrome have a two-  
four fold increase in risk for  
cardiovascular disease and death [3].  
Published: 27 November 2007

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investigation Prevalence of the

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cross sectional study Jorge

Escobedo\*1,2, Herman

Schargrotsky3, Beatriz Champagne4,

Honorio Silva5, Carlos P Boissonnet6,

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