e0389

CLINICAL PROFILE OF PREMENOPAUSAL WOMEN WITH CORONARY HEART DISEASE

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Objective To study the clinical profile of premenopausal women with coronary heart disease.

Methods 116 premenopausal women with chest pain were classified into coronary heart disease group and control group by coronary angiography. Risk factors, clinical symptoms and the coronary angiographic characteristics were investigated retrospectively.

Results The risk factors of premenopausal women with coronary heart disease were hypertension, diabetes and hyperlipidaemia. Typical angina pectoris was an important character. The typical change of ECG in premenopausal women with coronary heart disease was elevation or depression of ST, but not T wave. The sensitivity and specificity of Exercise stress testing or SPECT for premenopausal women with coronary heart disease were 67.7% and 32.2%, 40.9% and 59%, respectively. Single vessel coronary lesion was found more frequently in Premenopausal Women with coronary heart disease, and the left anterior disending artery was the most frequently involved vessel.

Conclusion Hypertension, Diabetes and/or hyperlipidaemia are major risk factors in premenopausal women with coronary heart disease. Women with typical angina pectoris and ST changes should be cautioned coronary heart disease. Nonvasive testing is a poor diagnosis method for young women with coronary heart disease, but can be used as exclusive marker.

e0390

RELATIONSHIP OF NO OR SLOW REFLOW OF PATIENTS WITH ACUTE MYOCARDIAL INFARCTION AFTER PCI WITH THE STRESSING BLOOD SUGAR AND HS-CRP

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Objective To study releation between the stressing blood sugar and hs-CRP and the no or slow reflow occurred in patients with acute myocardial infarction after primary PCI.

Methods 253 patients be suspected STEMI with chest pain were admitted to this study, all patients were selected from heart center of our hospital and the time of D-to-B was less than 6 h. were divided into group of no or slow reflow and group of normal control according to the results of CAG.

Results 26 patients had no or slow reflow, and the stressing blood sugar, hs-CRP of group with no reflow were super to the control group obviously (p<0.05 or p<0.01).

Conclusion detection of stressing blood sugar and hs-CRP were correlated to the occuration of no or slow reflow after primary PCI, and can be used to predict the Prognosis.

e0391

VALUE OF TESTING OF CAROTID ARTERY PLAQUE JOINT HS-CRP TO THE DEGREE OF CORONARY STENOSIS IN PATIENTS WITH CORONARY HEART DISEASE

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Objective To study the predictive value of score of intima-media thickness (IMT), Crouse in carotid artery plaque, and serum levels of

high sensitivity C-reactive protein (hs-CRP) in the degree of coronary stenosis of patients with coronary artery disease.

Methods A total of 110 patients suspected coronary heart disease with chest pain were admitted to this study. They were divided into two groups: group of coronary heart disease and group of normal control according to the results of CAG. All patients underwent carotid ultrasonography within a week, and carried out the testing of serum concentrations of hs-CRP in second hospitalised day, to assess the determining and forecasting value of score of IMT and Crouse in carotid artery plaque, combining with serum levels of hs-CRP in the degree of coronary stenosis of patients with coronary artery disease.

Results Serum concentrations of hs-CRP, score of IMT, Crouse of group CHD were significantly higher than those of group non-CHD (p<0.01), and each mentioned indicators in group CHD was positively correlated with the degree of coronary stenosis(r>0.6, p<0.05). Taking Crouse points≥10.7 as a standard, its sensitivity was 78.5%, positive predictive value was 89.9%, specificity was 79.0%, negative predictive value was 58.0%.

Conclusion There was a high consistency between serum concentrations of hs-CRP, score of IMT, Crouse and the degree of coronary stenosis, so we can use serum concentrations of hs-CRP, score of IMT, Crouse as a prediction method to coronary heart disease in patients with carotid artery atherosclerosis.

e0392

RELATIONSHIP BETWEEN RETINAL VASCULOPATHY AND CORONARY ARTERY DISEASE

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Background and objective Studies showed that atherosclerosis is a systemic disease. Parameters representing peripheral artery atherosclerosis, such as decreased ankle-brachial index (ABI), and increased carotid artery intima-media thickness (CIMT), are well correlated with coronary artery disease. However, these are indirect indicators provided by ultrasound examination. Eyes are good windows, through which we can observe vascular anatomy and function in vivo directly and clearly. Our study was to explore the correlation of retinal vascular diameter and arteriole-to-venule ratio (AVR) on the retinal photographs to extent and severity of coronary artery disease (CAD) angiographically.

Methods From January 2007 to February 2008, the patients admitted in CCU and Department of Cardiovascular Disease of Beijing Chuiyangliu Hospital with diagnosed or suspected of CAD were selected to accept coronary artery angiography using standard Judikin's technique. According to Gensini score, the degree and extent of coronary atherosclerosis were visually evaluated and scored by 2 expert cardiologists. The calibres of individual retinal arteriole and venule coursing through a zone located at 1 to 1.5 disc diameter from the optic disc margin were measured on the digital retinal photographs using a computer-assisted method by two trained oculists who had no knowledge of the patients' condition of coronary artery angiogram, and the arteriole-to-venule ratio was calculated.

Results 1. 114 patients were enrolled, including 61 men and 53 women, aged from 34 to 82 years (60.16±10.34 y). The diagnosis of CAD was confirmed in 85 patients (CAD group) and the other 29 patients with negative results (control group) angiographically. There were no significant differences between two groups in terms of baseline clinical characteristics. 2. The result of coronary artery angiography: 85 patients (74.57%) were diagnosed as CAD, and the other 29 patients (25.43%) were excluded from CAD. In CAD group,