LVESVI (p=0.01, r=−0.50) after CRT. The further multivariate analysis showed only the plasma PIIINP level among clinic characters and all the biomarkers can predict the improvement of LVESV index (OR=8.33, *P*=0.01).

Conclusion The low PIIINP level, which is consistent with possible less cardiac fibrosis and a more plastic ventricle at baseline, is associated with CRT responsiveness. Contrary to previous reports, the NGF levels were not reduced during HF and that there was no NGF rebound in CRT responders.

e0625 LEFT ATRIAL PRESSURE IS A DETERMINANT OF RECURRENCE IN ATRIAL FIBRILLATION AFTER CATHETER ABLATION

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Introduction Pulmonary vein isolation is an effective therapy for curing symptomatic atrial fibrillation (AF). While it is known the severity of left atrial (LA) enlargement affect the success of AF ablation, little is known the impact of intracardiac pressure on the ablation outcome.

Methods This prospective study consisted of 63 patients (mean age 57±9 years, 73% male) who underwent catheter-based pulmonary vein isolation for drug refractor symptomatic AF (48% paroxysmal, 52% persistent). All patients underwent simultaneous echocardiography and haemodynamic measurements including left ventricular end systolic pressure (LVEDP), mean left atrial pressure (LAP) and dP/dt_{max} using Millar catheter at the time of procedure during AF. Left atrial volume (LAV) was measure by biplane area length method. Recurrence of AF was defined as episodes of AF more than 5 min documented in 24h ambulatory ECG or event monitor.

Results After a mean follow-up duration of 16±7 months, AF elimination off anti-arrhythmic drugs was achieved in 70 % (44/63) of patients. Among the echographic and haemodynamic measurements, the baseline LAV and mean LAP were 57.62±25.39 ml and 12.19±4.57 mm Hg in AF free patients compared to 81.20±40.88 ml (p=0.02) and 16.46±4.14 mm Hg (p=0.01) in AF recurrence groups. Univariate and multivariate analysis showed LAP was the only independent predictor of the recurrence with an adjusted odd ratio of 1.27 (95% CI 1.04 to 1.54, p=0.03, table).

Conclusion LAP is a determinant of AF recurrence after AF ablation. Therapies towards reduction of LA filling pressure, especially in patients with elevated LAP, may improve the outcome of ablation.

Table Baseline clinical characters in the recurrence group and non-recurrence group

	Non-recurrence (N=44)	recurrence (N=19)	Univariate		Multivariate	
			P	95% CI	*P*	95% CI
Age (ys)	57.39±9.92	59.26±10.47	0.49	0.97, 1.08	—	—
AF type, persistent AF no. (%)	23 (53%)	10 (50%)	0.97	0.34, 2.98	—	—
AF duration (ys)	5.84±5.43	8.08±7.66	0.20	0.99, 1.05	—	—
LA volume (mL)	57.62±25.39	81.20±40.88	0.02	1.01, 1.05	0.30	0.99, 1.05
LVEDP (mm Hg)	10.25±14.54	11.25±5.75	0.81	0.96, 1.06	—	—
dP/dt max (mm Hg/s)	1294.02± 337.13	1211.77± 225.36	0.47	0.99, 1.02	—	—
Mean LAP_{mean} (mm Hg)	12.19±4.57	16.46±4.14	0.01	1.06, 1.50	0.02	1.04, 1.54

Pulmonary vein isolation is an effective therapy for curing symptomatic atrial fibrillation (AF) but the success rate ranged wide. This study aimed to investigate the effect of LAP on AF recurrence.

e0626 THE EFFECTS OF RECOMBINANT HUMAN B-TYPE NATRIURETIC PEPTID ON CORONARY CIRCULATION AND RENAL HAEMODYNAMICS IN YORK PIGS MODEL OF ACUTE MYOCARDIAL INFARCTION WITH HEART FAILURE

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Objective To evaluate the impact of intravenous administration of rhBNP on coronary and renal artery haemodynamics in York pigs model of AMI-ADHF.

Methods Fourteen York pigs were included in this study. After the AMI-ADHF models were established, pigs were randomised into saline group and rhBNP group. Coronary pressure (P_c), the average peak velocity (APV), coronary vascular resistance (CR), coronary flow reserve (CFR) and coronary diameter were recorded simultaneously at baseline, instant after the model established, 60 min after continuous infusion of 0.01 $\mu g \cdot kg^{-1} \cdot min^{-1}$ rhBNP and the time point of LVEDP<12 mm Hg. The blood flow of the coronary were measured at rest and maximal hyperaemia. Renal angiography was performed by 4F catheter and quantitative measurement of diameter was recorded by the computer assisting system. The average peak rate of renal artery (APV_{ra}) was recorded, determination of quantitative angiography of renal artery diameter, renal vascular resistance. LVEDP and LVEF was measured.

Results 1. Coronary artery diameter increased after rhBNP administration. APV and CBF were significantly increased and CR decreased after rhBNP administration. CFR was significant rebound after continuous infusion of 0.01 $\mu g \cdot kg^{-1} \cdot min^{-1}$ rhBNP for 30min. APV and CBF significantly increased and CR significantly decreased at the stage of infusion 0.010 $\mu g\ kg^{-1}\ min^{-1}$ rhBNP in rhBNP Group. 2. Renal artery pressure was significantly lower after rhBNP administration. RhBNP exerts renal vasodilator effects in a dose related relationship. RBF increased gradually after administration of rhBNP and was significantly higher than control group. RVR decreased after administration of rhBNP. LVEF was lower than baseline after the models established and tended to increase after administration of rhBNP.

Conclusion It could increase blood flow of injury coronary artery, improve CFR and improve the coronary and renal haemodynamics after intravenous administration of rhBNP in pigs with AMI-ADHF.

e0627 THE PERIOPERATION EFFECT OF RECOMBINANT HUMAN B-TYPE NATRIURETIC PEPTIDE FOR HEART FAILURE PATIENTS WITH PRIMARY PERCUTANEOUS CORONARY INTERVENTION

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Objective To study the efficacy and safety of recombinant human B-type natriuretic peptide (rhBNP) in AMI-ADHF patients undergoing PCI, especially changes in renal function and the impact of short-term outcome during BNP treatment.

Methods 87 consecutive patients with AMI-ADHF entrolled in the study. All patients were randomly assigned to the rhBNP group and control group. rhBNP was given at 1.5 $\mu g\ kg^{-1}$ intravenously and then infused intravenously (0.0075—0.030 $\mu g\ kg^{-1}\ min^{-1}$). 0.9% Saline was used intravenously in control group as control. Clinical symptoms and killip grade were recorded. Plasma BNP levels were measured before and after stopping the drug 6h, 14d, 30d. LVEDD