Method A total of 1348 subjects (1063 male and 285 female) who experienced polysomnography (PSG) during 2004–2010 in The Third Hospital of Peking University ENT department were included. The correlativity between apnoea-hypopnoea index (AHI) and BMI was conducted by pearson correlation test. The diagnostic value and reference standard in both male and female were analysed by ROC curve.
Result 1) A positive relationship between AHI and BMI was detected, both in male and female subjects, with pearson coefficients 0.423 and 0.419 ($p<0.001$). 2) Results of ROC analysis show a favourable value of BMI in diagnosing OSHAS, especially in male subjects. In male population, area under curve (AUC) was 0.759 (95% CI 0.724 to 0.795) with a best cutoff value 25.3 kg/m^2. The sensitivity and specificity in man were 74% and 61%, respectively; in women, area under curve (AUC) was 0.691 (95% CI 0.632 to 0.751) with a best cutoff value 24.7 kg/m^2. The sensitivity and specificity were 68% and 61%. The screening cutoff values were 22.4 kg/m^2 and 20.7 kg/m^2 in male and female, with a sensitivity of 95%. The diagnostic cutoff values were 30.0 kg/m^2 and 36.0 kg/m^2, with a specificity of 95%.
Conclusion BMI seemed a better diagnostic value of OSAHS in diagnosing than screening, especially in male population. Sexual-separated cutoff values should be use in clinical practice to enhance diagnostic accuracy.

e0313 THE DETECTION OF PLASMA VISFATIN IN OBESE PATIENTS WITH CORONARY ARTERY DISEASE

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Objective To explore the level of plasma visfatin in patients with coronary artery disease (CAD) and different BMI, and evaluate the relationship between plasma visfatin and coronary lesion severity in obese patients with CAD.
Methods 59 causes were undergone coronary angiography and divided into three sub-groups: normal weight (13 causes) (BMI<24 kg/m^2), over weight (31 causes) (24≤BMI<28 kg/m^2) and obese groups (15 causes) (BMI≥28 kg/m^2). The levels of plasma visfatin of CAD group and control group were measured and compared. The correlation between plasma visfatin and coronary lesion severity score with different BMI was analysed.
Result The plasma visfatin level was higher in the CAD group (547.21±94.18 ng/ml) comparing with the control group (470.86±87.99 ng/ml). In obese patients with CAD the plasma visfatin level (586.62±96.77 ng/ml) increased more significantly and it was positively correlated with Gensini score ($p<0.05$).
Conclusion The level of plasma visfatin is closely correlated with coronary lesion severity in obese patients with CAD. It might be used as a new clinical marker to predict the severity of coronary lesion in obese patients with CAD.

e0314 ASSOCIATION OF OBESITY WITH RENIN-ANGIOTENSIN SYSTEM

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Overweight and obesity are highly associated with multiple co-morbidities, elevated blood pressure values, dyslipidaemia, reduced insulin sensitivity and alterations of large and minor vessels. The essential role of the renin–angiotensin system (RAS) in controlling blood pressure has well been established. Genes encoding components of the RAS have been proposed as candidate genes that determine genetic predisposition to hypertension and the risk of developing cardiovascular complications. The role of these genes in obesity is not well understood. Several studies have showed their association with obesity in animal models.

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e0315 EXPLORE THE RELATIONSHIP BETWEEN LEFT VENTRICULAR MURAL THROMBUS AND LEFT VENTRICULAR ANEURYSM AFTER ACUTE MYOCARDIAL INFARCTION

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Objective To explore the relationship between left ventricular mural thrombus (LVMT) and left ventricular aneurysm (LVA) after acute myocardial infarction (AMI).
Methods The clinical materials of 66 consecutive patients with LVA after AMI were retrospectively analysed. These patients were divided into two groups according the result of LVMT formation diagnosed by echocardiographic. 30 cases with LVMT entered group LVMT and the other 36 cases entered group without LVMT. The mean left atrial (LA), LV end-diastolic and end-systolic diameter, thickness of the interventricular septum (IVS) and LV posterior wall (PW), and the size of the aneurysm as well as the LV ejection fraction (LVEF) were compared among two groups.
Results According to results of analysis, the mean LA, LV end-diastolic and end-systolic diameter, PW thickness, and the size of the aneurysm did not differ between patients with and without LVMT. The thickness of the IVS were greater in patients in with LVMT than in those without LVMT (1.17±0.26 vs 1.04±0.19 cm, respectively; $p=0.02$).
Conclusions Left ventricular aneurysm formation after AMI could be related to LVMT. However, the size of the aneurysm was not significant associated with LVMT.

e0316 THE scD40L AND CIRCULATION ENDOTHELIAL PROGENITOR CELLS CHANGE OF DANHONG COMBINED NAOXINTONG THERAPY TO ACUTE CORONARY SYNDROME PATIENTS WITH PERCAUTIOUS CORONARY INTERVENTION

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Objective To observe the effects of Danhong injection combined naoxintong pills with acute coronary syndrome (ACS) patients who accepted percautious coronary intervention (PCI) about recelently outcome and changes of blood serum soluble CD40 ligand (sCD40L) and Circulation Endothelial Progenitor Cells (EPCs).
Methods 91 ACS patients with PCI therapy were randomly divided into Buchang group (n=48) and normaltherapy group (n=43), after PCI, normaltherapy group were given coronary heart disease second prevention drugs, and Buchang group were added danghong and naoxintong at the basis of coronary heart disease second prevention drugs. the outcome after PCI 3 months, 6 months and changes of sCD40L and EPCs were observed.
Results In two groups, cardiac death, myocardial infarction, stroke, angina, re-hospitality were no significantly difference ($p>0.05$) but the left ventricular ejection fraction were more higher in Buchang group than normaltherapy group (61.5% vs 55.3%, $p<0.05$). 6 miniters walk distence test were more higher in Buchang group