the most commonly involved infract related artery (46.7% vs 44% p>0.05).

Conclusion The storage of cardiac function is considered that the protective effect of ischemic precondition on acute myocardial infraction in patients less than 60 years was not obvious.

[gw22-e0692]

THE EFFECT OF ISCHAEMIC PRECONDITION ON ACUTE MYOCARDIAL INFRACTION IN PATIENTS LESS THAN 60 YEARS

Shui Xing, Zhen Jianrui *The Third Affiliated Hospital Of Sun Yat-sen University, Guangdong, China*

10.1136/heartjnl-2011-300867.411

Aims Ischaemic precondition (IP) plays a protective role in ischaemia-reperfusion injury. This study aim to evaluate the effect of ischaemic precondition on acute myocardial infraction in patients less than 60 years.

Methods We collected data of patients with AMI from January 2009 to May 2011. Patients were divided into ischaemic preconditioning group (IP) and non-ischaemic preconditioning group (NIP) according to the absence or presence of preinfraction angina within 24 h. It were detected that the differences of early complication, including arrthymia, heart failure and shock. The severity of coronary artery was assessed by the number of vessels affected and the vessel score multiplied by severity score (Gensini score). A probability value of p<0.05 was considered statistically significant.

Results There were 30 cases in the NIP group and 25 cases in the IP group. All of them underwent percuntaneous coronary intervention. Compared with NIP. There were 46.7% patients accompanied by arrthymia, 16.7% accompanied by heart failure and 36.7% accompanied by cardiac shock in NIP group. While there were 28% patients accompanied by arrthymia, 12% accompanied by heart failure and 44% accompanied by cardiac shock in IP group. However, there were no statistical difference. Both the severity score of NIPgroup and IP group were no statistical difference. The right coronary artery was