

(2) SUA in Standard combining treatment group and Intensively combining treatment group decreased significantly after operation ($p < 0.05$), while no significant change in Intensive Atorvastatin group ($p > 0.05$). (3) For hypertensive patients, Scr in Standard combining treatment group and Intensive Atorvastatin group increased significantly ($p < 0.05$), as eGFR of the two groups decreased; in Intensively combining treatment group, BUN and SUA decreased markedly, while Scr and eGFR showed no significant changes.

Conclusions Preoperative combination treatment of Atorvastatin and ProbucoI could reduce perioperative serum uric acid's level, what's more with a intensive treatment of future dose of Atorvastatin 40 mg and ProbucoI 0.5 g 2 h before the angioplasty could also improve CIAKI. For hypertensive patients, intensively combining treatment could not only reduce serum uric acid's level, but also improve CIAKI.

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ATORVASTATIN COMBINED WITH PROBUCOL CAN REDUCE SERUM URIC ACID'S LEVEL DURING PERIOPERATIVE PERIOD OF INTERVENTION

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Objectives To observe the effect of different doses of atorvastatin combined with different dose of probucol on the level of serum uric acid in patients undergoing coronary angiography or percutaneous coronary intervention (PCI).

Methods 208 cases enrolled in our study were randomly divided into three groups: Standard combining treatment group (n=55): Atorvastatin 20 mg qn and ProbucoI 0.25 g/bid; Intensively combining treatment group (n=79): Atorvastatin 40 mg qn and ProbucoI 0.5 g/bid, with a further dose of Atorvastatin 40 mg and ProbucoI 0.5 g 2 h before the angioplasty; Intensive Atorvastatin group (n=74): Atorvastatin 40 mg qn, with a futher dose of Atorvastatin 40 mg 2 h before the angioplasty. Blood urea nitrogen (BUN), serum creatinine (Scr), serum uric acid (SUA), and estimated glomerular filtration rate (eGFR) (through MDRD method) of all patients were tested at the times of 24 h before and 24 h after the procedure.

Results (1) After operation, BUN of all groups decreased; Scr in Standard combining treatment group and Intensive Atorvastatin group increased significantly; while eGFR decreased only in Standard combining treatment group ($p < 0.05$); there was no significant difference in Scr and eGFR between 24 h and 24 h after intervention in Intensively combining treatment group ($p > 0.05$);