group and persistent atrial fibrillation group were more higher than that in paroxysmal atrial fibrillation group ($p<0.05$). Multivariable regression analysis indicated there were positively correlated of the CARP levels with the patients' LA, IVSD, hs-CRP and the time of atrial fibrillation, negatively correlated with LVEF. Logistic regression analysis showed that higher serum CARP levels in hypertensive patients could increase the possibility of atrial fibrillation.

Conclusions CARP and hs-CRP is closely related to atrial fibrillation in hypertensive patients.

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CLINICAL RESEARCH OF THE RELATIONSHIP BETWEEN CARDIAC ANKYRIN REPEAT PROTEIN AND HIGH-SENSITIVITY C-REACTIVE PROTEIN WITH ATRIAL FIBRILLATION IN HYPERTENSION PATIENT

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Objectives To investigate the relationship between the CARP, hs-CRP levels with atrial fibrillation (AF) in hypertensive patients.

Methods This prognostic analysis was performed on 178 hypertensive patients from May 2010 to May 2011 in our department of cardiology. All hypertensive patients underwent transthoracic echocardiography assessment of left atrial (LA) and inter-ventricular septum thickness (IVSD) and left ventricular ejection fraction (LVEF). According to the ECG, the patients were divided into atrial fibrillation group and non-AF group. There were 92 cases in the group of patients with atrial fibrillation, in which 33 cases were paroxysmal atrial fibrillation, 31 cases were persistent atrial fibrillation and 28 cases were permanent atrial fibrillation. 86 cases were in the non-AF group. The levels of serum CARP, hs-CRP in the two groups were determined. The relationship of hypertensive patients with atrial fibrillation, CARP and hs-CRP levels was investigated.

Results The CARP levels were higher in atrial fibrillation group than non-AF group ($p<0.05$). The CARP levels in different atrial fibrillation were showed significant differences ($p<0.05$). The level of hs-CRP in atrial fibrillation group was more higher than that in non-AF group ($p<0.05$). The level of hs-CRP in permanent atrial fibrillation