Conclusions

It was important that vascular endothelial function and ACS patients after the antioxidant probucol therapy.

and remedy adjustment.

platelet activity further prove the necessity for case by case analysis same patient, the platelet inhibition ability derived from Aspirin is patients; Residual platelet activities are also different; Even for the routine treatment group (p<0.05), while the level of ox-LDL was significantly increased compared to ACS patients was markedly diseased (p<0.01). The FMD with probucol treatment group (p) and a routine treatment group (C). Oxidised low-density lipoprotein (ox-LDL) was measured in peripheral blood by Sandwich ELISE method. The brachial arterial hyperaemia-induced flow mediated dilation (FMD) and sublingual nitroglycerin (NTG) mediated vasodilation were measured by high resolution ultrasound. These variables were analysed after received probucol 5 months.

Results

The level of FMD with probucol treatment group was significantly increased after 5 months compared to pretreamented (p<0.05), while the level of ox-LDL in peripheral blood in ACS patients was markedly diseased (p<0.01). The FMD with probucol treatment group was significantly increased compared to ACS routine treatment group (p<0.05), while the level of ox-LDL was markedly deceased (p<0.01). The linear correlation analysis showed that plasma ox-LDL was a negative correlation with FMD in after 3 months.

Conclusions

Potential platelet activities are not same in different patients; Residual platelet activities are also different; Even for the same patient, the platelet inhibition ability derived from Aspirin is different from that from Clopidogrel. These individual differences in platelet activity further prove the necessity for case by case analysis and remedy adjustment.

INFLUENCE OF PROBUCOL ON ENDOTHELIAL DEPENDENT VASODILATION REACTION IN PATIENTS WITH ACUTE CORONARY SYNDROME

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Objective

The study tested the antioxidant probucol for endothelial dependent vasodilation reaction in the patients of ACS after received therapy.

Methods

51 ACS patients were divided randomly into a probucol treatment group (p) and a routine treatment group (C). Oxidised low-density lipoprotein (ox-LDL) was measured in peripheral blood by Sandwich ELISE method. The brachial arterial hyperaemia-induced flow mediated dilation (FMD) and sublingual nitroglycerin (NTG) mediated vasodilation were measured by high resolution ultrasound. These variables were analysed after received probucol 5 months.

Methods

258 consecutive cases with AF, of which 110 were rheumatic heart disease (RHD), and 57 received prosthetic heart valve, and 53 received medicine therapy; of which 67 were hypertension; of which 35 were patients without structural heart disease; of which 26 were patients with sick sinus syndrome who are receiving a pacemaker for symptomatic bradycardia of which 16 were ischaemic heart disease; of which 15 were dilated cardiomyopathy; of which 10 were congenital heart disease; of which 8 were other disease. Clinical data including gender; age; incidence of left atrial (LA) thrombus; incidence of thromboembolism or history of stroke or transient ischaemic attack (TIA); incidence of using warfarin and dose of warfarin; events of death.

Results

Incidence of left atrial (LA) thrombus (21.8%) and incidence of thromboembolism or history of stroke or transient ischaemic attack (TIA) (9.1%) in RHD group were significantly higher than those in other group (0-4%) (p<0.001); incidence of using warfarin in RHD group (94.5%) were significantly higher than those in other group (61.7%) (p<0.05).

Conclusions

Antithrombotic therapy is key and essential treatment in AF with one high or two moderate risk factors. RHD and prosthetic heart valve is high risk factor of LA thrombus and thromboembolism. 7 patients of AF with hypertension and ischaemic heart disease have thromboembolism, but only one patient by transthoracic echocardiography (TTE) have LA thrombus. So transeosophageal echocardiogram is done. AF in whom anticoagulation is indicated to use warfarin. The target International Normalised Ratio (INR) range is 2.0-3.0, but while combination of warfarin and amiodarone the dose of warfarin is less than average dose.

PREVENTION THROMBOEMBOLISM USING WARFARIN FOR

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Objective

To identify the risk factors of thromboembolism related to atrial fibrillation (AF) in difference structural heart disease and prevention of thromboembolism with warfarin.

METHODS

258 consecutive cases with AF, of which 110 were rheumatic heart disease (RHD), and 57 received prosthetic heart valve, and 53 received medicine therapy; of which 67 were hypertension; of which 35 were patients without structural heart disease; of which 26 were patients with sick sinus syndrome who are receiving a pacemaker for symptomatic bradycardia of which 16 were ischaemic heart disease; of which 15 were dilated cardiomyopathy; of which 10 were congenital heart disease; of which 8 were other disease. Clinical data including gender; age; incidence of left atrial (LA) thrombus; incidence of thromboembolism or history of stroke or transient ischaemic attack (TIA); incidence of using warfarin and dose of warfarin; events of death.

Results

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