

drugs had used consist of clopidogrel, aspirin, GP IIb /IIIa receptor antagonist tirofiban and heparin. The first day after operation, it had occurred severe thrombocytopenia and skin ecchymosis. While took out of all anticoagulant and antiplatelet drugs and transfused platelet, the platelet count returned to normal after one week. After administered again with clopidogrel, aspirin and low molecular weight heparin, the platelet count maintained normal and skin ecchymosis subsided. So this is a case of drug-induced thrombocytopenia, but we need to identify which kind of drugs led to thrombocytopenia. In clinical applications, there is a certain incidence of GPIIb /IIIa receptor antagonist-induced thrombocytopenia (GIT). Some studies suggested that the sensitivity and specificity had not been established to test the related antibodies currently in the clinical practice. So clinical diagnosis of GIT base on the relationship between drug use and time of event.¹ Since heparin have been used in our case at the same time, it should exclude the possibility of heparin -induced thrombocytopenia (HIT).² HIT often occurs about 5–10 days after the administration of heparin and reaches the diagnosis lever after 7–14 day.⁴ The incidence of Clopidogrel-induced thrombocytopenia was 0.2%, which mostly occurs within 2–3 months after taking medicine and is often manifested as thrombotic thrombocytopenic purpura.⁵ It don't support that thrombocytopenia related to these two antiplatelet drugs through the detection of platelet and observation on drugs and drugs used time in our case. This case is fairly considered the side effects of tirofiban, which is used before the operation. The incidence of tirofiban -induced thrombocytopenia is 0.1%–0.5%. Tirofiban can cause thrombocytopenia, which, accordingly, can cause bleeding events in foreign reports. China has been reported that tirofiban-induced thrombocytopenia occurred during the 24 h after taking medicine while the platelet number decreased to $25 \times 10^9/l$.⁶ The mechanisms of GIT is not yet entirely clear and autoimmune response may be the major cause generally.¹ GP IIb /IIIa receptor antagonist could induce GP receptor conformational change and form new antigenic determinants, which are recognised and bound by plasma antibody and are cleared from the blood lastly. Lessons Learned: Once patients, especially performed PCI due to acute coronary syndrome, are used GP IIb/IIIa antagonists, it should closely monitor the platelet count and observe the skin ecchymosis, haematuria, gastrointestinal bleeding and other performance. Severe thrombocytopenia can cause fatal brain haemorrhage and massive haemorrhage of gastrointestinal tract. Above all we should review routine blood test to detect GIT early within 2–4 h after using GP IIb /IIIa antagoniste. When it happens, the GP IIb /IIIa antagonists should be immediately suspended and the patients could be treated by transfusing platelets and γ -globulin, which is often effective.

e0331 EFFECTS OF SHEN SONG YANG XIN CAPSULE FOR TREATMENT OF CARDIAC ARRHYTHMIA: A SYSTEMATIC REVIEW

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Objective To evaluate the efficacy and safety of Shen Song Yang Xin Capsule for treatment of cardiac arrhythmia.

Methods Randomized controlled trials (RCTs) were searched from the following electronic databases: Wanfang, CNKI, CBM, Vip, PubMed, The Cochrane Library. Quality assessment and data extraction were conducted by two reviewers independently. Disagreement was resolved through discussion. All data were analysed by using Review Manager 5.0 software.

Results 13 studies involving 1896 participants involving. Meta-analysis results showed that, compared with control, (1) the efficacy, Shen Song Yang Xin Capsule is better than propafenone

[RR=0.42, 95% CI (0.28 to 0.62)], mexiletine [RR=0.34, 95% CI (0.21 to 0.56)], no significant difference between Shen Song Yang Xin Capsule and amiodarone [RR=0.80, 95% CI (0.57 to 1.14)]. Total efficacy for treatment of cardiac arrhythmia is RR=0.54, 95% CI (0.42 to 0.68). (2) The safety, Shen Song Yang Xin Capsule is no worse than the control in inducing of cardiac arrhythmia [RR=0.06, 95% CI (0.02 to 0.15)], there is no significant difference between Shen Song Yang Xin Capsule and the control in inducing of gastrointestinal adverse reaction [RR=0.84, 95% CI (0.58 to 1.23)].

Conclusion Compared with the current anti-arrhythmic medicine, Shen Song Yang Xin Capsule is no worse than the current anti-arrhythmic medicine, lower in the rate of inducing cardiac arrhythmia, and there is no significant difference between Shen Song Yang Xin Capsule and the current anti-arrhythmic medicine in inducing of gastrointestinal adverse reaction. For the restrictions of the quality of the studies, the evaluation of anti-arrhythmic effects look forward to more high-quality RCT to further evaluation.

e0332 TONGXINLUO CAPSULE FOR CORONARY HEART DISEASE: A SYSTEMATIC REVIEW

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Objective To assess the effectiveness and safety of tongxinluo capsule for coronary heart disease.

Methods Trials were located electronic searches of the Cochrane Library (Issue 4, 2010), PubMed (1966 to April 2010), Wangfang (1984 to April 2010), CNKI (1979 to April 2010), VIP (1989 to April 2010), and CBM (1978 to April 2010). Randomised controlled trials (RCTs) and quasi-RCTs of tongxinluo capsule for coronary heart disease were included. Quality assessment and data extraction were conducted by two reviewers independently. Disagreement were resolved through discussion. All data were analysed using Review Manager 5.0.

Results 13 studies involving a total of 1 496 participants met the inclusion criteria. Meta analysis results showed that: compared with nitrate esters, tongxinluo capsule for the coronary heart disease group had superiority in many aspects such as amelioration according to curative effect: tongxinluo capsule is better than isosorbide dinitrate [RR 0.50 and 95% CI 0.36 to 0.70], than isosorbide mononitrate [RR 0.19 and 95% CI 0.12 to 0.30], total efficacy [RR 0.34 and 95% CI 0.26 to 0.44, $p < 0.00001$], the two groups had significant difference; Effectiveness according to EKG: tongxinluo capsule is better than isosorbide denigrate [RR 0.55 and 95% CI 0.46 to 0.66], than isosorbide mononitrate [RR 0.58 and 95% CI 0.48 to 0.70], total efficacy [RR 0.56 and 95% CI 0.49 to 0.64, $p < 0.00001$], the two groups had significant difference; the tongxinluo group has a lower rates of adverse effect than itrate esters group. Meta-analysis results showed that the incidence rates of adverse effect [RR 0.33 and 95% CI 0.20 to 0.53], $p < 0.00001$], the two groups had significant difference.

Conclusion Now we have evidence to indicate that tongxinluo capsule can improve curative effect no worse than isosorbide dinitrate or isosorbide mononitrate, and have a lower rates of adverse effect. But more large scale multi center randomised trials are still needed.

e0333 EFFECTS OF QILIQIANGXIN CAPSULE ON CHRONIC CONGESTIVE HEART FAILURE IN PATIENTS

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Objective To study the clinical effect of Qiliqiangxin capsule on chronic congestive heart failure (CHF) in patients for two weeks.