**Objective** To investigate the effect of the Polymorphism of cardiac sodium channel subunit α (SCN5A) gene on early repolarisation variant (ERV).

**Methods** Using PCR direct sequencing technology, two single nucleotide Polymorphisms (SNP) of SCN5A gene, 1673 A>G and 3666 +69 G>C, were analysed by detecting genetic variation genotype and allele frequency distribution in 54 early repolarisation variant and 30 healthy subjects from the Beijing Municipal People’s Hospital of Peking University and the Sixth Hospital of Beijing.

**Results** In the 1673 A>G locus, there is no significant difference in genetic mutation as well as allele frequency distribution between variant and healthy group. In 3666 +69 G>C locus, both of genetic variation genotype and allele frequency distribution in variant group are significantly different from control group (p<0.05). In variant group, there is no statistical difference in sex, syncpe and the J-wave elevation range.

**Conclusion** 3666 +69 G gene Polymorphism (G→C) may be associated with early repolarisation variant.

e0359  A CARDIAC SODIUM CHANNEL SCN5A SUBUNIT GENE POLYMORPHISM AND EARLY REPOLARISATION VARIANT

doi:10.1136/hrt.2010.208967.359

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**Objectives** To study the diagnostic value of ischaemia modified albumin (IMA) for unstable angina (UA).

**Methods** The level of blood serum IMA of UA patient, stable angina albumin (IMA) for unstable angina (UA).

**Results** ABC value of UA group (72 patients) was 62.80 <6
df:10.1136/hrt.2010.208967.360

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**Conclusion** 3666 +69 G gene Polymorphism (G→C) may be associated with early repolarisation variant.

e0361  EFFECT ON ELECTROLYTIC TO COMBINING APPLICATION OF CALCIUM CHANNEL BLOCKER (CCB) AND DIURETIC FOR GENERAL HYPERTENSIVES

doi:10.1136/hrt.2010.208967.361

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**Introduction** To evaluate the effects of low-dose applications of dihydrochlorothiazide (DHCT) or DHCT and nitrendipine on blood pressure, heart rate, and serum electrolytes in hypertensives in Xinjiang agriculture-pasture region.

**Method** Administer low dose DHCT two weeks of hypertensive disease in basic level region, according to blood pressure reach standard, combining nitrendipine (68 subjects), keep on low dose DHCT (67 subjects), follow-up visit for 3 months, to observe change of electrolytic and blood pressure (BP), heart rate (HR).

**Result** BP and HR decreased significantly after antihypertensive drug therapy compared with the baseline level each regimen (p<0.05). According to the post-treatment by trimenon, Blood sodium of each regimen after antihypertensive drug therapy was lower than that before antihypertensive drug therapy, p<0.05. There were no statistical differences in changes of electrolytic (Na⁺, K⁺ and Ca²⁺) between two regimens, p>0.05.

**Conclusion** They can lead to hypotension low dose regimen of DHCT and combinant nitrendipine towards to hypertensive disease in basic level region. But on the basis of low dose regimen of DHCT combining nitrendipine is not to further increase the electrolytic turbulence.

e0362  CORRELATION BETWEEN ATHEROSCLEROTIC PLAQUES MORPHOLOGY AND SERIOUS HYPERSENSITIVE C-REACTION PROTEIN IN PATIENTS WITH PREMATURE CORONARY HEART DISEASE

doi:10.1136/hrt.2010.208967.362

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**Objectives** To investigate the relationship between intravascular ultrasound (IVUS) imaging characteristics and plasma hypersensitive C-reaction protein of premature coronary heart disease (CHD).

**Methods** Comparative study was conducted on 57 premature CHD and 57 late CHD patients whose data were intact and could be analysed, and the clinical follow-up was completed at 12 months after the procedure.

**Results** Comparison between premature CHD patients and late CHD patients, the ratio of lipid core measured by IVUS to plaque of coronary artery was in linear relationship with plasma hypersensitive CRP in premature CHD patients (p<0.001), we found that the former has more patients with family history of CHD, smoking, myocardial infarction, hyperlipaemia and unstable angina pectoris (all the p value <0.05), while the latter has more patients with diabetes. There was no difference between the two groups on the morphology of the lesions by coronary artery angiography. But lesion extent, plaque burden and the ratio of lipid core to plaque by IVUS were usually seen in the former group (all the p value <0.05).

**Conclusion** There was no difference between premature CHD patients and late CHD patients in terms of plaque burden and the ratio of lipid core to plaque by IVUS. But on the basis of low dose regimen of DHCT combining nitrendipine is not to further increase the electrolytic turbulence.