

coronary arteries were assessed by Gensini scoring system. The fasting serum concentrations of CatS and CysC were measured before angiography respectively. The SPSS11.0 system was applied to analyse the data. Compared with controls, serum levels of cathepsin S in CAD groups increased significantly and demonstrated positive correlation ($r=0.69$, $p=0.0001$) with Gensini score. After being corrected for other common factors (age, sex, blood pressure and blood lipid, etc) by multivariate stepwise regression analysis, this relationship also existed.

Conclusions Serum levels of cathepsin S are associated with severity of atherosclerotic lesions of coronary arteries. The higher serum levels of cathepsin S are, the severer atherosclerotic lesions of coronary arteries are.

e0396 CLINICAL ANALYSIS OF 30 INDIVIDUALS WITH MICRO CK TYPE 1

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Objective The aim of the prospective study was to investigate the clinical and laboratory features of individuals with micro creatine kinase type 1 (MCK-1), and to evaluate the clinical significance of these cases who expressed serum MCK-1.

Methods To screen MCK-1 individuals from serum samples in our biochemistry laboratory from April 2002 to April 2010 according to both increasing CK-MB activity and CK-MB/CK ratio over 25%, and finally confirmed by agarose gel electrophoresis of CK isoenzyme analysis. To analyse the clinical and laboratory data of individuals who expressed serum MCK-1 isoenzyme.

Results MCK-1 was detected in the samples from 30 subjects. Their mean age at the initial presentation was 58.6 years (range 26 to 81), 63.3% were female ($n=19$), and 39.3% ($n=11$) had hypertension of the 30 subjects, 10 (33.3%) had increased total CK activity, and 7 (23.3%) showed the abnormal phenomenon that CK-MB:CK ratio was >1 . Our study indicated that the misdiagnostic rate was 40.0% ($n=12$), and the rate of missed diagnosis was 46.7% ($n=14$). There were 3 deaths during the follow-up period.

Conclusion MCK-1 was not rare in clinical practice. Among the conditions in which CK-MB activity is elevated in the absence of myocardial injury or infarction using immunoinhibition methods, MCK-1 merits special attention from clinicians. CK-MB index is a simple and rapid screening test for MCK-1.

e0397 A CORRELATIONAL STUDY OF ACE GENE POLYMORPHISMS

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Objective To study the correlation of the ACE gene polymorphisms with coronary heart disease (CHD) in the Hainan Li nationality.

Methods Used the PCR to detect the polymorphisms of ACE gene insertion/deletion (I/D) in 150 patients with CHD and 150 healthy people from Hainan Li nationality. The genotype frequencies and allele frequencies of DD, DI and II were observed. Specific PCR detection was performed for patients who have been determined as DD by normal PCR to reduce misclassification rate.

Results In the CHD group of Hainan Li nationality, the genotype frequencies of DD, DI and II were 24.7%, 32.7%, 42.6% respectively,

and the allele frequencies of D and I were 41.0% and 59.0%. In the healthy control of Hainan Li nationality, the genotype frequencies of DD, DI and II were 14.0%, 44.0%, 42.0% respectively, and the allele frequencies of D and I were 36.0% and 64.0%. There were significant differences both in the genotype frequencies of DD, DI and II, and in allele frequencies D and I between these two groups ($p<0.05$). There were no significant differences in the age, the blood pressure, the body mass index (BMI), the total serum cholesterol (TC) and the low density lipoprotein cholesterol (LDL-C) between these two groups ($p>0.05$). There was significant differences in the sex between these two groups ($p<0.05$). The triglyceride (TG) level in the CHD group was significantly higher than in the control ($p<0.05$). The high density lipoprotein cholesterol (HDL-C) level in the CHD group was significantly lower than the control ($p<0.05$).

Conclusions There were notable correlation between the ACE gene I/D polymorphisms and the CHD in Hainan Li nationality. The ACE gene polymorphisms are the major gene that causes CHD in Hainan Li nationality. It may be the independent risk factor in CHD in Hainan Li nationality. So it is very important to intervene with ACEI inhibitors or angiotensin receptor blockers (ARB) in the early stage of CHD.

e0398 A STUDY THE RELATION OF ACE GENE POLYMORPHISMS AND RISK FACTOR WITH CORONARY HEART DISEASE IN HAINAN LI AND HAN NATIONALITY

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Objective To probe into the relation of the ACE gene polymorphisms and the risk factor with coronary heart disease (CHD) in the Hainan Li and Han nationality.

Methods Used the PCR to detect the polymorphisms of ACE gene insertion/deletion (I/D) in 150 patients with CHD and 150 healthy people from Hainan Li and Han nationality. The genotype frequencies and allele frequencies of DD, DI and II were observed. Specific PCR detection was performed for patients who have been determined as DD by normal PCR to reduce misclassification rate.

Results In the CHD group of Hainan Li nationality, the genotype frequencies of DD, DI and II were 24.7%, 32.7%, 42.6% respectively, and the allele frequencies of D and I were 41.0% and 59.0%. In the healthy control of Hainan Li nationality, the genotype frequencies of DD, DI and II were 14.0%, 44.0%, 42.0% respectively, and the allele frequencies of D and I were 36.0% and 64.0%. There were significant differences both in the genotype frequencies of DD, DI and II, and in allele frequencies D and I between these two groups ($p<0.05$). In the CHD group of Hainan Han nationality, the genotype frequencies of DD, DI and II were 23.3%, 45.4%, 31.3% respectively, and the allele frequencies of D and I were 46.0%, 54.0%. In the healthy control of Hainan Han nationality, the genotype frequencies of DD, DI and II were 13.3%, 42.0%, 44.7% respectively, and the allele frequencies of D and I were 34.3%, 65.7%. There were significant differences both in the genotype frequencies of DD, DI and II, and in allele frequencies D and I between these two groups ($p<0.05$). The multiple logistic regression analysis showed that the triglyceride (TG) level in the CHD group was significantly higher than in the control ($p<0.05$) and the high density lipoprotein cholesterol (HDL-C) level in the CHD group was significantly lower than the control in both nationality ($p<0.05$).

Conclusions There were notable correlation between the ACE gene I/D polymorphisms and the CHD in Hainan Li and Han nationality. The ACE gene polymorphisms are the major gene that causes the