and fibrosis in myocardium, thus delay the progress of the diabetic cardiomyopathy.

**e0041** **VASOMOTOR FUNCTION FOLLOWING NEWER GENERATION OF BARE METAL STENT OVERSTRETCH IN A PORCINE CORONARY MODEL**

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**Backgrounds** Overstretch damage after bare metal stent (BMS) placement could trigger cell proliferation and in-stent restenosis (ISR). Newer Co-Cr BMS has thinner stent struts, which designs to minimise cellular response to injury. We aimed to investigate neointimal growth, as well as vasomotor function after overstretch using Co-Cr BMS in a pig coronary model.

**Methods** 15 vessels in five pigs were assigned to receive BMS (stent struts 91 μm) implantation with either S/A ratio 1.3 (group I, n = 7) or 1.5 (group II, n = 8). Quantitative coronary angiography (QCA) and optical coherence tomography (OCT) were performed at 14 days after stent implantation. Coronary vasomotor function was evaluated by incremental acetylcholine (Ach) (10⁻⁷ and 10⁻⁶ M) and nitroglycerin (NTG, 400 μg) infusion before and at 14 days after stent implantation. Endothelial response to Ach was measured at 5–10 mm distal to the stent edge.

**Results** Both QCA and OCT showed that in-stent stenosis of group I were significantly smaller than group II at 14 days (QCA-late loss (LL), 1.22±0.21 mm vs 1.79±0.17 mm; OCT % AS, 17.0±7.9% vs 26.9±10.7% at 14 days, p < 0.05 and 0.001, respectively). Liner regression analysis QCA-LL is proportional to obtained S/A ratio (r = 0.60, p < 0.05). Endothelium-dependent vasomotion at distal non-stented reference segments was no difference between groups. The mean coronary diameter changes at Ach 10⁻⁷ M and 10⁻⁶ M was 2.1±0.2% and 2.1±0.2% in group I; 2.2±0.2% and 2.1±0.2% in group II (p > 0.05, accordingly). There was also no difference before and at 14 days after stent implantation.

**Conclusion** The progression of neointimal hyperplasia after BMS implantation is positively associated with the extent of coronary artery injury. Coronary endothelial function is preserved after BMS implantation at 14 days, which is independently of overstretch degree.

**e0043** **EFFECTS OF SIMVASTATIN ON ANGIOGENESIS AND THE EXPRESSION OF ANG1 AFTER MYOCARDIAL INFARCTION IN RATS**

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**Objective** To investigate the effects of simvastatin on myocardial angiogenesis and the expression of angiopoietin-1 (Ang1) after experimental myocardial infarction (MI) in rats.

**Methods** 60 healthy adult SD rats were randomly divided into the sham operated group, the control group, low dose of simvastatin (1 mg·kg⁻¹·d⁻¹) group, medium dose of simvastatin (10 mg·kg⁻¹·d⁻¹) group, high dose of simvastatin (40 mg·kg⁻¹·d⁻¹) group. Left anterior descending coronary underwent permanent occlusion to establish the MI model. Rats were administered simvastatin respectively via oral gavage for four consecutive weeks starting at the next day. Density of new microvessels in the ischaemic area, LVMI, protein and mRNA expression of Ang-1 were detected 4 weeks after operation.

**Results** (1) Compared with the control group, the Density of new microvessels in low and medium dose of simvastatin group increased significantly (p < 0.05); and those did not changed significantly in high dose of simvastatin group (p > 0.05). (2) LVMI in low and medium dose of simvastatin group decreased significantly compared with that in control group (p < 0.05), and further decreased in high dose of simvastatin group. (3) The protein and mRNA expression of Ang-1 in all simvastatin group increased significantly compared with that in control group (p < 0.05).

**Conclusion** (1) Low and medium dose of simvastatin can stimulate myocardial angiogenesis after MI, whereas high dose of simvastatin have no pro-angiogenic effect. (2) the pro-angiogenic effect of simvastatin may be associated with upregulated expression of Ang-1.

**e0044** **THE ROLE OF ANG1 AND ENOS IN THE PRO-ANGIOGENIC EFFECT OF SIMVASTATIN AFTER MYOCARDIAL INFARCTION IN RATS**

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**Objective** To investigate the roles of angiopoietin-1 (Ang1) and endothelial nitric oxide synthase (eNOS) in pro-angiogenic
Effect of simvastatin after experimental myocardial infarction (MI).

**Methods** 60 healthy adult SD rats were randomly divided into the sham operated group, control simvastatin group, simvastatin plus L-NAME (inhibitor of NOS) group and simvastatin plus AMG386 (inhibitor of Ang-1 group). Left anterior descending coronary was undergone permanent occlusion to establish the MI model. Rats with MI were administered simvastatin (1 mg/(kg-d)), simvastatin plus L-NAME (40 mg/(kg-d)), and simvastatin plus AMG386 (10 mg/(kg-wk)) respectively for 2 weeks. New microvessels in the ischaemic area near the infarction myocardium were stained by CD31 and the density of new microvessels was detected; vessels in the ischaemic area near the infarction myocardium were stained by CD31 and the density of new microvessels was detected.

**Results** Rosiglitazone, an important Peroxisome proliferator-activated receptor-γ (PPAR-γ) agonist, improves left ventricular hypertrophy in diet-induced hypercholesterolemic rats. However, the effects of rosiglitazone on cardiac remodelling in spontaneous hypertension rats are unclear.

**Methods** 20 male 8-week-old SHRs were randomly divided into two groups: one treated with oral saline (n=10) and the other treated with rosiglitazone (5 mg/kg/d) (n=10), compared with ten age-matched Wistar-Kyoto (WKY) rats as a control group. Echocardiography, immunohistochemistry, real-time RT-PCR, co-immunoprecipitation, and Western blot analysis were performed to assess the effects of rosiglitazone.

**Results** After 16 weeks of treatment, rosiglitazone decreased left ventricular weight (LVW) to body weight (BW) ratio (2.35±0.11 vs 2.56±0.14 mg/g, p<0.01). According to echocardiography, thickening of interventricular septum and posterior wall was prevented (2.07±0.05 vs 2.15±0.04 mm, p<0.01; 2.08±0.05 vs 2.15±0.05 mm, p<0.01, respectively) and midwall fractional shortening (MFS) was improved (23.52±0.25% vs 23.53±0.4%, p<0.01) by rosiglitazone. Rosiglitazone decreased collagen I and III mRNA expression (0.06±0.01 vs 0.18±0.01, p<0.01; 0.05±0.01 vs 0.13±0.01, p<0.01, respectively), and normalised the MMP-9/TIMP-1 ratio (1.16±0.12 vs 0.75±0.18, p<0.01). Furthermore, AP-1 activation (0.51±0.10 vs 0.71±0.09, p<0.01) and NF-κB expression (0.35±0.04 vs 0.45±0.08, p<0.01) were suppressed in treated group.

**Conclusion** These results suggest that treatment with rosiglitazone will improve myocardial remodelling in hypertension. Taken together, PPAR-γ agonist rosiglitazone may exert a protective effect on cardiac remodelling in SHRs by decreasing the expression of AP-1 and NF-κB.

**e0045** EFFECTS OF GINGENOSIDE-RBL ON ALDOSTERONE-INDUCED ELASTIN PRODUCTION IN RAT CARDIAC FIBROBLASTS EX VIVO
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**Objective** To investigate whether the role of Ginsenosides-Rbl (Gs-Rbl) on aldosterone-induced elastic fibre deposition of neonatal rat cardiac fibroblasts (CFs) in vitro.

**Methods** CFs were randomly divided into control group, aldosterone group (10 nmol/l), Gs-Rbl group (200 umol/l) and Gs-Rbl binding aldosterone group (100, 200, 300, 400, 500 umol/l Gs-Rbl, respectively, basing on 10 nmol/l aldosterone), all of which were treated for 24 h. MTT colorimetric assay was adopted to evaluate cell proliferation whereas immunofluorescence cytochemistry and western blot were used to detect elastin, tropoelastin synthesis and elastic fibre deposition.

**Results** 1. Gs-Rbl significantly inhibited CFs proliferation induced by aldosterone in a dose-dependent manner (p<0.01). 2. Aldosterone significantly increased elastic fibre deposition, the expression of elastin (p=0.024) and tropoelastin collagen (p=0.031) in CFs. 3. Pretreatment with Gs-Rbl significantly inhibited the above aldosterone effects, including elastin levels (p<0.01), tropoelastin synthesis (p<0.01) and elastic fibre deposition in a dose-dependent manner.

**Conclusions** Gs-Rbl was shown to inhibit aldosterone-induced collagen production in CFs.

**e0046** ROSIGLITAZONE ATTENUATES MYOCARDIAL REMODELLING IN SPONTANEOUSLY HYPERTENSIVE RATS
doi:10.1136/hrt.2010.209867.46


**Background** Rosiglitazone, an important Peroxisome proliferator-activated receptor-γ (PPAR-γ) agonist, improves left ventricular hypertrophy in diet-induced hypercholesterolemic rats. However, the effects of rosiglitazone on cardiac remodelling in spontaneous hypertension rats are unclear.

**Methods** 20 male 8-week-old SHRs were randomly divided into two groups: one treated with oral saline (n=10) and the other treated with rosiglitazone (5 mg/kg/d) (n=10), compared with ten age-matched Wistar-Kyoto (WKY) rats as a control group. Echocardiography, immunohistochemistry, real-time RT-PCR, co-immunoprecipitation, and Western blot analysis were performed to assess the effects of rosiglitazone.

**Results** After 16 weeks of treatment, rosiglitazone decreased left ventricular weight (LVW) to body weight (BW) ratio (2.35±0.11 vs 2.56±0.14 mg/g, p<0.01). According to echocardiography, thickening of interventricular septum and posterior wall was prevented (2.07±0.05 vs 2.15±0.04 mm, p<0.01; 2.08±0.05 vs 2.15±0.05 mm, p<0.01, respectively) and midwall fractional shortening (MFS) was improved (23.52±0.25% vs 23.53±0.4%, p<0.01) by rosiglitazone. Rosiglitazone decreased collagen I and III mRNA expression (0.06±0.01 vs 0.18±0.01, p<0.01; 0.05±0.01 vs 0.13±0.01, p<0.01, respectively), and normalised the MMP-9/TIMP-1 ratio (1.16±0.12 vs 0.75±0.18, p<0.01). Furthermore, AP-1 activation (0.51±0.10 vs 0.71±0.09, p<0.01) and NF-κB expression (0.35±0.04 vs 0.45±0.08, p<0.01) were suppressed in treated group.

**Conclusion** These results suggest that treatment with rosiglitazone will improve myocardial remodelling in hypertension. Taken together, PPAR-γ agonist rosiglitazone may exert a protective effect on cardiac remodelling in SHRs by decreasing the expression of AP-1 and NF-κB.

**e0047** ALPHALINONENIC ACID INHIBITS HIGH GLUCOSEMEDIATED ENDOTHELIAL NEUTRPHIL ADHESION BY DECREASING ADHESION MOLECULE EXPRESSIN VIA PI3KAKT PATHWAY
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**Objective** Neutrophil-endothelial adhesion is crucial to vascular injury, the major cause of diabetic vascular complications. We studied the mechanism of cardio-protective effect of Alpha-linolenic acid (ALA).

**Methods** Human umbilical vein endothelial cells (HUVECs) were cultured in 5.5 mmol/l and 33 mmol/l for 72 h. ALA with different concentrations was added with defatted bovine serum albumin as a carrier for 18 h before incubation with high glucose. The effects of ALA on high glucose-induced activation of endothelial cells were then examined.

**Results** ALA (10 to 100 μmol/l) decreased the adhesion of human neutrophil polymorphonuclear leukocytes (PMN) to HUVECs stimulated with high glucose (33 mmol/l) for 48 h. However, with a higher concentration, ALA (200 μmol/l) exerted an opposite effect. ALA (50 μmol/l) also inhibited intercellular adhesion molecule-1 (ICAM-1) and P-selectin expressions in HUVECs induced by high glucose. ALA enrichment partially prevented the reduction of Akt phosphorylation caused by high glucose. The inhibitory effects of ALA (50 μmol/l) on high glucose–mediated PMN adherence and endothelial adhesion molecule expression were partially abrogated by pretreatment with the PI3K inhibitor LY294002 and Wortmannin, suggesting that Akt activation might inhibit activation of endothelial cell induced by high glucose.

**Conclusions** We conclude that ALA, with a low concentration, acts directly on endothelial cell to inhibit expression of adhesion molecules and neutrophil adhesion mediated by high glucose via a PI3K/Akt-dependent pathway.