e0457 ESTABLISHMENT OF CONTRAST INDUCED NEPHROPATHY MODEL IN RATS INTERVENTION
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Fu Xianghua, Jia Xinwei, Wang Yanbo, Wang Yuechao, Zhang Jing, Fan Weize, Gu Xinhun, Jiang Yunfa. The 2nd Hospital of Hebei Medical University, Hebei, China

Objectives The purpose of this study was to establish a rat model of CIN and to evaluate its efficacy.

Methods Totally 24 SD rats were randomly allocated into experimental group (group A, n=12) and control group (group B, n=12). After dehydration for three days, rats in group A were given intravenous MDDS, while rats in group B were given intravenous normal saline (NS). Then, all rats got normal water-drinking to the end of study. Renal ultrasonography was performed to observe the morphologic changes, diameters of renal artery and blood flow in renal artery. Blood samples were taken to measure the level of serum creatinine. The tissue of kidney were incised for microscopy and electron microscope study.

Results The dimensions of the two groups before and after dehydration were not different. It gradually enlarged after CM injection. These changes were the most obvious at 6 and 12 h, which did not recover at 24 h. The PSV, EDV, S/D and VTI were lowered at 6 h and then recover to normal level at 24 h. RI was increased after CM injection, the lowest occurred at 6 h, and recovered to normal level at 24 h. Serum creatinine was significantly elevated after dehydration, the highest level occurred at 12 h and then began to recover at 24 h. Microscope examination to renal sample at 12 h found patch disappearance of tubular structure, widely congestion at medullar area. No pathological glomerular changes were found under microscope. Electron microscope examination found desquamation, sparseness of microvillus of tubular endothelium, membrane confusion, disappearance, swelling, fragmentation of the MIT, with obstructed tubular lumen and basal membrane swelling.

Conclusion Combined with dehydration, intravenous injection of contrast lead to obvious acute kidney injury, with the changes of kidney tissue pathology, haemodynamics and kidney functions which are similar to the characteristics of CIN in human beings.

e0456 RELATIONSHIP BETWEEN HYPOKALAEMIA AT THE EARLY STAGE OF ACUTE MYOCARDIAL INFARCTION AND MALIGNANT VENTRICULAR ARRHYTHMIA
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Fu Xianghua, Qi Peng, Wang Yanbo, Wang Yuechao, Li Shijiang, Fan Weize, Jiang Yunfa. The 2nd Hospital of Hebei Medical University, Hebei, China

Objective To investigate the relationship between hypokalaemia at the early stage of acute myocardial infarction (AMI) and malignant ventricular arrhythmia (MVA) as well as the features of hypokalaemia.

Methods Total of 302 patients were involved in this study and conformed to the following conditions: getting AMI primarily, onset within 24 h, accepted serum potassium test and Holter monitoring on admission, didn’t use diuretics before, hyperthyroidism, diabetes, vomiting or diarrhea resulted from gastrointestinal diseases. Relevant data including types of AMI, namely STEMI or NSTEMI, infarct sites of STEMI, time interval from onset of AMI to admission; whether or not hypokalaemia (serum potassium ≤3.5 mmol/l) and MVA were recorded. The relationships between hypokalaemia and MVA, the time interval and hypokalaemia, types of AMI and hypokalaemia, infarct sites and hypokalaemia were analysed. SPSS13.0 was used for statistical analysis. The categorical data was processed with chi-square test and p values below 0.05 were considered significant.

Results The incidence of hypokalaemia for 24 patients within 5h from onset of AMI to admission was 57.5%. The incidence of MVA between the group with and without hypokalaemia had significant difference (10.47% vs 3.6%, p<0.05). The incidence of hypokalaemia between the group within 3 h and group within 3 h to 24 h of time interval from onset of AMI to admission had significant difference (37.5% vs 15.47%, p<0.05). There was no significant difference in incidence of hypokalaemia between the group of STEMI and NSTEMI (20.35% vs 12.69%, p>0.05). There was no significant difference in incidence of hypokalaemia between groups with anterior wall AMI and non-anterior wall AMI (28.88% vs 18.31%, p>0.05).

Conclusion At the early stage of AMI, hypokalaemia is often present. MVA was close associated with hypokalaemia at the early stage of AMI, which indicated that hypokalaemia was a cause of death.

1Ren Yihong, 1Chen Yundai, 2Zhao Ming, 2Chen Jinsong, 2Chen Lian. 1PLA General Hospital/Cardiovascular Department, 2PLA General Hospital/Clinical Laboratory

Background It is not reasonable to administrate the same dosage of antiplatelet medicine to all patients with ACS regardless of patients’ height, weight, metabolism and effectiveness of those medicines. And thromboelastography (TEG) has provided a relatively stable, convenient, duplicable method for testing activity of platelet in recent years.

Objective To investigate the inhibition levels and characteristics of frequency distributions of platelet aggregation after antiplatelet therapy with aspirin and clopidogrel in Chinese patients with ACS undergoing PCI.

Methods High risk Patients with ACS received PCI after administration of loading dosage of clopidogrel (600 mg) and aspirin (300 mg) subsequence with maintenance dose of clopidogrel (75 mg per day) and aspirin (100 mg per day) for one year. Blood sample was gotten 24–48 h after PCI for the test of TEG-mapping in order to