e0493 TO EXPLORE THE RELATIONSHIP BETWEEN HIGH-SENSITIVITY C-REACTIVE PROTEIN AND THE PROGNOSIS OF PATIENTS WITH ACUTE MYOCARDIAL INFARCTION AFTER PERCUTANEOUS CORONARY INTERVENTION

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Objective To explore the relationship between high-sensitivity C-reactive protein and the prognosis of patients with acute myocardial infarction after percutaneous coronary intervention.

Methods The study comprised 100 consecutive patients with first attack of acute myocardial infarction. They underwent primary PCI within 12 h after the onset of chest pain. According to their serum hs-CRP level, these patients were divided into three groups: A Group (hs-CRP<3mg/L, n=18), B Group (3 mg/l ≤hs-CRP<10 mg/l, n=32) and C Group (hs-CRP>10 mg/l, n=50). The incidence of MACE within 180 postoperative days was followed.

Results There were no significant differences in age, sex, smoke, hyperlipidaemia, diabetes mellitus, Cardiac troponin I and Low-density lipoprotein cholesterol among the three groups (p>0.05). There were significant differences in the serum hs-CRP levels. Left ventricular ejection fraction, hypertension, left anterior descending coronary atery and anterior wall (p<0.05). Follow-up for 180 days showed that there were significant differences in the incidence of heart failure within 30 days or 180 days and revascularisation rate within 180 days among the three groups (p<0.05). Using Binary logistic regression analysis, by step-back (LR) method, indicated that high concentration of hs-CRP remained an independent predicator of MACE during hospitalisation and within 30 days (OR=2.42, 95% CI=1.020 to 5.746, p=0.045); (OR=2.187, 95% CI 1.028 to 4.653, p=0.042). It is a more useful predictor for the incidence of heart failure within 30 days (OR=2.565, 95% CI=1.032 to 6.375, p=0.043).

Conclusion High level hs-CRP measured after the primary PCI is the independent predictive factors of MACE for the patients with first attack of AMI during hospitalisation and within 30 days. It has a stronger predictive value, especially for the incidence of heart failure within 30 days. The patients of high level hs-CRP group is more than the normal hs-CRP group in the occurrence of MACE during hospitalisation and within 30 days and the occurrence of heart failure within 30 days.

e0494 EXTENSIVE DISSECTION TO THE CORONARY SINUS OF VALSALVA DURING PERCUTANEOUS INTERVENTION IN RIGHT CORONARY ARTERY—A CASE REPORT AND LITERATURE REVIEW

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Severe retrograde dissection extending into the sinus of Valsalva is a rare complication during percutaneous coronary intervention (PCI), but life threatening. The danger of this event depends on two aspects: first, the potential occlusion of the related coronary artery and second, the possibility of the dissection extending to the ascending aorta and further. There is some literature about this complication, but this particular complication has not been previously reported in China. We think that the rarity and unknown significance of this complication have probably led to a general underreporting in our country. We present a case of coronary artery dissection during a PCI in which progressively extended retrogradely into the sinus of valsalva, and was successfully treated with stenting without an operation.

e0495 TRANSCATHETER CLOSURE OF LARGE PATENT DUCTUS ARTERIOSUS WITH SEVERE PULMONARY ARTERIAL HYPERTENSION IN ADULTS: TWO-YEAR FOLLOW-UP RESULTS

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Aim To evaluate the immediate and follow-up results of transcatheter closure of large PDAs with severe pulmonary arterial hypertension (PAH) in adults.

Method After a complete haemodynamic evaluation differentiating from the reversibility of severe PAH, transcatheter closure of PDA was performed. Patients were followed up clinically and echocardiographically at 24 h, 1 month, 3 months, 6 months, 12 months and 24 months after occlusion.

Results 38 patients had successful occlusion, PAP, LVEF and FS significantly decreased immediately after occlusion (92.5±23.1 mm Hg vs 47.2±15.7 mm Hg, p<0.01; 66.5±9.0 vs 52.2±10.73, p<0.05 and 6.3±8.8 vs 28.9±9.1, p<0.05, respectively). At 1 month after PDA closure, the signs and symptoms had improved markedly in all 38 patients, and PDAs were completely closed and remained closed during the follow up. 25 patients having different degrees of dyspnoea were treated with ACEI and/or digoxin after occlusion. After 1 to 3 months of peroral drug therapy, their exercise tolerance had improved from NYHA class III-IV to NYHA class I. During follow up, no latent arrhythmias were found, the LAD, LVEDD, LVESD, LVMI and PASP decreased significantly (p<0.05), and FS and LVEF recovered compared to the immediate postclosure state. However, FS and LVEF remained low compared to the preclosure state.

Conclusion Transcatheter closure of large PDA with severe PAH is feasible, effective, and safe in the adults. Significant LV systolic changes may occur after closure of large PDA, and LV function usually recovers within a few months. Further study should be performed.

e0496 COMPARATIVE STUDY OF IMPAIRED WITH NORMAL LEFT VENTRICLE FUNCTION PATIENTS WITH TRIPLE CORONARY ARTERY DISEASE

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Background Ischaemic cardiomyopathy is one of the fatal courses of coronary heart disease, its clinical characteristics and percutaneous coronary intervention (PCI) effect on it still need to be identified.

Methods From April 2004 to April 2007, 4494 consecutive patients with triple coronary arteries disease identified by coronary angiogram (>70% stenosis of each vessel) in our center were divided into