impact of high-normal level of FT4 on recurrence after catheter ablation of AF.

Methods Two hundred and forty-four consecutive patients with paroxysmal AF underwent circumferential pulmonary vein isolation (PVI) were prospectively enrolled. Exclusion criteria included prior or current thyroid dysfunction on admission, amiodarone medication for three months before admission.

Results After a mean follow-up of 416±204 (91–556) days, the recurrence rates were 14.8%, 23.0%, 35.3%, and 38.7% from the lowest FT4 quartile to the highest FT4 quartile, respectively (p=0.016). Adjustment for age, gender, left atrium diameter, PVI, there was an increased risk of recurrence in the subjects with the highest FT4 quartile compared with those with the lowest quartile (HR 3.31, 95% CI 1.45 to 7.54, p=0.004). As a continuous variable, FT4 was also an independent predictor of recurrence (HR 1.10, 95% CI 1.02 to 1.15, p=0.016).

Conclusions Patients with high-normal thyroid function were at an increased risk of AF recurrence after catheter ablation.

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e0576 CLINICAL ANALYSIS OF ANTICOAGULANT TREATMENT IN ACUTE PULMONARY EMBOLISM STRATIFIED AS INTERMEDIATE-RISK

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Objective To analyse the clinical effect of anticoagulant treatment in acute pulmonary embolism stratified as intermediate-risk.

Method Patients with intermediate-risk acute pulmonary embolism (PE) were enrolled in Center for Pulmonary Vascular Diseases, Fu Wai Hospital between Aug 2008 and Apr 2010. The intermediate-risk acute PE was defined as stable haemodynamics and the presence of right ventricular dysfunction (echocardiography or CT showed right ventricle dilatation, pressure overload, BNP or NT-proBNP elevation) and/or markers of myocardial injury (stratified as intermediate-risk acute pulmonary embolism were included in this study. There were 29 men (42.6%) and 59 women (57.4%) with a mean age of 61.7±13.4 years. Right ventricle (RV) dilatation or pressure overload was present on echocardiography or CT in 49 cases (%), NT-proBNP elevation in 58 cases (%) and cardiac troponin I positive in 8 cases (%). The mean onset time was 15.7±10.8 days. The main complaints included dyspnoea (60 patients, 82.2%), chest pain (16 patients, 23.5%), cough (16 patients, 23.5%), haemoptysis (9 patients, 11.9%), syncope (7 patients, 10.3%), palpitation (5 patients, 7.4%), dizziness (4 patients, 5.9%) and cyanosis (1 patient, 1.5%). Referring to ECG, 54 cases (90%) presented S1QIIITIII and 27 cases (39.7%) with T wave inversion in V1–V4 leads. The symptoms, physical signs and results of laboratory tests were improved significantly after anticoagulation by heparin or low molecular weight heparin with a target INR of : heart rate (82.5±14.8 vs 69.9±7.5 beats/min, p<0.001) and D-dimer (5.8±4.7 mg/l vs 1.1±1.2 mg/l, p<0.001CTnT or CTnI positive).

Results Sixty-eight patients significantly decreased; PaO2 (68.7±11.7 mm Hg vs 84.4±31.3 mm Hg, p<0.001), PCO2 (37.2±5.3 mm Hg vs 40.3±4.6 mm Hg, p<0.001) and SaO2 (93.5±3.4% vs 95.6±2.1%, p<0.001) significantly increased. During hospitalisation, ALT or AST was slightly increased in 12 cases (%), and became normal after regular treatment; Twelve patients had mild bleeding, including 4 cases with positive urine occult blood, 4 cases with slight conjunctival haemorrhage, 2 cases with slight haemoptysis and 1 case with positive fecal occult blood.

Conclusions Anticoagulant treatment to patients with acute pulmonary embolism stratified as intermediate-risk significantly improved the symptoms, physical signs and results of laboratory tests with slight and low occurrence rate of complications.

e0577 CLINICAL ANALYSIS OF FALSE NEGATIVE CASES BY VENTILATION–PERFUSION SCINTIGRAPHY COMPARED TO CT PULMONARY ANGIOGRAPHY IN DIAGNOSIS OF ACUTE PULMONARY EMBOLISM

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Objective Although ventilation–perfusion scintigraphy (V/Q scan) is a robust and well established diagnostic test for suspected pulmonary embolism, false negative cases still exist. This study