aimed to investigate the characteristics of false negative pulmonary embolism cases by V/Q scan.

**Method** During Jun 2008 to Apr 2010, patients with acute pulmonary embolism underwent both ventilation-perfusion scintigraphy (V/Q scan) and spiral CT pulmonary angiography (CTPA) were systematically reviewed. The patients were grouped by results of CTPA. Group 1: CTPA showed that the main pulmonary or lobe arteries were involved; Group 2: CTPA showed that the thrombi were limited to segmental or subsegmental pulmonary arteries. The characteristics of the false negative cases by V/Q scan were analysed.

**Results** In all 35 acute pulmonary embolism patients were included. There were 13 males (57.1%) and 22 females (62.9%) with a mean age of 59.3±15.0 years. The mean onset time of pulmonary embolism was 9.9±7.3 days and the mean interval time between V/Q scan and CTPA was 3.7±2.5 days. There were 1 (4.4%) false negative cases out of 29 patients by V/Q scan in group 1 and 4 (33.3%) false negative cases out of 12 patients in group 2 (p<0.001).

**Conclusions** The incidence of false negative cases in diagnosing acute pulmonary embolism by V/Q scan is increased significantly when CTPA showed that thrombi are limited to segmental or subsegmental pulmonary arteries. In the clinical setting of highly suspected acute pulmonary embolism, even though the V/Q scan was negative, CTPA is needed for more diagnostic information.

**Clinical and Research Medicine: Hypertension**

**e0579** COMBINED NIFEDIPINE SUSTAINED-RELEASE TABLET WITH BETALOC TO TREAT ESSENTIAL HYPERTENSION

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**Objective** To investigate the clinical efficacy of the treatment of essential hypertension combined nifedipine sustained-release tablets with betaloc.

**Methods** 60 cases of essential hypertension discovered recently were divided into two groups in random, 30 patients in each group. The control group were given sustained-release tablets 10mg, twice a day at 08:00 and 20.00 oral, treated group were at the same of nifedipine sustained-release tablets with control group, but increased betaloc 25 mg before lunch. Measured blood pressure twice a week and total of 8 weeks.

**Results** In control group, significant therapeutic effect in 11 cases, there were clear therapeutic effect in 11 cases, no treatment effect in 8 cases, the total therapeutic efficacy was 73.3%; In treated group, significant therapeutic effect in 18 cases, there were clear therapeutic effect in 11 cases, no treatment effect in 1 cases, the total therapeutic efficacy was 96.7%; There was significant difference between two groups (X^2=7.13, p<0.05). In control group, there was no significant change in heart rate (p=0.05); But in treatment group, heart rate decreased at average of 10 times min^-1, There was obvious difference in Statistics (p<0.05).

**Conclusions** It is a good way to treat essential hypertension combined nifedipine sustained-release tablets with betaloc, and there is a mutual synergy, worthy to be popularised.

**e0581** EFFECT OF ECG CHARACTERISTIC AND CLINICAL PROGNOSIS OF THE VENTRICULAR ELECTRICAL STORM IN PATIENTS WITH HYPERTROPHY AND ACUTE MYOCARDIAL INFARCTION

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**Objective** To investigate the effect of ECG characteristic and clinical prognosis of ventricular electrical storm (VES) in patients with hypertrophy and acute myocardial infarction (AMI).

**Methods** 517 cases of VES in patients with hypertrophy and AMI group. Sixty cases of after AMI patients non-VES group. The analysed of ECG examination and keep watch on ECG was relationship between clinical features and prognosis among the two groups.

**Results** In VES group PTFv1 abnormal, ST segment elevation amplitude, ST segment elevation leads, ST segment reduction...