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 59.5±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 25 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 and further branches of 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**

**e0578** COMBINED NIFEDIPINE SUSTAINEDRELEASE TABLET WITH BETALOC TO TREAT ESSENTIAL HYPERTENSION

**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 nifedipine sustained-release tablets 10 mg, 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 3 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 (X²=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.

**e0579** EFFECT OF ECG CHARACTERISTIC AND CLINICAL PROGNOSIS OF THE VENTRICULAR ELECTRICAL STORM IN PATIENTS WITH HYPERTROPHY AND ACUTE MYOCARDIAL INFARCTION

**Objective** To investigate the effect of ECG characteristic and clinical prognostic 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, ΣST segment elevation amplitude, ST segment elevation leads, ST segment reduction