and LVEF was measured. Serum creatinine (Scr) was measured before and after administered the medication 24 h, 48 h, 72 h, 7 days and 14 days using simplified MDRD equation to calculate estimated glomerular filtration rate (eGFR). Recording the major adverse cardiac events (MACE) occurrence within 30 d.

**Results**

rhBNP group has a less dyspnoea time than the control group. The plasma BNP levels significantly lower than before treatment at different time point in the two groups. The LVEF and LVEDD improvements in rhBNP group were significantly better than in the control group after treatment 24 h, 14 days; At day 7 after PCI, the Scr had lowered to the baseline level in the rhBNP group. The eGFR after PCI was higher in the rhBNP group than that in the control group. The occurrence of CIN was significantly lower in the rhBNP group than in the control group. The MACE event of 30 days in rhBNP group was significantly lower than the control group.

**Conclusion**

rhBNP can promptly and effectively improve the heart function, reduce the incidence of MACE rate in acute myocardial infarction with heart failure patients, which also had a renal function protective effect in patients with and decreased incidence on CIN.

**e0629**

**CLINICAL ANALYSIS OF ACUTE MYOCARDIAL INFARCTION IN YOUNG PATIENTS**


**Objective**

To investigate the clinical characteristics of acute myocardial infarction (AMI) in young patients.

**Methods**

We carried out the contrasting analysis in the clinical data between 45 young patients (age ≤45 years old) and 52 old patients (age ≥60 years old).

**Results**

Young AMI patients were often male, and had the typical clinical manifestations. The smoking rate, hyperfibrinogenemia rate and positive family history rate of the young people group were markedly higher than those of the old people group (p < 0.05). The morbidity rate of patients with single coronary artery atherosclerosis was high in the young people group. The morbidity rate of patients with multiple coronary artery atherosclerosis was high in the old people group. The patients in the old people group who complicated with cardiac aneurysm, arrhythmia, heart failure, cardiac shock were much more than those in the young people group (p < 0.05).

**Conclusion**

Smoking, hyperfibrinogenemia and positive family history are main causes of AMI in young patients. Young AMI patients had the typical clinical manifestations with simple coronary lesion. The complications in the young people group are less than those in the old people group, and the prognosis was better than old cases.

**e0630**

**THE INFLUENCE ON THE PLATELET FUNCTION OF DIFFERENT STATINS COMBINED WITH LOADING DOSE CLOPIDOGREL IN PATIENTS WITH ACUTE CORONARY SYNDROME**

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**Objective**

To investigate clinical effects of clopidogrel combined with simvastatin or fluvastatin on the platelet aggregation rate (PAR), platelet activation marker CD62P and the incidence of major adverse cardiovascular events (MACE) in patients with ACS.

**Methods**

From April 2008 to December 2009, one hundred patients (79 male and 21 female, average age 61.46 ± 12.54 years) who had been diagnosed as ACS were enrolled into this study. These cases were randomly divided into two groups, the Group A (n=50, treated with simvastatin 20 mg per night); the Group B (n=50, treated with fluvastatin 40 mg per night). Detailed clinical information was collected. PAR, CD62P, alanine aminotransferase (ALT), and aspartate aminotransferase (AST) of the two groups were measured. All cases received clopidogrel (a loading dose of 500 mg and then 75 mg daily), aspirin and Low molecular weight heparin. The MACE within 14 days were recorded.

**Results**

There was no significant differences in baseline between the Group A and Group B. There was no significant differences in the PAR and expression rate of CD62P after 300 mg clopidogrel (p > 0.05). 1h after treated with statins the expression rate of CD62P and PAR in the two groups were lower than that before treated with statins (p < 0.05). After 14d treated with statins the expression rate of CD62P and PAR were still lower than that before treated with statins (p < 0.05). There were no significant increase of ALT and AST in the both groups (p > 0.05). After the above-mentioned medical treatment, the expression rate of CD62P and PAR in the two groups were significantly lower than before treated with statins.