**Conclusion** The high maintenance dose clopidogrel can improve cardiac function. There is potential benefit in increasing coronary blood flow and improving myocardium perfusion. High maintenance dose clopidogrel decreases the acute and subacute thrombosis but do not increase the haemorrhage events.

**Objective** To investigate the relationship between hypokalaemia at the early stage of acute myocardial infarction (AMI) and malignant ventricular arrhythmia (MVA) as well as the features of hypokalaemia.

**Methods** Total of 302 patients were involved in this study and conformed to the following conditions: getting AMI primarily, onset time interval from onset of AMI to admission was 37.5%. The incidence of MVA was close associated with hypokalaemia at the early stage of AMI, which indicated that hypokalaemia was a cause of death.

**Result** There was no significant difference in baseline data between two groups. The expression rate of CD62P and PAC-1 in HMCG and TG were higher than the normal control group, but no difference between clopidogrel group and the tirofiban group. After the medical treatment the expression rate of CD62P and PAC-1 in TG is higher than that in HMCG. At the time of 0.5 h after PCI, the expression rate of CD62P and PAC-1 is higher than that before PCI. Until 12 h after PCI the expression rate of CD62P and PAC-1 is dropped down to the level before PCI. There were less MACE cases in TG than that in HMCG in hospital (p < 0.05), but no significant difference in haemorrhage events between two groups.

**Conclusion** 150 mg/d clopidogrel can inhibit the activation of platelet but 75 mg/d clopidogrel can’t in patients of ACS with clopidogrel resistance. Tirofiban can decreases the MACE cases of patient with clopidogrel resistant during PCI but do not increase the haemorrhage events.

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**THE RELATIONSHIP BETWEEN HYPOKALAEMIA AT THE EARLY STAGE OF ACUTE MYOCARDIAL INFARCTION AND MALIGNANT VENTRICULAR ARRYTHMIA**

doi:10.1136/hrt.2010.208967.634

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**THE RELATIONSHIP STUDY BETWEEN BNP LEVELS AND CK-MB, CTNI CONCENTRATIONS, THE DEGREE OF CORONARY ARTERY DISEASE, HEART FUNCTION IN PATIENTS WITH ST-SEGMENT ELEVATION ACUTE MYOCARDIAL INFARCTION**

doi:10.1136/hrt.2010.208967.636

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**THE EVALUATION TO THE EFFICACY AND SAFETY OF TIROFIBAN IN ACUTE CORONARY SYNDROME PATIENTS WITH CLOPIDOGREL RESISTANCE DURING PERCUTANEOUS CORONARY INTERVENTION**

doi:10.1136/hrt.2010.208967.635

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**Objective** To assess the efficacy and safety of the tirofiban in acute coronary syndrome patients with clopidogrel resistance undergoing selective percutaneous coronary intervention (PCI). The total of 90 acute coronary syndrome patients with clopidogrel resistance were randomised into two groups, the high maintenance clopidogrel group (HMCG, n=50) and the tirofiban group (TG, n=40). All the patients underwent PCI after 7-10 day’s medical treatment. Clinical information was collected. The platelet aggregation rate (PAR) were measured, and the markers of platelet activation, PAC-1 and CD62P were measured.

**Result** There were no significant differences in baseline data between two groups. The expression rate of CD62P and PAC-1 in HMCG and TG were higher than the normal control group, but no difference between clopidogrel group and the tirofiban group. After the medical treatment the expression rate of CD62P and PAC-1 in TG is higher than that in HMCG. At the time of 0.5 h after PCI, the expression rate of CD62P and PAC-1 is higher than that before PCI. Until 12 h after PCI the expression rate of CD62P and PAC-1 is dropped down to the level before PCI. There were less MACE cases in TG than that in HMCG in hospital (p < 0.05), but no significant difference in haemorrhage events between two groups.

**Conclusion** 150 mg/d clopidogrel can inhibit the activation of platelet but 75 mg/d clopidogrel can’t in patients of ACS with clopidogrel resistance. Tirofiban can decreases the MACE cases of patient with clopidogrel resistant during PCI but do not increase the haemorrhage events.