Methods 32 patients with SSS or AVB associated chronic heart dysfunction were divided into two groups RA-URIS pacing group (13 cases) and RA-RVA pacing group (19 cases). The parameters including left ventricular mass index (LVMI), left ventricular ejection fraction (LVEF) and 6 min walk test (6-MWT) were compared between two groups in pre-pacing and in follow up 24 months after pacing.

Results There were no difference on LVEF, LVMI and 6-MWT between two groups before pacemaker implanted. But after 24 months for pacing therapy in RA-URIS group, there was significant increase in LVEF (48.3±10.1 vs 40.7±8.4, p<0.05), 6MWT (586±69 vs 530±78, p<0.05) and decrease in LVMI (102.5±16.3 vs 120.1±18.5, p<0.05) Meanwhile, LVEF, 6-MWT (48.3±10.1 vs 43.7±5.5, 356±69 vs 529±91, p<0.05) were increased and LVMI (102.5±16.3 vs 113.6±17.4, p<0.05) were decreased significantly in RA-URIS group compared with those of RA-RVA group in 24 months follow up.

Conclusion The results showed that RA-URIS pacing may reverse left ventricular remodelling in patients with chronic heart dysfunction as well as improving life quality.
Results There was no difference between the two groups in clinical characteristic, while the interval time of onset to reperfusion in LVA group was longer and the incidence of Killip 3 grade was higher than those in non-LVA group (p<0.05, respectively). The peak value of plasma IL-8 in LVA was significant higher and the peak time of plasma cTnl was much earlier than those in the non-LVA group (p<0.05, respectively). The peak values of plasma IL-8 in LVA group with LVEDP>18 mm Hg were significant higher than that in non-LVA with LVEDP <18 mm Hg (p<0.05). At 6th month post-AMI, the value of LVEF, LVESVI, LVEDVI, LVESVI, WMS and LVEDP in non-LVA group were much better than those in the LVA group. The values of LVEF, LVESVI, LVEDVI, LVESVI and LVEDP in non-LVA group at 6th month post-AMI were significantly improved as compared with those at the first time after PCI but the values of LVEDVI, WM5, LVEDP were improved in the LVA group. Within the 6th month follow-up, the incidences of angina post-AMI, heart failure of NYHA=3 grade and mortality in LVA group were significantly higher than those in the non-LVA group (p<0.05, respectively).

Conclusions The value of plasma IL-8 is significantly increased and correlated closely with left ventricular remodelling status and haemodynamic change in patients with LVA after AMI. It is indicated that the over activity of immune inflammatory medium IL-8 involves in the process of LVA formation and has an important clinic characteristic, while the interval time of onset to reperfusion in LVA group (p<0.01, respectively), while negatively correlated with LVEF, the incidence of MACE in LVA group were higher than that in the non-LVA group (p<0.05). At 6th month post-AMI, heart failure of NYHA=3 grade and mortality in LVA group were significantly higher than those in the non-LVA group (p<0.05, respectively). The peak value of plasma BNP in LVA group, regard-