THE ROLE OF RANTES FACTOR IN THE STUDY OF HYPERGLYCEMIA AND CORONARY HEART DISEASE

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Objective To study the correlative relationship of activated T cell chemokine (RANTES) and high blood glucose and coronary heart disease, and investigate the role of RANTES factor in hyperglycemia and coronary heart disease.

Methods The 360 patients were divided into Coronary Heart Disease (CHD) group (n=300) and control group (n=60) according to the Coronary Angiography (CAG), and CHD group were divided into acute coronary syndrome (ACS) group (n=180) and stable angina pectoris (SAP) group (n=120). The severity and extent of coronary lesions was analysed by CAG and typified by means of Gensini coronary score system. Blood samples of ACS patients were taken immediately on admission, and the 12 h fasting blood samples of other patients were taken in the day after admission, all patients were taken 5 ml blood from elbow vein and put into anticoagulant tube. Then all samples were centrifuged for 10 min with the speed of 3000 r/min, and the separated serum was frozen at -80°C refrigerator waiting for test. Linked immunosorent assay was used to measure the RANTES concentration. We expressed the level of RANTES and other biochemical indicators in all groups with, and compare the differences between the three groups using AVONA (analysis of variance). And then, q test was used for pairwise comparison; multiple regression equation was used for analysing the relationships of RANTES chemokine, blood glucose and coronary artery disease; Spearman’s correlation coefficient was used for analysing the correlation of RANTES chemokine and blood glucose.

Results Significantly increasing of RANTES concentration was observed in ACS group (222.57±28.55 pg/ml) compared to the SAP group (199.77±22.20 pg/ml) and the control group (162.06±13.15 pg/ml) (p<0.05). Positive correlation were seen between RANTES and other biochemical indicators in all groups with, and positive correlation was found between the decreased TC, TG, LDL-C and decreased ET-1, the ratio of TXB2/6-keto-PGF1a (r=0.978, p<0.001). The same positive correlation was found between the decreased ET-1 and the ratio of TXB2/6-keto-PGF1a (r=0.927, p<0.001).

Related Subjects: Kidney and Cardiovascular Disease

ERYTHROPOIETIN COMBINED WITH L-CARNITINE TREATMENT OF RENAL ANAEMIA ON ENDOTHELIN AND LEFT VENTRICULAR REMODELLING

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Objective To observe the effects of Xuezhikang on blood lipids and the levels of plasma endothelins, thromboxane B2, 6-keto-PGF1α in patients with primary hyperlipidaemia.

Methods 120 patients with primary hyperlipidaemia were enrolled in this study, 82 males and 38 females, age 36–74 years old, average ages (55±9) years old. 12 weeks after taking Xuezhikang, the clinical effect and the effect on the level of plasma endothelins, thromboxane B2, 6-Keto-PGF1α were compared before and after the treatment, and the relation between blood lipids and ratio of plasma endothelins, thromboxane B2 to 6-Keto-PGF1α were analysed.

Results 12 weeks after treatment, the level of TG, cholesteral (TC), low density lipoprotein cholesterol (LDL-C) and apoB100 decreased sharply (p<0.05–0.001); the level of serum high density lipoprotein cholesterol (HDL-C) elevated (p<0.05); ratio of plasma endothelins decreased sharply (p<0.001); rate value of thromboxane B2 to 6-Keto-PGF1α before treatment was higher than health people but lower after treatment (p<0.01). There were positive correlations between the decreased TC, TG, LDL-C and decreased ET-1, the ratio TXB2/6-keto-PGF1α (r=0.832–0.963, p<0.01–0.001). The same positive correlation was found between the decreased ET-1 and the ratio of TXB2/6-keto-PGF1α (r=0.927, p<0.001).