

Group B than group A (18.8% : 31.7%). More Inferior wall myocardial infarction (62.5%) in group A and more anterior wall myocardial infarction (51.7%) are found in group B. P send aneurysm (0.0% vs 5.0%); malignant arrhythmia (6.3% vs 10.0%) and Killip >2 in group A were lower than group B, Left ventricular ejection fraction in group A ($61.6 \pm 13.64\%$) is higher than group B ($56.3 \pm 14.54\%$), the difference is significant.

Conclusions Patients of AMI with normal coronary artery are relative younger and have more males; more smokers; less previous angina; more inferior wall myocardial infarction; better cardiac function and clinical outcomes during hospitalisation.

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CLINICAL ANALYSIS ON ACUTE MYOCARDIAL INFARCTION WITH NORMAL CORONARY ARTERY IN CORONARY ANGIOGRAPHY

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Objectives To observe presentation of acute myocardial infarction (AMI) with normal coronary artery in Coronary Angiography (CAG).

Methods 76 patients with AMI underwent coronary angiography in 2 weeks. According to coronary angiogram the patients were divided into group A (those with normal coronary artery, 16 cases) and group B (those with abnormal coronary artery, 60 cases), Their risk factors were analysed retrospectively. Risk factors; clinical data; left ventricular ejection fraction; ventricular wall motion abnormalities ratio; total cardiac events and acute stage prognosis were compared between Group A and Group B.

Results Mean age of A group and B group (48.06 ± 13.8 years'old vs 57.60 ± 8.73 years'old) have significant differences. No significant difference has found in sex ratio (0.0% : 31.7%). The proportion of hypertension (25% : 50%); diabetes (0.0% : 31.7%), hyperlipemia (6.25% : 16.7%); smoking as single risk factor (50.0% : 20.0%) in two groups have significant differences. Previous angina were more frequent in