hypertrophic cardiomyopathy (2003). Records of all patients age, sex, medical history, NYHA classification of cardiac function, the main indicators of ECG and echocardiography to exclude diabetes, infectious diseases, cancer, collagen diseases, application of immunosuppressive drugs. The contents of MCP-1 and hs-CRP in all patients were determined by ELISA.

Results The median value of MCP-1 of 286 patients was 370.28 ng/l (157.21±439.47 ng/l); hs-CRP median value was 1.97 mg/l (1.12±2.75 mg/l), two indicators were higher than normal. 89 cases (31.1%) underwent coronary angiography showed that 21 cases (7.3%) had coronary heart disease, these patients and those without coronary heart disease had no statistically significant difference between the two indicators. The levels of MCP-1 and hs-CRP increased associated with the largest increase in wall thickness ($p<0.05$); significant T-wave inversion ($p<0.01$); chest pain or syncope symptoms ($p<0.05$).

Conclusions HCM may be associated with the inflammatory response, particularly in those patients with wall thickening, significantly T wave changes, chest pain or syncope symptoms.

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THE ANALYSIS OF MONOCYTE CHEMOATTRACTANT PROTEIN-1 AND HIGH SENSITIVITY C-REACTIVE PROTEIN IN HYPERTROPHIC CARDIOMYOPATHY

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Objectives To observe the correlation between inflammatory factor monocyte chemotactic protein -1 and high sensitivity C-reactive protein (hs-CRP) in hypertrophic cardiomyopathy (HCM) patients.

Methods 286 cases of patients with HCM were selected from two hospitals from January 2005 to December 2010. HCM diagnostic criteria in accordance with the ACC/ESC expert consensus