GW26-e2918
A Clinical Review of 564 Cases with Fever of Unknown Origin in Observation Unit
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OBJECTIVES To investigate the causes of fever of unknown origin (FUO) in Observation Unit.

METHODS The clinical data were prospectively analyzed from 338 patients with FUO observed in department of our Emergency from Apr 2007 to May 2014, these cases fulfilled the criteria of FUO.

RESULTS Out of the 564 FUO cases, definite diagnosis was eventually achieved in 533 patients (94.6%). The most common causes of FUO were infections diseases 341 (60.5%), with tuberculosis accounting for 42(12.3%) of cases of infection, tstsugamushi disease accounting for 37(10.8%); Collagen vascular diseases, malignancy and blood systemic diseases account for 87 (15.4%), 76 (13.1%); However, no definite diagnosis had been made in the remaining 295(5.3%) cases. Tstsugamushi disease, Leptospirosis, Epidemic hemorrhagic fever and Septicemia have all complication of multiple organ damage, there are 88% and 85% complication of multiple organ damage in Systemic lupus erythematosus and Lymphoma.

CONCLUSIONS We must pay attention to the different areas of fever of unknown origin. The cause of FUO can be identified by clinical symptoms, sign and laboratory examinations.

GW26-e2954
The analysis of clinical data of patients died in different ICU wards
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OBJECTIVES To compare clinical data of the patients died in different ICU wards, analyze their clinical features, and provide the basis of strategies in treating the patients in different ICU.

METHODS Compare death clinical data from January 1, 2013 to December 31, 2014 in EICU, SICU and MICU of the first Affiliated Hospital of Sun Yat-sen University. EICU252 cases, SICU33 cases and MICU80 cases. Analyze the general situation of each patient, clinical situation such as critical score (APACHEII score), length of stay, overall costs, and the families’ different attitudes to the treatment in each ICU.

RESULTS 252 cases (148male / 96female) in EICU were included, 93 cases (68/24) in SICU, and 80 cases (56/24), in MICU. The gender composition ratios were significantly differences (SICU versus MICU, P < 0.01); EICU versus SICU, P < 0.001; EICU versus MICU, P = 0.016). Age: EICU 72 ± 17 years, SICU 56 ± 17 years old, MICU 63 ± 20 years. Age at death in EICU was significantly older than that in SICU (P < 0.001) and MICU (P < 0.001). APACHEII Score: EICU 43 ± 8, SICU 34 ± 10, MICU 29 ± 10. It shows severity scores in EICU were higher than in MICU (P < 0.01) and in SICU (P < 0.021). Length of stay: the average length of stay in EICU was 2 days (1, 46), SICU 14 days (1, 84), and MICU 12 days (1, 77). Hospitalization time in EICU was significantly shorter than that in SICU (P < 0.001) and in the MICU (P < 0.001). Total cost of hospitalization: EICU 1504 dollars (62, 25250), SICU 1635 dollars (869, 90908), so that the total cost of EICU hospitalization was significantly less than SICU (P < 0.001) and the MICU (P < 0.001). Family attitude: 165 patients died in EICU were given up treatment, while eighteen in SICU and twenty in MICU. EICU patients who abandoned treatment were significantly greater than in MICU (P < 0.001) and SICU (P < 0.001). Invasive procedures: the proportion of invasive blood pressure monitoring, mechanical ventilation, hemopurification and deep vein catheeterization in EICU was significantly lower than that in SICU and in MICU. The top 5 death diagnoses were severe sepsis, stroke, acute myocardial infarction, sudden cardiac death and acute left ventricular failure in EICU; in SICU were severe sepsis, MODS, liver failure, post cancer surgery and severe pneumonia; in MICU were severe sepsis, MODS, severe pneumonia, liver failure and upper gastrointestinal bleeding.

CONCLUSIONS Patients died in EICU were elderly patients, seriously ill, and the attitude from their family is less positive which result in shorter average length of stay, lower treatment costs. In contrast, patients in the SICU and MICU are relatively young, with positive altitude, but longer hospital stay and higher total costs. Therefore, communicate with family members of patients before determine a treatment plan is an ideal strategy in EICU.

GW26-e3540
The ECG score changes of the soldiers after exhausted exercise in a training base and the correlation analysis between the ECG scores and the scores of the scl-90 scale
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OBJECTIVES To analyze the ECG score changes of the soldiers after exhausted exercise in a training base and the relativity between the ECG scores and the scores of the scl-90 scale. Try to explore the early warning and precaution methods of cardiac injury due to exhausted exercise.

METHODS We conducted the psychological assessment through the scl-90 scale and record the ECG at three different time which are before exercise, after exercise instantly and 24 hours after exercise. The uncomfortable symptoms were recorded in the symptom assessment scale. Then we analyzed the changes of the ECG scores at different time and conducted correlation analysis among the scores of the scl-90 scale, the ECG scores and the scores of the uncomfortable symptoms.

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CONCLUSIONS The exhausted exercise has significant influence on the changes of the ECG; The soldiers have a good tolerance to the exhausted exercise, for the changes of the ECG return to normal 24 hours after exercise; The army time factors and psychological factors have no significant influence on the changes of the ECG; The higher the scores of the scl-90 scale are, the soldiers are more prone to developing uncomfortable symptoms, which indicates that it’s of great significance to make psychological counseling among the soldiers before exhausted exercise.

GW26-e4641
The study of cardiomyocyte injury in military recruits of Beijing military region with different training intensities
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OBJECTIVES To investigate cardiomyocyte injury in military recruits of Beijing military region with different training intensities, and look for clinical indexes or indicators with high sensitivity and specificity of cardiomyocyte injury induced by induced military training, in order to explore scientific Training program for military recruits, to reduce the occurrence of cardiomyocyte injury in military training.

METHODS Totally, 60 military recruits were randomly divided into three groups: sedentary control group (n=20), normal training group (n=20) with 5 km armed cross-country twice a day, low intensity training group (n=20) with 5 km armed cross-country once a day. These three groups were training for three months. Serum samples were collected and cardiac troponin I (cTnI) levels were observed before training, after 1 week training, 2 weeks training and 4 weeks training.

RESULTS The cTnI levels in normal training group of before training, after 1 week training, 2 weeks training and 4 weeks training were (0.0010 ±0.0030) ng/ml, (0.0040 ±0.0051) ng/ml, (0.0025 ±0.0048) ng/ml, (0.0060 ±0.0050) ng/ml and (0.0055 ±0.0050) ng/ml, (0.0040 ±0.0050) ng/ml, (0.0035 ±0.0049) ng/ml. The cTnI levels in normal training group in low intensity training group (n=20) with 5 km armed cross-country once a day, these three groups were training for three months. Serum samples were collected and cardiac troponin I (cTnI) levels were observed before training, after 1 week training, 2 weeks training and 4 weeks training.

RESULTS The cTnI levels in normal training group of before training, after 1 week training, 2 weeks training and 4 weeks training were (0.0010 ±0.0030) ng/ml, (0.0060 ±0.0050) ng/ml, (0.0055 ±0.0050) ng/ml, (0.0040 ±0.0050) ng/ml, (0.0035 ±0.0049) ng/ml. The cTnI levels in sedentary control group were (0.0051 ±0.0036) ng/ml, (0.0020 ±0.00410) ng/ml, (0.0025± 0.00444) ng/ml, (0.0020± 0.00410) ng/ml. The cTnI levels in normal training group and low intensity training group were significantly higher that than in control group (P < 0.05). And The cTnI levels in normal training group is higher than low intensity training group, but there were no statistical differences.

CONCLUSIONS The cTnI levels in military recruits increase obviously after training of different intensities, and they are on the decline after 2 weeks training. This phenomenon could be related to the training-induced cardiomyocyte injury and exercise preconditioning.