and offering patients appropriate prevention is essential for AF patients. The left atrial appendage (LAA) represents one of the major sources of cardiac thrombus in patients with AF. This study investigated the morphology, structure and hemodynamic characteristics of the LAA by real-time three-dimensional transesophageal echocardiography (RT3D-TEE) in AF patients and controls. This study also tried to investigate whether these RT3D-TEE parameters predict the thromboembolic risk of AF patients.

METHODS Two-hundred twenty non-valvular AF patients and 62 controls who underwent RT3D-TEE during December 2012 to January 2014 in West China Hospital were enrolled in the study. Of the 222 patients, 189 AF patients also received enhanced cardiac CT scan. The morphological, structural and hemodynamic characteristics of the LAA were compared between AF patients and controls, among different CHADS2 thromboembolic risk subgroups, and between thromboembolic events and non-events group. In addition, logistic regression analysis was used to identify whether these parameters predict thrombotic events independent of the CHADS2 score in AF patients.

RESULTS Compared with controls, AF patients had significantly bigger orifice size, orifice area, end-diastolic volumes and lower emptying rate. Orifice size, orifice area, end-diastolic volumes of the LAA were increased with increasing CHADS2 score, risk score of AF patients, while emptying rate were decreased. Compared with non-thromboembolic patients, events subgroup exhibited deeper depth (2.85±0.27cm vs 2.55±0.53cm, P=0.045) and bigger end-diastolic volume (7.39±3.47ml vs 5.2±2.59ml, P=0.003). Logistic regression showed that LAA orifice (P=0.024, OR 0.92, 95% CI 0.02 to 0.640), end-diastolic volume (P=0.004, OR 1.522, 95% CI 1.42 to 2.030) or calcium score (OR 0.02 OR 10.945, 95% CI 2.406 to 49.798) was independent predictors for thromboembolic events in patients with AF after adjusting for CHADS2 score.

CONCLUSIONS Depth and end-diastolic volume were increased in thromboembolic patients, and LAA orifice, end-diastolic volume or cauliflower can predict thromboembolic events of AF patients independent of the CHADS2 score. Further prospective investigations are needed to elucidate whether these indices affect clinical outcome.

GW26-e4533 Electrocardiogram score for the selection of reperfusion strategy in early latecomers with ST-segment elevation myocardial infarction
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OBJECTIVES The purpose of this study is to evaluate the association between QT interval and associated factors in healthy Chinese population.

METHODS We examined 4000 apparently healthy community dwelling subjects in three Chinese cities, and 1049 healthy subjects were recruited and examined. Blood pressure, blood biochemical parameters, and cardiovascular ultrasonography were assessed. Pearson correlation analysis and multiple stepwise regression analysis were used to examine the relationship between QT interval and associated variables.

RESULTS The strongest correlation was found between QT interval and left atrial volume (r=0.215, p<0.001), followed by MVE-DT (r=0.161, p<0.001). QT interval was negatively correlated with left ventricular ejection fraction (r=-0.106, p<0.001). The stepwise