CONCLUSIONS 1. The most common type of SCF is simultaneous three- vessel involvement; The most common vascular involvement is LAD.
2. The speed of coronary flow slows down with the increasing of the diameter of coronary.
3. The increasing of PCV, D-D, BUN, the diameter of left main and the proximal RCA may be risk factors of SCF.

GW26-e1259 Significance of Soluble Urokinase-type Plasminogen Activator Receptor in Patients with Coronary Heart Disease
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OBJECTIVES To uncover the clinical roles of Soluble Urokinase-type Plasminogen Activator Receptor (su-PAR) in different types of coronary heart disease.

METHODS We divided all the cases into four groups: 30 cases in NCAD group, 20 caary in SA group, 25 cases in UA group, 30 cases in AMI group. In all these groups, the plasma levels of su-PAR in plasma were measured with a solid phase enzyme-linked immunoassorbent assay (ELISA) when the cases were brought into this study in week after they were brought into this study.

RESULTS All the samples taken from the peripheral vessels were immediately analyzed after the cases were brought into this study in the 4 groups, the difference of the plasma levels of su-PAR was significant. The SA group were higher than the UA group (4.53±0.57 mg/L vs. 3.23±0.48 mg/L, P<0.001); the UA group were higher than the SA group (4.23±0.48 mg/L vs. 4.50±0.27 mg/L, P<0.01); however the difference between the SA group and the NCAD group was not significant (4.45±0.27 mg/L vs. 4.10±0.25 mg/L, P<0.05); the difference of the plasma levels of su-PAR between the cases were brought into this study and two weeks after was not significant (0.005±0.05, P<0.05).

CONCLUSIONS The change of su-PAR are different in different types of coronary heart disease patients. There is an ascending trend of su-PAR in the SA group, the ascending trend is more significant in the UA group, and the most significant in the AMI group.

GW26-e2273 Cardiac Troponin I and Longitudinal Strain Predict for Prediction of Clinical Outcomes in Patients with ST-segment Elevation
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OBJECTIVES Cardiac biomarkers including the levels of cardiac troponin I (cTnI) after ST-segment elevation myocardial infarction (STEMI) is associated with infarct size and left ventricular remodeling and dysfunction. But the relationship between the biochemical measures and the global cardiac function is less well defined. This study is aim to observe the level of cTnI and longitudinal strain by speckle tracking in prediction of the outcomes.

METHODS 115 patients admitted with acute ST-elevation myocardial infarction (STEMI) in left descending artery and received percutaneous coronary intervention (PCI) in our study. Forty age-matched persons without prior MI, arrhythmia, hypertension, valvular disease and DM with normal coronary artery detected by coronary angiography were control group. The level of cTnI was studied from venous blood samples within 1 hour, 6 hours 12 hours and 18 hours. Within 72 hours of the onset of STEMI and 3 months follow-up, two-dimensional echocardiography was performed within 72 hours, 3 months follow-up.

RESULTS Biochemical markers showed a peak at 6 hours (159.74±122.0) for cTnI. Multivariable analysis revealed that the peak systolic longitudinal strain independently related to structural changes which showed the 15% increase in diastolic dimension at 3-month follow-up compared with baseline.

CONCLUSIONS Our study showed cardiac troponin I and reduced systolic longitudinal strain were related to the outcomes of STEMI. cTnI levels are a useful risk stratification tool in STEMI patient.

GW26-e4546 The clinical and the angiographic characteristics of the Korean-Chinese nationality and Han nationality with coronary heart disease of Yanbian area in China
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OBJECTIVES To compare the clinical and the angiographic characteristics of the Korean-Chinese and Han nationality with coronary heart disease (CHD) in Yanbian area in China.

METHODS The risk factors and distribution of culprit vessels of coronary artery were retrospectively analyzed in 753 cases of CHD. The levels of plasma nitric oxide (NO) and the protein of endothelial nitric oxide synthase (eNOS) were measured by Elisa kit (Cusabio).

RESULTS Alcohol consumption was significantly higher in Korean-Chinese than in Han patients. No difference was observed in other risk factors between two groups. The numbers of stenotic coronary arteries were significantly higher in Korean-Chinese patients. Plasma NO and eNOS were significantly lower in Korean-Chinese patients.

CONCLUSIONS There are significant differences in the angiographic characteristics and the levels of plasma NO and eNOS between Korean-Chinese and Han patients with CHD in Yanbian area in China. Reduced ENOS may be responsible for increased stenotic coronary arteries in Korean-Chinese CHD patients compared to Han in Yanbian area in China. Mechanistic link between alcohol consumption and ENOS/NO deficiency or angiographic abnormality needs further investigation.