**TCTAP A-125**

Leukocyte Post Primary Percutaneous Coronary Intervention as Predictor of Left Ventricle Systolic Function in Patient with ST Elevation Myocardial Infarction

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**BACKGROUND** The dynamic of coronary microcirculation post primary percutaneous coronary intervention (PPCI), which achieves steady state after 12-48 hours, is influenced by many factors, one of them is inflammation, and this condition has been correlated with clinical outcome. The aim of this study was to see the correlation between total leucocytes count 48 hours post PPCI with short term improvement of left ventricle (LV) function.

**METHODS** Of total 103 STEMI subjects whom underwent PPCI, 62 subjects were included completely from Jan to Apr 2013, and followed until 30 days. Total leucocyte count was measured during admission and 48 hours post PPCI. Subjects divided in two groups, group with total leucocyte count 48 hours post PPCI >12,020/µL and group with total leucocyte count 48 hours post PPCI <12,020/µL. TIMI flow and myocardial blush grade were measure immediately post PPCI. LV systolic function was measured using regional wall motion index (RWMI) focusing on infarct related artery (IRA) by echocardiography, soon after PPCI and at 30 days. Intra and inter observer variability were analyzed. Logistic regression was used to correlate variables using software Stata ver 12.

**RESULTS** Patients with total leucocyte count 48 hours post PPCI >12,020/µL, had OR 4.4 (95% CI:0.98-19.85; p=0.05) to have irreversible segmental LV function in IRA territory at 30 days. Multivariate analysis consistently shown leucocyte post PPCI as strong predictor of RWMI irreversibility, with OR 5.6 (95% CI:1.08-28.6; p=0.039).

**CONCLUSION** High total leucocyte counts 48 hours post PPCI (>12,020/µL), can predict irreversible recovery of segmental LV function in IRA territory at 30 days.

**TCTAP A-126**

ST-Segment Elevation in Lead aVR as the Predictive Value in Acute Coronary Syndromes

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**BACKGROUND** This study aimed to analyze the prognostic value of the presence of ST elevation in lead aVR in initial standard electrocardiogram (ECG) performed on admission in combination with clinical variables for acute coronary syndromes (ACS).

**METHODS** In 446 consecutive patients with ACS, we evaluated admission ECG for aVR and divided patients into two groups: group A (254 patients with non-ST elevation in aVR) and group B (192 patients with ST elevation). The clinical and the coronary angiographic data were compared.

**RESULTS** 1) There was no significant difference in age, gender, smoking, hypertension, hyperlipidemia and diabetes between two groups. 2) There were more patients with left main lesion and triple vessel lesion in group B (24/192 and 36/192) than group A (11/254,31/254, p value = 0.01 for left main lesion and 0.055 for triple vessel lesion). 3) Survival analysis: The death in group A and group B was 28 (11.02%) and 35 (18.23%, p = 0.031), respectively. The overall survival rate of group A was significantly higher than that of group B (log-rank test, p = 0.025, Kaplan-Meier survival curve seen at graph 1). 4) Cox regression analysis showed that patient mortality hazard in ST elevation of aVR was 1.745045 fold of patients with non-ST elevation (p=0.0275).

**CONCLUSION** ST-segment elevation in lead aVR has a diagnostic and prognostic value in patients with ACS and may provide an additional prognostic value to the conventional cardiovascular risk factor.