district; there were differences between minority youth patients and elderly patients, young patients of Han.

GW26-e4737

Prognosis of Diabetic patients with non ST-elevation Myocardial Infarction

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OBJECTIVES Diabetics with acute myocardial infarction (AMI) have a higher risk of adverse outcomes because of complicated factors. Our aim was to investigate the impact of diabetes on the long-term prognosis in patients with non ST-elevation myocardial infarction (NSTEMI) patients in the current era.

METHODS From 2002 to 2013, a total of 2080 patients diagnosed of NSTEMI were retrospectively evaluated in the Cardiology Department of the First Affiliated Hospital of Dalian Medical University. Unified follow-up questionnaire was used to visit the NSTEMI patients by telephone contact (cut-off date was October, 2014). We compared hospital care data and prognosis between diabetic and nondiabetic patients.

RESULTS Diabetic patients accounted for 38.6% (n=803). Compared with nondiabetic patients, Diabetic ones were more likely to be older (71.0 vs. 67.0; P <0.001), female (47.6% vs. 29.8%; P <0.001), and to have hypertension (80.4% vs.60.3%, P <0.001), prior cerebrovascular disease (6.2% vs. 3.3%, P =0.002) and renal insufficiency (36.5% vs. 24.9%, P <0.001) and killip ≥3 (16.1% vs. 8.1, P <0.001).

The median follow-up time was 3.1 years.. Diabetic patients showed higher mortality (32.4% vs.20.9%; P <0.001) and secondary endpoint (the composite end point) rates (52.4% vs. 40.7%; P <0.001) than nondiabetic patients.

After controlling for other variables, diabetes was associated with higher mortality (adjusted RR: 1.277; 95%CI: 1.035-1.575) and secondary endpoint rates (adjusted RR: 1.255; 95%CI: 1.081-1.458) (HR=2.118, 95%CI: 1.572-2.854, P <0.001).

In the subgroup analysis according to percutaneous coronary intervention (PCI), there were no differences in mortality (4.6% vs. 3.5%; P =0.475) and secondary endpoint rates (27.2% vs. 24.6%; P =0.464) between diabetic and nondiabetic patients. After controlling for other variables, diabetes was no longer the independent risk factor of mortality (adjusted RR: 1.468; 95CI: 0.664-3.244; P =0.342), but the independent risk factor of secondary endpoint rates. (adjusted RR: 1.492; 95%CI: 1.055-2.111; P =0.024).

CONCLUSIONS The diabetic patients with NSTEMI had worse prognosis. However, PCI therapy narrowed the gap of the prognosis between diabetic and non-diabetic NSTEMI patients.

GW26-e1312

Changes of Expression of HMGB1 Interferenced with atorvastatin in acute ST-segment elevation myocardial infarction patients with 2-type Diabetes

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OBJECTIVES To observe atorvastatin mediated inflammatory factor HMGB1 in patient of acute ST-segment elevation myocardial infarction with 2-type Diabetes.

METHODS 226 patients with consecutive elections ST-segment elevation acute myocardial infarction with 2-type Diabetes were collected from January 2008 to December 2014, aged 27-90 years old, ruled out infectious diseases, cancer, collagen diseases, application of immunosuppressive drugs. All patients underwent emergency coronary intervention, were randomly divided into control group and early intervention atorvastatin group (undergoing emergency percutaneous coronary intervention 30 minutes to 1 hour after oral administration of atorvastatin 80mg), ELISA was used to measure the contents of HMGB1.

RESULTS 1. The levels of HMGB1 in two groups increased 24 hours after PCI (P <0.01); 2. The levels of HMGB1 in the intervention group was statistically significant compared with the control group 24 hours later.

CONCLUSIONS High-dose atorvastatin used i in patient of acute ST-segment elevation myocardial infarction with 2-type Diabetes before percutaneous coronary intervention promotes HMGB1 levels drop, reduce inflammatory response in patients.

GW26-e0198

The analysis of clinical characteristics of Debakey I aortic dissection Injury the left main coronary artery

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OBJECTIVES Analysis the characteristics of Debakey I aortic dissection injury the left main coronary artery.

METHODS Collected the clinical data of patients in our hospital in recent 5 years, diagnosed as Debakey I aortic dissection injured the left main coronary artery, All patients through the aortic CTA diagnosed.

RESULTS Debakey I aortic dissection injured the left main coronary artery shows a typical ECG expression of the Coronary heart disease with Left main coronary lesions, Confused easily with acute non ST segment elevation myocardial infarction, But the age of onset of chest pain is younger, more serious, often accompanied by backache, careful physical examination can also find hints of aortic dissection information, besides, troponin levels, previous chest pain history and ECG dynamic changes have certain difference.

CONCLUSIONS Debakey I aortic dissection is a critical cardiovascular diseases, Often injured the right coronary artery, caused acute inferior myocardial infarction. Left main coronary artery injured is rare but very dangerous. And easily misdiagnosed as acute coronary syndrome treated with serious consequences, ECG expression of the Coronary heart disease with Left main coronary lesions Should exclude aortic dissection Firstly.

GW26-e1510

Approach of Determining Culprit Vessel in acute inferior myocardial infarction by ECG

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OBJECTIVES According to the indexes of electrocardiogram in the patient who with acute inferior wall myocardial infarction, analyze the judging process to identifying the Culprit Vessel.

METHODS 193 patient who with acute inferior myocardial infarction were admitted into the study, According to the results of CAG divided into RCA occlusion group and LCX occlusion group, Analysis the Indexes of ECG, summarize the diagnosis process of IRA.

RESULTS 1. The approach to determine RCA or LCX of culprit vessels: step 1: ST↑≥0.05mv in lead V4R or III°AVB is a sign to identify RCA. Step 2: ST↓≥0.05mv in lead I and AVL is a sign to identify RCA; ST↑ or equipotential line in lead I and AVL is a sign to identify LCX. Step 3: ST↑ in lead II /ST↑in lead III ≥1 is a sign to identify LCX. Step 4: ΣST↓ in lead V1, V2 and V3/ΣST↑ in lead II, III and AVF≤1 is a sign to identify RCA; ΣST↓ in lead V1, V2 and V3/ΣST↑ in lead II, III and AVF>1 is a sign to identify LCX.

CONCLUSIONS ECG analysis can determine the part of culprit vessel in a rapid and accurate way.

GW26-e1578

The glycated hemoglobin Alc (HbA1c) levels and the prognosis after PCI in postmenopausal women with acute coronary syndrome and diabetes

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OBJECTIVES To explore the influence of glycated hemoglobin Alc (HbA1c) levels on clinical outcomes in postmenopausal women with acute coronary syndrome and diabetes after percutaneous coronary intervention (PCI).

METHODS We selected 675 consecutive first hospitalized patients with acute coronary syndrome (ACS) during January 2008 to January 2013 in the hospital. All the patients were postmenopausal women (≥55 years old) and preformed PCI treatment. According to HbA1c levels and diagnosis of diabetes, patients were divided into 3 groups: non-diabetics (A group, N=373), good-control diabetics(B group, HbA1c<7.0%, N=75), poor-control diabetics (C group, HbA1c≥7.0%, N=154). Patients information was collecteded,12 hours of fasting peripheral venous blood was taken to detect glycated hemoglobin, fasting blood glucose, blood lipids, etc. According to the image of coronary artery angiography, the SYNTAX score was calculated, after PCI the number and length of implanted stent was recorded. All