

Results: After follow-up observations, angina condition in FFR group and non-FFR group have improved before and after the treatment (75%, 76.7%, 96.8%, $P < 0.001$); Non-FFR group better than FFR group, non-FFR group better than conservative treatment group; In the FFR group, 2 patients had the symptom of chest distress and breathe hard, but the symptom eased after about 20 seconds; while in the non-FFR group, one case of chest pain caused by coronary artery side branch occlusion .MACE occurred in two patients. One case occurred in the FFR group, he got STEMI 3 months after the operation. Another one case occurred in the non-FFR group, the patient stroked 7 months after the operation. The dose of the contrast agent, number of stents implantation, hospitalization time, all hospitalization expenses and the follow-up period all expenses, FFR group has an advantage over the others.

Conclusions: Though not doing the FFR testing, the critical lesions with Coronary artery stenosis $\leq 50\%$ is given drug therapy is being efficient, safe and economical; The conventional CAG found the critical lesions with the degree of coronary stenosis $> 50\%$, adopting FFR to guide treatment decisions. Its efficacy and safety are better than treatment decision of CAG. So it should be widely applied; Although FFR testing can increase in supplies expense, the average total cost of FFR group is lower than that of the non- group. It has a better price performance ratio; FFR determination after PCI is of help that evaluate the immediate efficacy and judge the Long-term prognosis.

GW25-e3249

Ischemic postconditioning may increase Serum Fetuin-A Level in patients with acute ST-segment elevation myocardial infarction undergoing percutaneous intervention

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Objectives: Fetuin-A inhibits inflammation and has a protective effect against myocardial ischemia. We investigated the influence of ischemic postconditioning on Serum Fetuin-A levels and high-sensitive C-reactive protein (hs-CRP) in patients with acute ST-segment elevation myocardial infarction undergoing percutaneous intervention.

Methods: Forty-five patients undergoing percutaneous coronary intervention (PCI) were randomly assigned to a control ($n = 21$) or postconditioning (PC, $n = 24$) group within 90 minutes after admission. After predilatation, in the Control group, no intervention was applied in the first 3 minutes of reperfusion, while in the Post-conditioning group, three cycles of 30-second angioplasty balloon deflation and 30-second inflation were repetitively applied. Blood samples were obtained and assayed for creatine kinase MB (CK-MB), Fetuin-A and hs-CRP.

Results: The control group presented with higher peak CK-MB as compared with the PC group (123.67 ± 44.19 vs. 93.08 ± 35.29 U/L, $P < 0.05$). After PCI, PC was associated with a lower level of hs-CRP in comparison with the control group (6.07 ± 1.35 vs. 7.03 ± 1.27 mg/L, $P < 0.05$). Serum Fetuin-A levels in the PC group was higher than that in the control (161.06 ± 23.98 mg/L vs. 144.59 ± 22.76 mg/L, $P < 0.05$).

Conclusions: Postconditioning may increase Serum Fetuin-A level and decreased high-sensitive C-reactive protein in myocardial infarction patients.

GW25-e4341

The comprehensive evaluation of Coronary artery anatomy and myocardial perfusion imaging using dual-source computed tomography of the heart: comparison with conventional coronary angiography

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Objectives: To assess the feasibility and accuracy of 128-slice dual-source computed tomography in the comprehensive evaluation of coronary artery anatomy and myocardial perfusion function.

Methods: 30 patients (20 male, 10 female, mean age 59.03 ± 8.16 years), suspected or diagnosed as stable angina, were performed computed tomography coronary angiography (CTCA) and adenosine-induced stress (AIS) computed tomography perfusion (CTP) using dual-source computed tomography (DSCT). We completed coronary angiography (CAG) two weeks later. According to the results of CAG, they were divided into 3 groups: no stenosis, non-obstructive stenosis (coronary artery stenosis 50-70%) and obstructive stenosis (coronary artery stenosis $\geq 70\%$). We compared the results of DSCT with the gold standard CAG and evaluated the accuracy of DSCT in the diagnosis of coronary artery disease (CAD).

Results: 87 vascular territories of 29 patients who completed both CAG and CTCA combined with CTP were analyzed. Compared with CAG ($n = 29$), the sensitivity, specificity, PPV and NPV of CTCA on a per vessel basis were 0.841, 0.907, 0.902, 0.848 for non obstructive stenosis, and 0.821, 0.847, 0.719, 0.909 for obstructive stenosis, respectively. The sensitivity, specificity, PPV and NPV of CTP on a per vessel basis were 0.545, 0.837, 0.774, 0.643 for non obstructive stenosis, and 0.643, 0.780, 0.581, 0.821 for obstructive stenosis, respectively. The sensitivity, specificity, PPV and NPV of CTP combined with CTCA on a per vessel basis were 0.886, 0.674,

0.736, 0.853 for non obstructive stenosis, and 0.893, 0.627, 0.532, 0.925 for obstructive stenosis, respectively.

Conclusions: Using DSCT, we could complete AIS-CTP and CTCA at the same time. CTCA and CTP provide different and complementary information in the aspect of coronary artery anatomy and myocardial perfusion function. DSCT may be the promising non-invasive methods for CAD diagnosis in the future.

GW25-e1658

The role of Chinese Medicine in the treatment of coronary heart disease in postmenopausal women

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Objectives: This paper systematically reviewed the role of Chinese Medicine Treatment (CMT) of coronary heart disease (CHD) in postmenopausal women.

Methods: Controlled trials (CTs) relating CMT of CHD in postmenopausal women, with conventional western medicine as a routine treatment or not were retrieved. The database includes Pubmed, The Cochrane Library, Chinese Biomedical Database (CBM), Chinese VIP Information (VIP), China National Knowledge Infrastructure (CNKI), Wanfang Databases, China Proceedings of Conference Full-text Database (CPCD), Chinese Doctoral Dissertations Full-text Database (CDFD) and Chinese Master's Theses Full-text Database (CMFD). Data extraction and analyses were conducted in accordance with the Cochrane standards. We assessed the risk of bias for each included studies and evaluated the strength of evidence on pre-specified outcomes.

Results: Compared with the hormone therapy, CMT could significantly elevate the estradiol levels, improve the expression of nitric oxide, low-density lipoprotein obviously, increase coronary blood flow, alleviate angina pectoris, and have estrogen-like effects, with not many side effects and reduce the adverse events.

Conclusions: Combined with Chinese medicine showed better effect than only hormone therapy in postmenopausal women with CHD.

GW25-e3171

Syndrome ECG in the diagnosis of acute coronary syndrome is wrong

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Objectives: Retrospective analysis of clinical data of patients with acute coronary syndrome, diagnosis value of electrocardiogram in patients with acute coronary syndrome.

Methods: From 2011 January to 2013 January in our hospital 60 cases of ACS patients electrocardiogram and TnI contrast were analyzed.

Results: ECG (+) in 26 cases of patients, TnI was positive in 21 cases, the positive coincidence rate 80.77%. ECG (-) in 34 cases of patients, 28 cases were TnI negative, positive coincidence rate 17.65%. $P = 0.0000$. ECG (+) in patients with coronary artery stenosis in 25 cases, the positive rate was 96.15%, ECG (-) in patients with coronary artery stenosis in 16 cases, accounting for 47.06%. $P = 0.0002$.

Conclusions: ECG and TnI have good consistency for the diagnosis of MI, reflects the degree of vascular disease and better. ECG (-) patients cannot be ruled out the possibility of simultaneous detection of NSTE-ACS, ACS can reflect the degree of vascular lesions in patients with ECG and TnI, has potential clinical significance.

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The effect of EGb on oxidative modification of LDL in patients with CAD in vivo

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Objectives: To study the effect of EGb on oxidative modification of LDL in patients with coronary artery disease (CAD) in vivo.

Methods: Sixty-four CAD patients diagnosed by coronary arteriography were randomly divided into two groups. All patients were treated with the same drugs and stopped taking all anti-oxidants. Thirty-two patients in treatment group treated with EGb, everyone take EGb (Tianbaoning) two tabellas every time and three times every day. Thirty-two patients in control group treated with placebo and took the placebo just the same method with the former. Before and after drug therapy, plasma LDL isolated by single discontinuous density gradient ultracentrifugation was oxidized with CuSO_4 for 24 hours. The LDL oxidation was measured by monitoring of malondialdehyde (MDA) content.

Results: There was no significant difference in oxidative modification of LDL between the two groups before drug administration, but significant difference could be found after drug administration.

Conclusions: EGb can obviously decrease oxidative modification of plasma LDL in CAD patients and has significant effect on the treating and preventing of CAD.