observed: there were no arrhythmias, no conduction disturbances and no ST-segment modifications. Cardiac enzymes remained unchanged. Conclusion: Gadolinium enhanced coronary angiography is safe and well tolerated. The mixture of Gadolinium with non-ionic contrast allowed us to obtain diagnostic angiograms of excellent quality in all cases. In patients at high risk for renal failure, Gadolinium constitutes an interesting adjunct to contrast agents for coronary artery imaging.

**1174-194** Nicorandil, a K<sub>ATP</sub> Channel Opener, Facilitates the Recovery of Ventricular Contracture After Reperfusion Therapy in Acute Myocardial Infarction: Multicenter Registry in Japan

Sunao Nakamura, Eita Saito, Takanori Miyaochi, Jin Yokoyama, Akiko Kasazawa, Yasufumi Hayama, Koji Hoizawa, Shota Nakamura, Hirotoshi Nakamura, Kazutoshi Yamamoto, Hideki Okada, Shuji Irie, Yasuhiro Tsuchida, Japan

To clarify whether Nicorandil (N) given after acute myocardial infarction (AMI) affects subsequent changes in contractile function, we randomized 209 consecutive AMI patients hospitalised within 6 hours and gave them either an i.v. drip infusion of 6 mg i.v. of N or S was started and LVID were recorded, as baseline data. Two weeks, 3 months and 2 years later, we repeated the same tests and compared the results with the baseline data.

**Results:** The incidence of ventricular arrhythmias (PVCs, VT) and global ejection fraction were not significantly changed between the groups. However, the regional wall motion determined by centerline method after reperfusion therapy was significantly greater in N than S group (Figure) and one year cardiac event fee rate was also smaller than in N than S group.

**Conclusion:** Results suggest that Nicorandil facilitates the recovery of left ventricular contractile force in AMI patients who underwent reperfusion therapy within 6 hours after the onset.

**1175-194** Temporal Trends of One-Year Reinfarction and Mortality Rates Following Primary Angioplasty in High-Risk Acute Myocardial Infarction Patients

Beth A. Bartholomew, Kishore Kurra, Michael W. Verkey, Lorette L. Grines, Bruce R. Bodie, David Cox, Greg W. Stone, William W. O'Neill, Larry L. Ormiston, William Beaumont Hospital, Royal Oak, MI

Background: The use of primary angioplasty as treatment for acute myocardial infarction (AMI) is well established and use has tripled over the last decade. Numerous therapeutic advances have been introduced. However, no data exists regarding trends in adverse events and long term outcomes for high risk AMI patients. Methods: Of the 3755 AMI patients who had PCI enrolled in the Primary Angioplasty in Myocardial Infarction (PAMI) studies from 1990-'99, 1667 were high risk: heart rate >100, anterior infarct, LBBB, systolic BP<100 and age over 70. The patients were grouped into 2 time periods: '90-'94 (n=607) and '95-'99 (n=1364). Comparisons of 1 year reinfarction (1 yr reMI) and death rates were made between the 2 periods. Reinfarction was defined as recurrent symptoms with any increase in creatine kinase MB fraction above its previous radii. Multivariable regression analysis evaluating age >70, gender, EF, Killip class>1, systolic BP>100, prior MI, stent use, final stenosis, final dissection, 3 vessel disease, smoking status and year enrolled, was used to determine the strongest predictors of 1 yr reMI. Results: 1 yr reMI and mortality rates are shown in the table. Prior to 1995p<0.001, OR 3.98) and 3 vessel disease (p=0.002), but not stent use, were independent predictors of 1 yr reMI. Conclusions: High risk AMI patients treated with PCI have had a 3 fold reduction in 1 yr reMI without change in mortality. This is likely attributable to improved secondary prevention strategies.

**Reinfarction and Mortality Rates**

<table>
<thead>
<tr>
<th></th>
<th>'90-'94</th>
<th>'95-'99</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reinfarction</td>
<td>9.7%</td>
<td>28%</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Mortality</td>
<td>9.9%</td>
<td>8.1%</td>
<td>0.12</td>
</tr>
</tbody>
</table>

**POSTER SESSION**

1175 Predictors of Restenosis

Tuesday, April 01, 2003, Noon-2:00 p.m.
McCormick Place, I Hall A
Presentation Hour: Noon-1:00 p.m.

1175-178 Preinterventional Levels of C-Reactive Protein and Platelet Function in Patients With Stable Angina

Nicola von Beckerath, Olga Gorchakova, Meinrad Gawaz, Judita Mehilli, Alban Dibra, Albert Schomig, Adnan Kastrati, Tu München, Munich, Germany

**Background:** Elevated plasma levels of C-reactive protein (CRP) are associated with an increased risk of cardiovascular events. Recently, it has been shown that this is also true for patients with acute coronary syndromes undergoing percutaneous coronary revascularization. In vitro studies have shown that CRP itself may influence platelet function.

**Methods:** Citrated blood samples from 335 consecutive patients with stable angina were obtained from the arterial sheath before coronary stenting. All patients had received aspirin and a loading dose (600 mg) of clopidogrel. CRP plasma levels were determined with a high sensitivity assay. Platelet aggregation in response to ADP, collagen and thrombin activating peptide (TRAP) was measured with immunoaggregometry, surface expression of membrane receptors with flow cytometry.

**Results:** Patients were divided in two groups: CRP > 5 mg/L (n=144) and CRP ≤ 5 mg/L (n=191). Maximum aggregation (maximum increase of light transmission) in response to ADP (5 and 20 μM), collagen and TRAP did not differ between the two groups (P values 0.54, 0.90, 0.40 and 0.83 respectively). In addition, averted LHRs were not associ-