of LV outflow tract due to the cardiac tumor, and two cases had decrease of pre-load of LV because of giant tumor. Of 15 cases, eight terminated pregnancy and diagnosed cardiac rhabdomyomas by autopsy, two were followed-up after birth with one diagnosed tuberculous sclerosis.

**CONCLUSIONS** Fetal cardiac rhabdomyomas is the most common cardiac tumor in fetus, which can be single or multiple. Multiple cardiac tumors are closely associated with tuberculous sclerosis. Fetal echocardiography plays an important role in detailed diagnosis and prognosis evaluation of cardiac tumors.

**RESULTS** In this large single-institutional cohort, 6707 fetuses had structure normal heart, 83 (1.23%) fetuses had restrictive FO and 5 (0.07%) had closed FO diagnosed between 23 and 37 weeks of gestation. Right atrial and/or ventricular dilation was noted in 32 (36.4%) fetuses, tricuspid regurgitation in 19 (21.6%) (9 with moderate or severe regurgitation), pericardial effusion in 10 (11.4%) (3 with moderate pericardial effusion). Three (3.41%) died in neonatal period and 2 had abortion and 29 lost for follow-up.

For autopsy (n=2), nearly closed FO was found in both fetuses and one had abdominal infection and one had atrial rhabdomyoma. For neonatal death, one was delivered in 28 gestation weeks and died after 4 days, the fetal echocardiography showed a closed FO with severe mitral regurgitation and severe tricuspid regurgitation, a decreased ejection fraction of left and right ventricles, moderate pericardial effusion, severe hydrothorax and severe ascites. The other one died after restriction or closure.

**OBJECTIVES** The aim of this study was to report the patient and lesion-related specific morphological characteristics of borderline coronary lesion plaques responsible for stable angina pectoris.

**METHODS** We analyzed 86 borderline coronary lesion plaques from stable angina pectoris patients by using virtual histology-intravascular ultrasound. Plaque burden and lumen area were measured with intravascular ultrasound (IVUS). Compare patients characteristics, laboratory findings, coronary artery disease distribution and histology-intravascular ultrasound (IVUS) detected thin-cap fibroatheroma(TCFA) and thick-cap fibroatheroma(ThCFA) phenotype groups.

**RESULTS** Analysis the borderline coronary lesion plaques, the ratio of fibroatheroma are major, next is PIT, and FT is the least. TCFA and ThCFA occupied only 1/4 and 1/3 proportion of the plaque lesions, which means that few borderline coronary lesions, belonged to “vulnerable plaque”. Fibrofatty and dense calcium tissues improved significantly in TCFA group (P<0.05), and VH-TCFA III, IV were the major types of subtypes. 45.9%, 43.3% repressively.

**CONCLUSIONS** These findings suggest that for angina pectoris with borderline coronary lesion plaques, TCFA occupied only 1/4 proportion of the plaque lesions, the clinical characteristics similar to ThCFA patients, which may be responsible for the cardiovascular events.

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**In vivo ultrasound molecular imaging of SDF-1 expression in a swine model of acute myocardial infarction**

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**OBJECTIVES** Stomal cell-derived factor-1 (SDF-1) plays a pivotal role in the homing of stem cells to an injured myocardium. The purpose of this study was to determine whether contrast-enhanced ultrasonography that targets SDF-1 might facilitate the molecular imaging of SDF-1 expression in a swine model of acute myocardial infarction (AMl) in vivo.

**METHODS** Three of the 24 miniswine were randomly selected as the control group (n=3, sham operation); the remaining 21 miniswine underwent ligation of the left anterior descending coronary artery (LAD). Three animals were died, so the remaining 18 miniswine was randomly assigned to one of the six experimental groups (n=3, the groups were divided based on the duration of the myocardial infarction). All animals were injected with a targeted microbubble ultrasound contrast agent (T + G group) and a normal ultrasound contrast.