13%, p < 0.0001) and a glycaemia higher than 15 mmol/L on admission (HR: 2.2, 95% CI: 1.2-4.1, p = 0.009).

Conclusion: In diabetic patients presenting with AMI heart failure, renal failure and a glycaemia higher than 15 mmol/L on admission are independent predictive factors of 1-year mortality.

TCTAP A-185
The Clinical Significance of Microalbuminuria in Patients with Chronic Kidney Disease Who Received Drug-Eluting Stents
Hideo Nii, Kenji Wagatsuma, Yasuto Uchida, Satoshi Aida, Ai Hattori, Masayuki Iwagawa, Toshiyoshi Enamoto, Susumu Koseki
Tsukuba Memorial Hospital, Tsukuba, Japan
Background: The clinical significance of microalbuminuria in CKD patients who underwent drug-eluting stent implantation is unknown. Its significance was examined in this study.
Methods: Subjects: A total of 235 CKD patients with 235 lesions, who received a drug eluting stent, and were measured for urine albumin/creatinine ratio (UACR) on the day after PCI. 120 patients, 189 lesions, with UACR <30 mg/g were classified as the normal group, 23 patients, 46 lesions, with UACR ≥30 mg/g were classified as the M group. The following were compared between the two groups after matching analysis (HR; 2.86, 95% CI: 1.29-6.30, p = 0.009).
Results: There was no significant difference between the two groups in BMI. There was also no significant difference revealed between the two groups for late loss (N group 0.32 ±0.68 mm, M group 0.27 ±0.65 mm). Late adverse cardiac and cerebrovascular events were 1 cardiac death, 1 AMI, 1 heart failure requiring hospitalization, 9 cases of TLR in the N group and 1 AMI, 1 heart failure requiring hospitalization, 1 TLR, and 2 strokes in the M group, the M group had a significantly higher rate of stroke (p <0.05) and a tendency for lower freedom from late cardiac and cerebrovascular events (N group 91.7%, M group 85.0%; p = 0.035).
Conclusion: There was no evidence of renal function impairment in CKD patients who received drug-eluting stents could be useful in predicting the occurrence of late cardiac and cerebrovascular events.

TCTAP A-186
Prognostic Significance of Normal Serum Creatinine Level and Reduced Estimated Glomerular Filtration Rate in Patients Receiving Coronary Revascularization
Hung-tai Miao, Wang Xiao, Chang-sheng Ma, Shao-ping Nie
Beijing Anzhen Hospital, Capital Medical University, Beijing, China
Background: Renal function usually evaluated by detecting the serum creatinine level is an important prognostic factor in patients with coronary heart disease, however, a normal range of serum creatinine can mask the established renal insufficiency. Therefore patients with normal serum creatinine level and reduced estimated glomerular filtration rate (eGFR) are likely to be ignored before coronary revascularization, similarly, the prognosis of these group is extremely neglected and still indeterminate.
Methods: A total of 6,005 consecutive patients with coronary artery disease received coronary revascularization were prospectively recorded in this single-center registry study at Beijing Anzhen Hospital between July 2003 and June 2005. In present study, 5173 consecutive patients with normal serum creatinine were selected grouped by eGFR to follow up to analyzed prognosis after coronary revascularization. The serum creatinine <1.2 mg/dl was defined normal, eGFR (mL/min/1.73m²) was divided into 3 stages (90, 60-89, <60). We compared the groups in respect of the primary outcome of all-cause death, and the secondary outcome of main adverse cardiac and cerebral vascular events (MACCE) — cardiac death, non-cardiac death, nonfatal myocardial infarction (MI), nonfatal stroke and repeat revascularization, at a median follow-up of 549 days.
Results: The mean serum creatinine was 0.97 ±0.32 (0.2-6.5) mg/dl, with 5256 (87.9%) within normal limits. Among them, 5173 were suitable for our study; in 2265 (43.8%) eGFR was <90 mL/min/1.73m², 2713 (52.4%) was 60-89 mL/min/1.73m², 195 (3.8%) was 30-59 mL/min/1.73m², and none (0%) was <30 mL/min/1.73m². During hospitalization, there were significant differences in in-hospital all-cause mortality (p = 0.006) and no differences in MACCE (p = 0.320) among the groups distinguished by eGFR. During follow-up, there were still significant differences in follow-up all-cause mortality (p = 0.002) and no differences in MACCE (p = 0.240). On Cox regression analysis, the independent risk factors for all-cause death after coronary revascularization were age, body mass index (BMI), left ventricular ejection fraction (LVEF), history of diabetes mellitus, indication for revascularization, number of diseased coronary artery and failed revascularization; While, only LVEF, number of diseased coronary artery and failed revascularization for MACCE. Conclusion: Patients with normal serum creatinine and reduced eGFR is common in patients receiving coronary revascularization, and in the present study, normal serum creatinine with mild or moderate renal insufficiency is associated with adverse clinical outcomes. In each group, the gender and mode of revascularization might lead to significant differences in prognosis. Therefore, it is essential to estimate the eGFR of patients even if their serum creatinine is within normal limits.