**ACUTE CORONARY SYNDROME: STEMI, NSTE-ACS (TCTAP A-125 TO TCTAP A-134)**

**TCTAP A-125**  
**Leukocyte Post Primary Percutaneous Coronary Intervention as Predictor of Left Ventricle Systolic Function in Patient with STElevation Myocardial Infarction**

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**BACKGROUND** The dynamic of coronary microcirculation post primary percutaneous coronary intervention (PPCI), which achieves steady state after 12-48 hours, is influenced by many factors, one of them is inflammation, and this condition has been correlated with clinical outcome. The aim of this study was to see the correlation between total leukocytes count 48 hours post PPCI with short term improvement of left ventricle (LV) function.

**METHODS** Of total 103 STEMI subjects whom underwent PPCI, 62 subjects were included completely from Jan to Apr 2013, and followed until 30 days. Total leukocyte count was measured during admission and 48 hours post PPCI. Subjects divided in two groups, group with total leukocyte count 48 hours post PPCI >12,020/ul and group with total leukocyte count 48 hours post PPCI <12,020/ul. TIMI flow and myocardial blush grade were measure immediately post PPCI. LV systolic function was measured using regional wall motion index (RWMI) focusing on infarct related artery (IRA) by echocardiography, soon after PPCI and at 30 days. Intra and inter observer variability (fl) was analyzed. Logistic regression was used to correlate variables using software Sata ver 12.

**RESULTS** Patients with total leukocyte count 48 hours post PPCI >12,020/ul, had OR 4.4 (95% CI:0.98-19.85; p=0.05) to have irreversable segmental LV function in IRA territory at 30 days. Multivariate analysis consistently shown leukocyte post PPCI as strong predictor of RWMI irreversibility, with OR5.6 (95% CI:1.08-28.6; p=0.039).

**CONCLUSION** High total leukocyte counts 48 hours post PPCI (>12,020/ul), can predict irreversible recovery of segmental LV function in IRA territory at 30 days.

**TCTAP A-126**  
**ST-Segment Elevation in Lead aVR as the Predictive Value in Acute Coronary Syndromes**

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**BACKGROUND** This study aimed to analyze the prognostic value of the presence of ST elevation in lead aVR in initial standard electrocardiogram (ECG) performed on admission in combination with clinical variables for acute coronary syndromes (ACS).

**METHODS** In 446 consecutive patients with ACS, we evaluated admission ECG for aVR and divided patients into two groups: group A (254 patients with non-ST elevation in aVR) and group B (192 patients with ST elevation). The clinical and the coronary angiographic data were compared.

**RESULTS** 1) There was no significant difference in age, gender, smoking, hypertension, hyperlipidemia and diabetes between two groups. 2) There were more patients with left main lesion and triple vessel lesion in group B (24/192 and 36/192) than group A (11/254, 31/254, p value =0.04 for left main lesion and 0.055 for triple vessel lesion). 3) Survival analysis: The death in group A and group B was 254, p value =0.236) at 30 days. However, the incidence of bleeding was lower in TRI group than TFI group (0% vs. 7.0%, p=0.002). In binary logistic regression analysis, TRI for acute STEMI was not independent predictor of mortality but left main and triple vessel disease was only independent predictor for mortality (10.73, 95% CI, 3.78-30.41).

**CONCLUSION** Our study shows that TRI for acute STEMI did not reduced mortality at 48 hours and 30 days after admission but decreased bleeding complications. In experienced operator for both access sites, the TRI for acute STEMI is the one of the option for reduction of access site and bleeding complication.

**TCTAP A-129**  
**Impact of Regional Differences on Cardiovascular Outcome in Patients Undergoing Coronary Angiography or Intervention in Acute Coronary Syndrome: A Population-Based Study from NNHIRD of Taiwan**

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**BACKGROUND** Patients with acute coronary syndromes (ACS) undergoing coronary angiography (CAG) or percutaneous coronary intervention (PCI) are shown to have better outcome. Although the