**INFLAMMATION PERSISTS AFTER AN ACUTE CORONARY SYNDROME?**

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Objective: Evaluate CRP after ACS and its relation to prognosis.

Methods: Observational, prospective study included 205 consecutive patients with ACS, hospitalized at 01-01-2010 to 15.01.2011. Blood samples were taken at baseline, 1 month, 6 months and 1 year, measuring CRP us. Multivariate analysis was performed.

Results: The mean age was 64.2 years, 25ptes (12.2%): UA, Group A, 85 non-STEMIpts (41.4%), Group B, and 95 STEMI pts (46.4%) C Group. The median baseline CRP levels in group: A= 5.18 +/-6.24, B= 6.99+/-9.9 and C= 15.8+/-9.38mg/L. Per month was 3.86 +/-1.65; 6.16 +/-2.47 and 4.40 + /-6.90mg/L for groups A, B and C respectively. At 6 months, 1.2+/-1.10, 1.40+/-1.98 and 2.07+/-3.17 mg / L for groups A, B and C respectively and the year of 0.70 +/-0.78, 1.02 +/-1.52 and 1.83 +/-0.99 mg / L. There was a significant deference between CRP values at baseline and 1 month (p <0.001), 1 month and 6 months (p=0.001) and 6 months and 1 year (p = 0.022). Cox proportional hazards model to see predictors: Heart failure were significant (OR 3.3 95% CI 1.78-5.2), age OR 1.04 (1.02-1.19), troponin T OR 3.5 95% CI 2.5-4.3, and glycemia>1.28mg/dl. During follow-up, survival was 98, 92 and 88% for groups A, B and C respectively (p=NS).

Conclusions: Patients with ACS have elevated CRP on admission, and differ depending on whether the AI, non-Q AMI or AMI with ST. Attenuates the inflammatory state with evolution. The PCR was not an independent predictor of mortality follow-up.