tensive drug used in these patients. Nitroglycerine exhibit a coronary vasodilation independent from BP reduction, which may be beneficial in this group.

Key Words: Acute coronary syndrome; hypertension; myocardial infarction; nitroglycerine

C006 COMBINATION OF HYPERTENSION AND RELATIVE LYMPHOCYTOPENIA PREDICTS MORTALITY IN PATIENTS WITH ACUTE MYOCARDIAL INFARCTION IN AN INNER CITY HOSPITAL
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Background: Lymphocytopenia (LP) is common in patients with acute myocardial infarction (AMI). In addition the incidence of hypertension (HTN) is higher in Blacks and Hispanics than white. Our purpose was to study the effects of LP and HTN on mortality in the patients with AMI in an inner city hospital.

Methods: We conducted a retrospective chart review of 206 consecutive patients admitted with AMI in an inner city hospital serving mostly Black, and Hispanics of diverse nationality. An automated CBC drawn at the time of admission was reviewed for lymphocyte %. LP was defined as lymphocyte % < 20. Patients (N = 40) with comorbid conditions such as fulminant infection, septicemia or acute surgical conditions that can cause LP were excluded. History of hypertension and/or on antihypertensive treatment made up the HTN group, others made up the NHTN group. The effect of HTN and LP on mortality was examined separately and in combination.

Results: Out of 166 patients 65 were Blacks 93 were Hispanics and 78 were females. LP was present in 58% of all patients and it occurred with same frequency in Blacks, Hispanics, HTN, NHTN as well as both genders. Overall 67% of patients had HTN and it occurred with same frequency in Blacks, Hispanics, both genders, diabetics, smokers. HTN were older compared to NHTN (mean age 68 Vs 67). Of patients with HTN/LP was compared with those who had only one or none of these risk factors. Other factors (i.e.: age, sex, race, smoking, hypercholesterolemia, diabetes, HOMI, Q MI, peak CPK) were not independent predictors of mortality. Among the excluded patients although the mortality rate was higher (73%), there was no association between HTN/LP combination and death.

Conclusion: In an inner city hospital population in patients with AMI, LP and HTN is common. Among all the factors included in the multivariate analysis only interaction between HTN and LP was significant predictors of mortality. This was an unexpected finding and the mechanism of this interaction in not understood.

Key Words: Hypertension; lymphocytopenia; acute myocardial infarction; mortality

C007 COMBINED VALUES OF TRANSTHORACIC TWO-DIMENSIONAL ECHOCARDIOGRAPHY AND SINGLE PHOTON EMISSION COMPUTED TOMOGRAPHY ARE USEFUL FOR THE EVALUATION OF CORONARY ARTERY DISEASE IN PATIENTS WITH AND WITHOUT HYPERTENSION
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Noninvasive cardiac testing is playing an increasingly prominent role in the evaluation of patients with suspected coronary artery disease (CAD). Recent technological advances in nuclear cardiology and echocardiography now allow for increased diagnostic accuracy for CAD. The aim of the study is to determine the combined values of resting transthoracic two-dimensional echocardiography (TT2-DE) and thallium 201 single photon emission computed tomography (SPECT) in the evaluation of CAD in patients with and without hypertension. Thirty-two consecutive patients with and without hypertension (15 males, 17 females, average age = 59 years) underwent both resting TT2-DE and SPECT for the evaluation of chest pain suspected of CAD. The left ventricle was divided into anterior, inferior, and lateral regions according to a specific coronary artery distribution. Any wall motion abnormality on resting TT2-DE was classified in each region as dyskinesia, hypokinesia, or akinesia; and any perfusion abnormality on SPECT observed within each region was classified as reversible or irreversible. TT2-DE and SPECT were normal in 14 patients (43.7%) and abnormal in 5 patients (15.6%), resulting in 59.3% agreement between the two. Twelve patients (37.5%) had an abnormal TT2-DE with a normal SPECT. One patient (3.1%) had an abnormal TT2-DE with a normal SPECT. Of the 6 patients with abnormal TT2-DE, 5 (83.3%) had abnormal SPECT. We conclude that wall motion abnormalities on resting TT2-DE, in conjunction with SPECT, may provide a useful diagnostic information for suspected CAD in patients with and without hypertension. The combined use of TT2-DE and SPECT may be considered as standard diagnostic tests in the evaluation of CAD in patients who are not candidate for invasive procedure.

Key Words: Two-dimensional echocardiography; single photon emission computed tomography; hypertension

C008 OPERA: DESIGN AND RATIONALE FOR A NOVEL PLACEBO CONTROL TRIAL TESTING THE BENEFITS OF BLOOD PRESSURE REDUCTION IN PATIENTS WITH STAGE I ISOLATED SYSTOLIC HYPERTENSION

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The percentage of hypertensive patients with controlled systolic blood pressure (SBP < 140/90 mm Hg) is only about 25%. This may be due, in part, to low levels of physician belief in the benefits of antihypertensive therapy for patients with mildly elevated SBP and suboptimal control with avail-