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CLINICAL EFFICACY AND SECURITY OF UROKINASE AND (OR) VERAPAMIL IN IMPROVING NO—REFLOW PHENOMENON OF PERCUTANEOUS CORONARY INTERVENTION

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Objectives To investigate clinical efficacy and security of urokinase and (or) verapamil in improving no-reflow phenomenon of percutaneous coronary intervention.

Methods 68 patients with acute coronary syndrome (ACS) appeared no-reflow phenomenon of the target vessel during percutaneous coronary interventions, and were given nitroglycerine to coronary artery firstly. 64 patients (94.11%) had no improvement in result and then were divided into three groups at random: group A (n=21) were given the urokinase $(10-50) \times 10^4$ U and verapamil 0.5–1.5 mg by alternate injection to coronary artery; group B (n=19) were given the verapamil 0.5–2.0 mg by injecting to coronary artery; group C (n=24) were given the urokinase $(20-60) \times 10^4$ U by injecting to coronary artery.

Results There were 21 cases in A group (100%, $p < 0.01$), 17 cases in B group (89.47%, $p < 0.05$), 19 cases in C group (79.17%, $p < 0.05$), whose TIMI blood stream improved to three degrees.

Conclusions No-reflow phenomenon is related to distal micro-thrombus forming and convulsing of the target vessel. It is safe and effective to inject small dosage of urokinase and (or) verapamil to coronary artery, and is worth using widely in the treatment.