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CLINICAL STUDY OF INTRACORONARY INJECTION OF TIROFIBAN DURING PRIMARY PCI IN TREATMENT OF ACUTE CORONARY SYNDROME

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Objective To evaluate the effect of primary percutaneous coronary intervention (PCI) combined with intracoronary injection of tirofiban at the base of intravenous injection of it for treatment of acute coronary syndrome with high thrombus load.

Methods Tirofiban was used in 85 patients with acute coronary syndrome by intravenous injection in 30 min prior to primary PCI according to conventional methods (first intravenous injection of 10 µg/kg, more than 3 min, and then continuous infusion of 0.15 µg/kg/min by micro pump for 36 h). Coronary angiography showed that there was residual thrombus in culprit artery in 35 patients, which randomly divided into test group (18 cases): plus intracoronary injection of tirofiban (10 µg/kg, more than 3 min) before PCI treatment; control group (17 cases): direct PCI treatment. Flow grade (TIMI) of culprit artery immediately after PCI and incidence of cardiovascular adverse events in 1 week and 30 days after PCI were compared between two groups.

Results Compared with control group, there was better flow grade (TIMI) of culprit artery immediately after PCI ($p < 0.012$), lower incidence of cardiovascular adverse events in 1 week after PCI (4.5% vs 15.5%, $p = 0.040$), but similar incidence of it in 30 days after PCI in test group (3.2% vs 5.7%, $p = 0.450$). There were no difference about the rate of bleeding complications and thrombocytopenia between two groups in a week after surgery.

Conclusion Primary PCI, Combined with intracoronary injection of tirofiban at the base of intravenous injection of it, has

better advantage in terms of improving coronary blood flow and short-term clinical efficacy on acute coronary syndrome with high thrombus load.