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THE VALUE OF ISCHAEMIA MODIFIED ALBUMIN IN THE DETECTION OF TRANSIENT MYOCARDIAL ISCHAEMIA INDUCED BY BALLOON DILATION DURING PERCUTANEOUS CORONARY INTERVENTION (PCI)

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Objective The new biochemical indicator ischaemia modified albumin (IMA) cmay reflect the degree of myocardial ischaemia sensitively. We studied the variation of ischaemia as assessed by the change in level of IMA during the transient myocardial ischaemia due to balloon dilation during PCI.

Methods Thirty one patients who were ready to undergo PCI were randomly selected. The IMA was detected with ACB (albumin cobalt binding) test before and after saccule dilation. To study if the IMA level after saccule dilation was high than before, and if the change had statistical significance, we used Paired-Sample T test in the SPSS statistics software.

Results The data was signed by means of (mean±SD), the IMA level before saccule dilation was (77.03±13.82) U/ml and after was (90.06±23.58) U/ml. To analyse the data, we found the IMA level after dilation was higher than that before, and the difference had statistical significance ($p=0.011$, obviously <0.05).

Conclusion Balloon dilation was an ideal model of transient myocardial ischaemia which can be reflected by the change of the IMA level. We were able to cofirm the value of IMA as a new biochemical indicator on the detection of myocardial ischaemia during balloon dilation.