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THE COMPARISON OF EARLY AND ELECTIVE PCI AFTER THROMBOLYSIS REPATENCY WITH RETEPLASE IN STEMI PATIENTS

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Objective To probe the clinical effect, safety, economic benefit and cost of early PCI after thrombolysis with reteplase in the treatment of STEMI.

Methods Patients with STEMI who admitted in our hospital from June 2009 to December 2010 were included in this study. A total of 71 patients whose symptom and ECG indicated the sign of repatency with residual stenosis of IRA>75% was divided into early PCI group (35 cases) and elective PCI

group (36 cases). PCI was performed 6 h after thrombolysis in early PCI group, and 7 to 10 days after onset of AMI in elective PCI group. The clinical data, rate of coronary repatency, stenosis degree of coronary, thrombolysis in myocardial infarction flow grade pre-PCI and post-PCI, as well the TIMI myocardial perfusion grading (TMPG) were compared between the two groups. Echocardiography was performed 1 week and 3 months after onset of AMI respectively to evaluate the left ventricular function. The major adverse cardiac events (MACE) in hospital after AMI were followed up and compared between the two groups. The in-hospital stay and charges were also calculated and compared between the two groups.

Results There were no statistic significances between the two groups in baseline characteristics. There were no significant differences in TIMI flow grade before PCI between the two group (all $p>0.05$). The repatency rate of IRA (TIMI flow grade 2 and 3) before PCI in early PCI group was 96.9%, while it was 89.5% in elective PCI group ($p>0.05$). The complete repatency rate (TIMI flow grade 3) in early PCI group was higher than that in elective PCI group ($p<0.05$). No differences were found in the rate of TIMI flow grade 3 and the rate of TMPG above two post PCI (both $p>0.05$). The left ventricular function in early PCI group at 1 week after AMI was no significant difference compared with that in elective PCI group (all $p>0.05$). Though the LVEDVI, LVESVI and LVEF 3 months after PCI were not significantly different between the two groups (all $p>0.05$), the value of LVEDVI and LVESVI at 3 months after AMI decreased significantly compared with that 1 week after AMI in early PCI group (both $p<0.05$) and in elective PCI group (both $p<0.05$). The value of LVEF increased 3 months after AMI compared with that 1 week after AMI in early PCI group ($p<0.05$) and in elective PCI group ($p<0.05$). The incidence of MACE was not significantly different between the two groups ($p>0.05$). The in-hospital stay in early PCI group was shorter than that in elective group ($p<0.05$), and the cost was also lower in early PCI group than that in elective group (both $p<0.05$).

Conclusions Early PCI after thrombolysis repatency with reteplase in STEMI patients can improve the coronary blood flow and myocardial perfusion. There is also improvement in heart function and inhibit myocardial remodeling, as well as decrease in the in-hospital stay and cost compared with elective PCI.