

[gw22-e0843]

CLINICAL SIGNIFICANCE OF THE VALUE OF J VAVE IN PATIENS WITH ST-SEGMENT ELEVATION MYOCARDIAL INFARCTION

Li Guo-Jing, Cai Jiang-Ping, Wen Ning *NingXia Coal General Hospital, The hospital Rujigou, Shizuishan, China*

10.1136/heartjnl-2011-300867.490

Objective To evaluate the effect of early Tirofiban used in patients with STEMI undering emergency PCI by the grade of coronary TIMI flow and myocardial reperfusion.

Methods Two hundred and forty patients with acute STEMI were enrolled and divided into two groups, early group: used Tirofiban 1~3 h before cardiac artery graphy (CAG). Immediate group: used Tirofiban immediately after CAG. All the patients underwent emergency percutaneous coronary intervention within 12 h after onset. The coronary TIMI flow and TMP of IRA were graded before and after PCI, major adverse cardiac events (MACE) within 30 days and bleeding complication were observed.

Results The proportion of TIMI 3 and TMP 3 in early group before PCI was higher than that of immediate group (30.8% vs 10.8%, 33.3% vs 12.5%, $p<0.05$), the proportion of TIMI 3 and TMP 3 in early group after PCI was higher than that of immediate group (95.8% vs 91.7%, $p>0.05$; 77.5% vs 51.7%, $p<0.05$). The ratio between the two group showed significant difference. There were two cases which had MACE in early group while 4 cases in immediate group (2.5% vs 3.3%, $p>0.05$).

Conclusion Early Tirofiban administration can improve the coronary TIMI flow of IRA and myocardial perfusion in patients with ST-segment elevation myocardial infarction undergoing primary percutaneous coronary intervention.