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THE EFFECT OF TIROFIBAN HYDROCHLORIDE ON SERUM HS-CRP LEVEL IN PATIENTS WITH ACUTE CORONARY SYNDROME

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Objectives To analysis the hs-CRP concentrations in patients with acute coronary syndrome before and after hydrochloride tirofiban treatment, to observe the incidence of composite endpoint events and the ratio of bleeding within 1 month, to evaluate whether hydrochloride tirofiban had strong immunisation and inflammatory inhibition in acute coronary syndrome, to provide a scientific basis for the clinical diagnosis and treatment of acute coronary syndrome and provide a reasonable treatment strategy.

Methods 80 patients, who diagnosed as acute coronary syndrome without history of infectious disease or cancer recently and without taking any lipid-lowering drugs 2 months before admission, were randomly divided into two groups: conventional treatment group (n=39) and tirofiban treatment group (n=41). The former group only gave the conventional therapy (low molecular weight heparin, clopidogrel and aspirin), but the latter group gave continuous infusion of tirofiban for at least 48 h on the basis of conventional therapy. The high-sensitivity C-reactive protein was measured by ELISA before treatment and at 3rd, 7th, 14th, 28th-day after treatment. The adverse cardiovascular events including death, myocardial infarction, repeated percutaneous coronary intervention, coronary artery bypass grafting and risk of bleeding within 30 days were observed as an endpoint. Statistical analysis was performed by SPSS16.0 for Windows. Measurement data were expressed as mean±SD (±s) and the differences between groups were analysed using two independent samples t-test under the conditions of normal distribution and homogeneity of variance. Count data were expressed as the number of cases and the differences between groups were analysed using χ^2 test. $p<0.05$ was considered statistically significant.

Results The pre-treatment serum hs-CRP concentrations in two groups were significantly higher before treatment, decreased gradually after treatment to varying degrees, reached the drop peak in the first 7 days, and tended to be normal (0~3 mg/l) at the 28th day. The differences of serum hs-CRP were statistically significant before and after treatment in two groups ($p<0.05$) and were also more statistically significant reduction in tirofiban treatment group than that in conventional treatment group ($p<0.05$). Observed within a month, the adverse cardiovascular events including death, myocardial infarction, PTCA or CABG between two groups were statistically significant ($p<0.05$) but the proportion of bleeding between two groups were no statistically significant ($p>0.05$)

Conclusions Hydrochloride tirofiban has strong immune and inflammatory inhibition in acute coronary syndrome, which provide a scientific basis for the clinical diagnosis and treatment of acute coronary syndrome and provide a reasonable treatment strategy.