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**CLINICAL RESEARCH OF FONDAPARINUX IN TREATING UNSTABLE ANGINA**

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**Objectives** To observe the immediate effect and security of fondaparinux in treating unstable angina.

**Methods** 232 patients with unstable angina were selected and randomly divided into Group A (116 cases) and Group B (116 cases). In addition to the normal treatment, Group A were given 2.5 mg fondaparinux per day subcutaneously for 7 days, while Group B were administered 5000 u low molecular weight heparin every 12 h for 7 days. The whole observation period lasts for 30 days. During this time, the frequency of disease development, change in its duration, ECG variation, myocardial infarction, incidence of sudden death, coagulation time changes and bleeding were observed.

**Results** Judging from the clinical effect, the significantly effective cases in Group A and B are respectively 65 (56%) and 64 (55%); while the effective cases are 44 (38%) and 44 (38%). The total rates of the two types are thus 94% and 93%, showing little statistical difference. As for the invalid cases in the two groups, after subjected to coronary angiography, 6 patients received PCI treatment, 7 suffered triple vessel disease, among whom, 4 accepted CABG treatment and the rest 3 patients continued their drug treatment. The thromboplastin time, platelet count and their occurring time demonstrates no big difference before and after the treatment, ( $p>0.05$ ); in Group B, there is also no significant reduction in the number of platelet. Concerning the side effect, Group B is more serious than Group A in injection site bleeding, petechiae and incidence of pain ( $p<0.05$ ) while having exactly the same gingival travel incidence ( $p>0.05$ ).

**Conclusions** In treating unstable angina treatment, Fondaparinux produces an effect no inferior to the low molecular heparin calcium. Because of its long half-life, convenience in use and low injection site bleeding, petechiae, the incidence of pain than low

molecular weight heparin after daily injection, fondaparinux is an ideal choice in treating unstable angina.