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A CLINIC STUDY FOR FORECAST, PREVENTION, THERAPY TO NO-REFLOW PHENOMENON DURING PERCUTANEOUS CORONARY INTERVENTION TO CORONARY HEART DISEASE PATIENTS

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Objectives Discussing the forecast features of no-reflow phenomenon from clinical and coronary angiographic morphologic of crisis coronary in percutaneous coronary intervention for coronary heart disease, and searching prevention, therapy methods to no-reflow phenomenon.

Methods 618 CAD patients were operated PCI, according to whether or not have no-reflow phenomenons, finding danger factors from clinical and coronary angiographic feature for forecast no-reflow phenomenons, observing effect of powerful antiplatelet in acute coronary syndrome patients to reduce no-reflow phenomenons and using tirofiban as prevention method to no-reflow phenomenons before PCI after coronary angiography in patients with danger factors, and comparing bleeding cases. observing improve

effect of nitroglycerine and tirofiban to no-reflow phenomenons, and let these patients with higher blood pressure level after PCI, continue using tirofiban after PCI. Observing major adverse cardiac effects to 3 months after PCI.

Results No-reflow phenomenon rate was 5.7% in this study, acute coronary syndrome patients, crisis coronary lumen more than four mm, right coronary artery disease, diffuse disease, coronary ectasia with stenosis disease, thrombosis sign found in crisis vascular have more no-reflow phenomenon occurrence (all $p<0.05$). Powerful antiplatelet before PCI can reduce no-reflow phenomenon effect ($p<0.001$), without increase bleeding case ($p>0.05$). Using tirofiban by coronary inject before PCI can reduce no-reflow phenomenon ($p<0.001$), when no-reflow phenomenon occurred, using nitroglycerine by coronary inject can improve no-reflow phenomenon for 19.5% patients, using tirofiban by coronary inject can improve no-reflow phenomenon for 89.1% patients, there has a obvious different between two methods ($p<0.001$), tirofiban can improve no-reflow phenomenon more effetively to those usefulness with nitroglycerine. Keep higher blood pressure level and continue using tirofiban after PCI can reduce no-reflow phenomenon to a long time by coronary angiography method.

Conclusions No-reflow phenomenon can be forecast through clinical and coronary angiographic morphologic features, then prevent it become possible, using powerful antiplatelet can reduce no-reflow phenomenon to ACS patients, inject tirofiban in coronary can improve no-reflow phenomenon effective, and this method was safety. It is worthy for clinic use.