Method 374 patients with de-novo long coronary arteries lesion who performed 2 Excel or Cypher stents which diameter varied 2.5 mm ~ 3.5 mm in department of cardiology, general hospital of CAPF were enrolled in from 2006.8 to 2009.3 retrospectively. These patients were divided to two groups by the type of stents implanted: Excel group and Cypher group. The incidence of composite MACE and stent thrombosis during hospitalisation and 12-month clinical follow-up outside hospital after PCI between two groups were compared, follow-up angiography were performed in several patients, and in-stent LLL, in-segment LLL and incidence of restenosis between two groups were compared.

Result Clinical characteristics and characteristics of target lesion were similar between two groups, PCI procedure were similar except the ratio of pre-dilatation between two groups. Incidence of composite MACE during hospitalisation after PCI of Excel group and Cypher group were 5.7% and 6.1%, incidence of composite MACE 12-month clinical follow-up outside hospital were 6.6% and 8.8% respectively, incidence of acute/subacute stent thrombosis defined by ARC of Excel group and Cypher group were 2.8% and 2.5%, incidence of late stent thrombosis were 2.7% and 2.7% respectively, there were no significant differences between two groups; incidence of in-stent restenosis of Excel group and Cypher group follow-up were 6.0% and 9.6%, incidence of in-segment restenosis were 9.5% and 12% respectively, that revealed non-significant differences between two groups; in-segment LLL of Excel group and Cypher group were 0.11 ± 0.06 mm and 0.12 ± 0.08 mm, there were no significant differences between two groups, but in-stent LLL were 0.09 ± 0.05 mm and 0.10 ± 0.05 mm respectively, that showed significant difference between two groups ($p=0.037$).

Conclusion The safety and efficacy of overlapped Excel stents were similar as overlapped Cypher stents in treatment of long coronary arteries lesion, meanwhile, overlapped Excel stents relieve in-stent LLL than overlapped Cypher stents; LLL of overlapped site was more severe than non-overlapped site, whatever Excel or Cypher stents, but there was no significant difference in ratio of restenosis between overlapped site and any other regions.

e0507 COMPOSITION OF THE SAFETY AND FEASIBILITY BETWEEN 4F AND 5F CATHETER IN TRANSRADIAL CORONARY ANGIOGRAPHY

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Objectives To explore the efficacy and feasibility of the transradial approach for diagnostic coronary angiography with 4F and 5F catheter.

Methods All patients undergoing a coronary angiogram the first time were eligible to be included in the study. They were randomised to either 4F or 5F catheters. The success rate of angiography, image quality and vascular complications between two groups were compared. Two-dimensional and colour Doppler ultrasonic examination was performed on the right radial artery before procedures, 1 day and 4 weeks after procedures, respectively.

Results A total of 847 consecutive patients were randomised to 4F catheter group ($n=446$), including 266 (63.4%) men and 5F universal catheter group ($n=401$), including 271 (67.6%) men. There were no significant difference between 4F catheter and 5F universal catheter group in success rate of angiography (98.6% vs 97.1%), image quality (2.83 ± 2.1 vs 2.88 ± 2.31 ($p>0.05$)). Both groups had no death, acute thrombosis and major bleeding. The radial artery spasm and radial artery occlusion was more often on women. Intima-media thickness of radial artery had significantly increased among female patients after procedures.

Conclusion With low complication rate and better tolerance, 4F catheter should be selected in the diagnostic coronary angiography by transradial approach, especially for small built female patients.

e0508 COMPARATIVE ANALYSIS OF DIFFERENT STRATEGY FOR REVASCULARIZATION ON EFFENCY IN OLD WOMAN DIABETIC PATIENTS WITH COMPLEX CORONARY DISEASE

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Objectives To evaluate and analysis the clinical efficacy and prognosis of two different strategy of revascularization by percutaneous coronary intervention (PCI) with drug-eluting stent (DES) and coronary artery bypass graft (CABG) in old woman diabetic patients with complex coronary disease.

Background Elder, Female and Diabetic is markeble risk factor for poor prognosis after PCI and CABG. Which strategy of revascularization (PCI vs CABG) and the influence factor that could promote the choice of strategy for revascularization may be result in better outcome is uncertain in these patients. Further evaluations in adequately data are awaited to confirm the clinical benefit of two strategy.

Methods 523 female patients whose age were above 75 years old with DM, multivessel disease underwent PCI (206) or CABG (317) were included studied. The choice of revascularization was dependent on clinical baseline and procedural characteristics of patients and/or physician recommendation. Major adverse cardiac events (MACE) included death, myocardial infarction and repeat coronary revascularization.

Results MACE rates at 1 year is equivalent between CABG and PCI (2.1% vs 4.2% (OR 1.8; $p>0.5$)). There was a similar risk of the combined endpoints of death (1.5% vs 2.8%), myocardial infarction (1.2% vs 1.6%) and cerebrovascular events (1.1% vs 2.3%) at 1 year, but the risk of target vessel revascularisation (TVR) was significantly higher (1.8% vs 7.8%, $p<0.01$). Compared with PCI patients, the lesions seem more complex. the prevalence of calcified lesions, total occlusion, collateral circulation were higher in CABG patients ($p<0.01$). The number of the diseased vessels was the only independent predictors of type of revascularization (PCI vs CABG).

Conclusions PCI with DES placement was safe compared to CABG as a type of revascularization in elder female patients with DM and MVD at 1-year. A clinical strategy for revascularization by PCI or CABG should be carefully assessed.

e0509 EFFENCY OF TRIPTOLIDE-COATED STENT ON PREVENT RESTENOSIS

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Objective The aim of this study is to test the efficacy and safety of triptolide-coated stent on anti-inflammatory and inhibiting intimal hyperplasia compared with that of a drug eluting stent and a bare metal stent in a pig after angioplasty.

Methods 15 triptolide-coated stents (TCS), 12 drug eluting stent (Cypher select) and 12 bare metal stents (BMS) were deployed with oversizing (stent/artery ratio 1.1:1) in a porcine coronary arteries. Coronary angiography, histopathologic and inflammatory markers levels were carried out and analysed at week 4 after stenting.