intervention. Patients were randomised into group A (adenosine 50 µg, n=48), group B (control saline, n=52). Assessments of CK-MB and cTnI were used to assess myocardial necrosis before and after PCI.

Results No significant differences were observed between the two groups with regard to baseline and angiographic characteristics. There were no significant differences in the CK-MB and cTnI between the two groups.

Conclusions Our randomised trial showed that preprocedural intracoronary administration of adenosine does not provide benefit in terms of periprocedural myonecrosis in patients undergoing elective coronary angioplasty.

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A RARE CASE OF CLOPIDOGREL HYPERSENSITIVITY COMBINATION WITH UPPER GASTROINTESTINAL BLEEDING

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Objectives We describe a patient who developed upper gastrointestinal bleeding complicating with clopidogrel hypersensitivity 1 week after he had started taking clopidogrel following coronary stent implantation.

Methods He was treated with antihistamines and proton pump inhibitors without clopidogrel discontinuation or steroids, after which a daily dose of 75 mg clopidogrel was well tolerated.

Results No major adverse events occurred during a follow-up period of 6 months.

Conclusions Oral anti-histamines in clopidogrel hypersensitivity seem to be a safe method to reduce the risk of coronary stent thrombosis in patient complicating with gastrointestinal bleeding.