Conclusion In AMI patients treated with primary PCI, Combination of thrombus aspiration and tirofiban was safe and effective, which could lower thrombus burden, improve distal myocardium perfusion and cardiac function after procedure, did not increase the incidence of MACEs.

Objective To evaluate the efficacy and safety of endovascular treatment for Debakey III aortic dissection by domestic thin steel stenting and cardiac function after procedure, did not increase the thrombosis burden, improve distal myocardium perfusion and cardiac function after procedure, did not increase the incidence of MACEs.

Conclusions Endovascular thoracic aorta repair, with domestic thin steel Binding stents grafting and the innovative methods of interventional therapy, is an effective, less invasive and safe surgery with fewer complications for patients with Debakey III type aortic dissection, especially applicable to high-risk patients.

Objective To assess the safety of GP IIb/IIIa antagonists tirofiban in patients with ST-segment elevation myocardial infarction (STEMI) during primary Percutaneous Coronary Intervention (PCI).

Methods Between October 2006 to March 2010, 42 patients (all male, average age (53.5±12.8) years, range 43~70 years old) with Debakey III aortic dissection was treated with domestic thin steel Binding stents grafting, used an innovative transmission and delivery methods in all patients, of which branch stent were implanted when the distance from the break of descending aorta to left subclavian artery is less than 10 mm.

Results 42 patients were successfully implanted 48 thin steel Binding stents, including four branch stents. After the operation, six patients were verified endoleak, 3 of the patients were resolved by repeated stent distension and 3 cases were treated by placement of another stent. Three months later, one patient showed new rupture at the remote port of the stent and then was successfully implanted a new stent. Four cases showed numbness of right lower extremity and 1 case showed intermittent claudication of it. In follow-up of 3~52 months, MRI or CT showed the reduction of the false cavity with the formation of intraluminal thrombus, the enlargement of true cavity, and no complications such as tumour rupture, internal leakage and stent displacement in all of the patients.

Conclusions Endovascular thoracic aorta repair, with domestic thin steel Binding stents grafting and the innovative methods of interventional therapy, is an effective, less invasive and safe surgery with faster postoperative recovery, higher success rate and fewer complications for patients with Debakey III type aortic dissection, especially applicable to high-risk patients.

Objective To assess the safety of tirofiban in patients with STEMI during emergency PCI.

Methods Patients, with large ASDs of 325 mm and with no rims at least in one defect border detected echocardiographically, were technologically challenged. The present study was to address technical issues, and to test the safety and feasibility for transcatheter closing large and no rim ASDs with AOD.

Methods Patients, with large ASDs of 325 mm and with no rims at least in one defect border detected echocardiographically, were included in the study. 49 patients eligible underwent transcatheter closure of ASDs and divided into group A (n=26, large ASDs with intact rims) and group B (n=23, large ASDs with no rims). Three occluding methods i.e. the conventional releasing, the waist releasing, and the dumbbell-shaped releasing were sequentially