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PREVENTION OF RENAL FUNCTION WITH IABP IN CHD PATIENTS WITH RENAL DYSFUNCTION UNDERGOING PCI: A RANDOMISED, CONTROLLED TRIAL

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Keng Wu, Keng Wu. *Division of Cardiology, Department of internal medicine, The affiliated hospital of Guangdong medical college*

Objectives To determine whether 48-h IABP compared with blank-control reduces the deterioration of Renal Function Undergoing Percutaneous coronary intervention (PCI) in Coronary Heart Disease (CHD) patients With Renal Dysfunction (RD) and who is at operational mode (IABP1:1, 1:2 or 1:4) for Prevention of Renal Function.

Methods Design Single Centre, randomised, controlled trial.

Setting Cardiovascular Department.

Patients CHD Patients Undergoing PCI, who fulfilled the history of uncomplicated RD.

Interventions Patients were randomised to No-IABP as control (n=24) or IABP (n=24, were randomly assigned to have IABP at the 1:1, 1:2 or 1:4 operational modes (n=8, respectively)) for 48 h starting after the selective coronary angiography (CAG) and before PCI.

Main outcome measures RD size measured by the Serum Creatinine (SCr) and plasma B-type natriuretic peptide (BNP) performed on baseline and at 48 h.

Results IABP treatment succeed in reducing RD size (SCr: 4.5 ± 1.5 mg/dl IABP vs 6.7 ± 2.3 mg/dl control; BNP: 400 ± 180 pg/ml IABP vs 1520 ± 330 pg/ml control; both $p < 0.05$) and significantly decreased MACe incidence (4% IABP vs 17% control, $p < 0.05$). Unexpectedly, only IABP1:2 mode treatment significantly decreased SCr (2.3 ± 0.8 mg/dl IABP1:2 vs 6.5 ± 2.4 mg/dl IABP1:1, 5.4 ± 1.6 mg/dl IABP1:4; both $p < 0.05$), but not in BNP among subgroups.

Conclusions adjunct treatment with 48-h IABP 1:2 mode reduces the deterioration of Renal Function Undergoing PCI in CHD patients With RD. Further studies are warranted to determine whether these clinical observations can provide some evidence for studies of biologically mechanism.