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# CATHETERIZATION & CARDIOVASCULAR INTERVENTIONS

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## THEME: OTHER

## DIET AND LIFESTYLE RECOMMENDATIONS FOR CARDIOVASCULAR PROTECTION

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The American Heart Association has recently published updated guidelines for diet and lifestyle recommendations for the prevention of cardiovascular disease. This presentation will provide a summary of the guidelines with added practical advice for the care of the cardiovascular patient. The specific goals to be highlighted are to consume an overall healthy diet; aim for a healthy body weight; aim for recommended levels of low-density lipoprotein cholesterol, high-density lipoprotein cholesterol, and triglycerides; aim for normal blood pressure; aim for a normal blood glucose level; be physically active; and avoid use of and exposure to tobacco products. Recommendations to help achieve these guidelines will be detailed.

## THEME: CORONARY INTERVENTIONS

## EVALUATION OF SAFETY, EFFICACY AND PROCEDURAL OUTCOMES OF EXTRA LONG SIROLIMUS ELUTING STENT WITH NOVEL POLYMERIC TECHNOLOGY FOR TREATMENT OF LONG DE NOVO CORONARY LESIONS

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**Purpose:** With availability of drug eluting stents longer and longer lesions are treated with percutaneous technique. More than one drug eluting stent is often required for treating very long lesions. Certain uncertainty remains about overlapping part of two stents with respect to drug dosing and metal to artery ratio. Hence we evaluated usage of single extra long sirolimus eluting stent 'Supralimus' in treating very long lesions.

**Methods:** A total of 50 patients treated with 39mm long single Supralimus - sirolimus eluting stent for treatment of single de novo lesions (vessel diameter, 2.5 to 4.0 mm) at 3 Indian centers were retrospectively analyzed. Clinical success, technical success and In-hospital MACE rates were studied. Technical success/failure was assessed on primary intention to treat basis. Technical success was defined as successful implantation of stent with < 20% residual diameter stenosis. Procedural difficulty was assessed based on grading by the operators. All the six operators were asked to rate the procedural difficulty on a scale of 1 to 5 where, 5 was allocated as Excellent, 4 = Good; 3 = Average; 2 = Fair and 1 = Poor based on their experience.

**Results:** The deployment failure was observed in 4% (i.e., 2 stents failed to be deployed out of the 50 patients in the study). Reasons for deployment failure were angulation/angulation+calcification. No case of acute or subacute stent thrombosis was reported and there was no In-Hospital MACE. Average procedural difficulty was 3.5 on a scale of 5.

**Conclusions:** The 39 mm long Supralimus, sirolimus eluting stent appears technically feasible with moderate procedural difficulty, fairly low deployment failure rates and high clinical success rates. Use of single extra long sirolimus eluting stent gives significant cost advantage and avoids concerns about long term outcomes of overlapping drug eluting stents.

## ENOXAPARIN IN EMERGENCY ROOM FOR IMPROVING OUTCOMES OF PRIMARY PERCUTANEOUS CORONARY INTERVENTIONS FOR ACUTE MYOCARDIAL INFARCTION

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**Purpose:** Outcomes of primary angioplasty can be improved by achieving better pre/post PCI TIMI flows. Earlier administration of antithrombotic and antiplatelet agents may help in achieving better TIMI flows. We evaluated the role of intravenous bolus of enoxaparin administered immediately after diagnosis of (ST elevation myocardial infarction) STEMI in emergency room.

**Methodology:** We compared the data of 100 consecutive patients administered intravenous enoxaparin immediately after diagnosis of STEMI (within 12 hours from pain onset) in emergency room who underwent primary PCI with 100 patients receiving unfractionated heparin administered during primary PCI. All patients received 325mg Aspirin, 300mg Clopidogrel on admission and platelet IIb/IIIa antagonist during and after PCI. Enoxaparin group received 0.6ml IV enoxaparin (0.8ml if weight > 80kg). TIMI flows on pre / post PCI angiograms were studied. Clinical end points included death and MACE rates at 30 days.

**Results:** Both groups were demographically similar. Pre PCI TIMI 2/3 flow increased from 18 to 24% (p=0.385). TIMI 3 flow increased from 8 to 17% (p=0.087). Post PCI TIMI 3 flow increased from 91 to 96% (p=0.251). There was absolute improvement of 9% in pre PCI TIMI 3 flow and 5% in post PCI TIMI 3 flow. There was no significant difference in mortality and MACE rates at 30 days.

**Conclusion:** Enoxaparin administered early in emergency room after diagnosis of STEMI improved pre and post PCI TIMI 3 flows with absolute improvement of 9% in pre PCI TIMI 3 flow. Death and MACE rates showed trends towards improvement although they were not statistically significant. Outcomes

	Enoxaparin group	Unfractionated heparin group	'p' value
N	100	100	
Pre PCI			
TIMI 0/1	76%	82%	0.385
TIMI 3	17%	8%	0.087
Post PCI			
TIMI 0/1/2	4%	9%	
TIMI 3	96%	91%	0.285
MACE 30 days	3%	5%	0.718
Death	2%	3%	NS

## IMPACT OF METABOLIC SYNDROME ON CORONARY RESTENOSIS AFTER LONG DRUG-ELUTING STENT IMPLANTATION COMPARED WITH LONG BARE-METAL STENT

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**Background:** The impact of metabolic syndrome on restenosis in long bare metal (BMS) or long drug-eluting stent (DES) implantation is not known. So, the aim of this study was to examine the impact of metabolic syndrome on outcomes after long BMS and DES implantation.

**Methods:** We assessed baseline clinical and angiographic characteristics, in-hospital and 6-month major adverse cardiac events in 197 metabolic syndrome patients who treated with long DES or long BMS. The angiographic results of the DES group were compared with the BMS group.

**Results:** The clinical and angiographic characteristics are displayed in the table. (\*p<0.05 vs. DES, \*\*p<0.005 vs. DES)

	DES (n=104)	BMS (n=93)
Mean age (year)	58.6 ± 7	59.8 ± 7
BMI (kg/m <sup>2</sup> )	37.1	36.5
Reference diameter (mm)	2.71 ± 0.32	2.93 ± 0.45
Lesion length (mm)	33.6 ± 15.2 mm	31.4 ± 11.8
6-month angiography		
Late loss (mm)	0.30 ± 0.51 mm	1.37 ± 0.65 mm**
Minimal lumen diameter (mm)	2.46 ± 0.7 mm's	1.63 ± 0.6 mm**
Restenosis rate (%)	7.6	48.9**