serious cardiac and non-cardiac disease, their in-hospital clinical outcomes were considerably better than those pts treated earlier. Greater selectivity in lesion revascularization coupled with technical advances such as stents may contribute to these more favorable results in this important pt population with CAD.

### 1062-48 Blood Glucose Level Predicts Severity of Renal and Myocardial Injury in Diabetic Patients Undergoing Coronary Interventions

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**Background:** Patients with diabetes mellitus (DM) having percutaneous coronary interventions (PCI) are at increased risk for both contrast nephropathy and adverse cardiac events. Theoretical considerations suggest glucose itself may mediate these risks by synergizing with radiocontrast to initiate oxidative injury.

**Methods:** To test the hypothesis that pre-PCI glucose levels predict renal and myocardial injury, we analyzed 558 DM patients who underwent PCI at our institution from 1998 to 2002. We stratified 165 patients who had both a 48-hour peak serum creatinine (a marker of renal microvascular injury) and a 24-hour peak serum creatine phosphokinase (a marker of myocardial microvascular injury) into low glucose (<200 mg/dl, n=88) and high glucose (>200 mg/dl, n=77) groups. The groups were similar in age (64±14 vs (versus) 65±12 years), gender (43% vs. 46% female), procedure (all balloon +/- stent), contrast volume (35±15 mL vs. 34±14 mL, p=0.03), and a 5-fold higher chance of suffering a >50% increase in creatinine (10% vs. 2%). Glucose patients were twice as likely to have a non-Q wave myocardial infarction (40% vs. 21%) with a higher absolute post-PCI peak CPK's (223+/-220 vs. 153+/-117 IU, p=0.02).

**Results:** Despite a trend toward better renal function in the high glucose group (creati- nine+1.2+/-0.9 vs. 1.4+/-1.1 mg/dl, p=0.14), high glucose patients exhibited a greater post-PCI rise in creatinine (0.26+/-0.5 vs. 0.17+/-0.5 mg/dl, p=0.15), a greater percent increase in creatinine (21±35% vs. 12±20%, p=0.03), and a 5-fold higher chance of suffering a >50% increase in creatinine (10% vs. 2%).

Even among patients without a non-Q wave myocardial infarction, high glucose patients exhibited significantly greater post-PCI peak CPK's (223±220 vs. 153±117 IU, p=0.02).

**Conclusion:** Almost one-half of DM patients at our institution have blood glucoses >200 mg/dl at the time of PCI. Compared to matched patients with glucose <200 mg/dl, elevated glucose patients exhibit a greater degree of both renal and myocardial injury after PCI. Because correcting hyperglycemia prior to PCI is easy and inexpensive, the hypoth- esis that euglycemia might improve outcomes from PCI in DM should be tested in a clinical trial.

### 1062-49 Clinical Outcome Following Percutaneous Coronary Intervention in Patients With End-Stage Renal Disease

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Cardiovascular(CV) mortality remains high in end-stage renal disease(ESRD) with coro- nary artery disease. Current developments of percutaneous coronary interventions (PCI) may improve immediate and long term outcome in these high risk patients but data were limited. **Methods** From the total of 1010 patients (age>80, 1500 lesions) who underwent PCI between April 2000 to July 2002, we identified 100 patients (179 lesions) with chronic diaylsis. These were followed for one-year and compared with 100 age and gender matched controls who underwent PCI between April 2000 to July 2002, we identified 100 patients (179 lesions). The groups were similar in age (64+/-14 vs (versus) 65±12 years), gender (43% vs. 46% female), procedure (all balloon +/- stent), contrast volume (35±15 mL vs. 34±14 mL, p=0.03), and a 5-fold higher chance of suffering a >50% increase in creatinine (10% vs. 2%). Glucose patients were twice as likely to have a non-Q wave myocardial infarction (40% vs. 21%) with a higher absolute post-PCI peak CPK's (223+/-220 vs. 153+/-117 IU, p=0.02).

**Results:** Almost one-half of DM patients at our institution have blood glucoses >200 mg/dl at the time of PCI. Compared to matched patients with glucose <200 mg/dl, elevated glucose patients exhibit a greater degree of both renal and myocardial injury after PCI. Because correcting hyperglycemia prior to PCI is easy and inexpensive, the hypoth- esis that euglycemia might improve outcomes from PCI in DM should be tested in a clinical trial.

### 1063-01 Non-randomized studies on pre-treatment with ADP receptor blockers of patients undergoing urgent stent implantation have suggested a reduction in myocardial damage with pretreatment. In elective setting the effect of pre-treatment with clopidogrel has not yet been studied.

**Methods** In a randomized trial 3 days pre-treatment with clopidogrel was compared to standard post-procedural treatment, in addition to aspirin and heparin, in 203 patients with stable coronary artery disease undergoing elective stent placement. Primary endpoints were a rise in troponin I and CK-MB 6 or 24 hours after stent placement. Secondary endpoints were clinical endpoints at 24 hours, 1 month and 6 months after PCI and a composite endpoint.

**Results** - No difference was found between pre-treated and pre-treated patients in the occurrence of elevation of CK-MB (respectively 6 (6.3%) vs. 7 (7.4%); p=0.78) or troponin I (respectively 42 (43.3%) vs. 48 (51.1%); p=0.31). Adjustment for baseline valu- es and possible confounding factors did not alter these findings. The composite end- point occurred in 47 (46.1%) of the pre-treated patients and in 55 (54.5%) of the pre- treated patients (p=0.26). Follow up showed no significant difference between the treat- ment groups in the clinical endpoints.

**Conclusion** - In this randomized study no beneficial effect of pre-treatment with clopi- dogrel on the elevation of troponin I, CK-MB or adverse cardiac events after 1 and 6 months could be demonstrated. Therefore we conclude that among patients with stable coronary syndromes in whom stenting of coronary arteries is planned early pre-treatment is not mandatory in reducing early myocardial damage.

### 1063-03 Lack of Efficacy of Clopidogrel Pretreatment in the Prevention of Myocardial Damage After Elective Stent Implantation

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**Background** - Non-randomized studies on pre-treatment with ADP receptor blockers of patients undergoing urgent stent implantation have suggested a reduction in myocardial damage with pretreatment. In elective setting the effect of pre-treatment with clopidogrel has not yet been studied.

**Methods** In a randomized trial 3 days pre-treatment with clopidogrel was compared to standard post-procedural treatment, in addition to aspirin and heparin, in 203 patients with stable coronary artery disease undergoing elective stent placement. Primary endpoints were a rise in troponin I and CK-MB 6 or 24 hours after stent placement. Secondary endpoints were clinical endpoints at 24 hours, 1 month and 6 months after PCI and a composite endpoint.

**Results** - No difference was found between pre-treated and pre-treated patients in the occurrence of elevation of CK-MB (respectively 6 (6.3%) vs. 7 (7.4%); p=0.78) or troponin I (respectively 42 (43.3%) vs. 48 (51.1%); p=0.31). Adjustment for baseline valu- es and possible confounding factors did not change these findings. The composite end- point occurred in 47 (46.1%) of the pre-treated patients and in 55 (54.5%) of the pre- treated patients (p=0.26). Follow up showed no significant difference between the treat- ment groups in the clinical endpoints.

**Conclusion** - In this randomized study no beneficial effect of pre-treatment with clopi- dogrel on the elevation of troponin I, CK-MB or adverse cardiac events after 1 and 6 months could be demonstrated. Therefore we conclude that among patients with stable coronary syndromes in whom stenting of coronary arteries is planned early pre-treatment is not mandatory in reducing early myocardial damage.