METHODS This is a randomized, double-blinded, controlled trial. Evaluations were performed on 76 STEMI patients who underwent PPCI at National Cardiac Center Harapan Kita (NCCHK) from February 2014 to August 2014. Patients were randomly classified into two groups (Atorvastatin 80 mg and Placebo). Laboratory data on ICAM were taken twice (0-hour and 24-hour post PPCI) and examined at Prodia’s Laboratorium. Statistical analyses using SPSS were performed to evaluate the effect of Atorvastatin treatment, which was measured by delta ICAM.

RESULTS There were no difference between two groups (Atorvastatin vs. Placebo) in terms of clinical, supporting data, and angiographic findings. Delta ICAM values showed significant difference between two groups, which are Atorvastatin 80 mg (-13.0 ± 38.5 ng/mL) and Placebo (26.1 ± 67.0 ng/mL, p < 0.003). Linear regression analysis (adjusted analysis; according to age, sex, diabetes, and renal insufficiency) showed coefficient of -31.17 ng/mL with p = 0.037.

CONCLUSION This study showed that acute Atorvastatin 80 mg treatment pre-PPCI reduces endothelial inflammatory response which was measured by ICAM.

Keywords: STEMI, PPCI, inflammation, Atorvastatin, ICAM

PERIPHERAL VASCULAR INTERVENTION (NON-CAROTID, NON-NEUROVASCULAR) (TCTAP A-097 TO TCTAP A-106)

**TCTAP A-097**

Tips and Outcomes of Coil Embolization for Type II Endoleak After Ever

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BACKGROUND Aneurysm expansion due to type 2 endoleak is one of the major troubles after endovascular aneurysm repair (EVAR). Long-term outcome about persistent type 2 endoleak is still unclear. The aim of this study is to evaluate the clinical significance of persistent type II Endoleak and feasibility of additional coil embolization in patients with abdominal aortic aneurysm (AAA) after EVAR.

METHODS We retrospectively analyzed consecutive 236 patients underwent EVAR for abdominal aortic aneurysm in Kyoto university hospital, between March 2003 and June 2014.

RESULTS Mean age was 75.9 ± 7.6 years old and 194 cases (82%) was male. Mean follow up period was 1021 ± 687 days. Persistent type II endoleak was observed in 28 cases (11.9%). Fifteen cases were Excluder, 11 cases were Zenith and 2 cases was Power link. Aneurysm expansion than 5mm was more often observed in patient with type II endoleak (25% vs. 2%). We performed Coil embolization for 14 cases due to aneurysm expansion larger than 5mm. One case need surgical conversion due to aneurysm expansion and failed coil embolization. After coil embolization, aneurysm expansion was stopped or decreased in 12 cases (85%).

**TCTAP A-098**

The Clinical Outcomes of EVT for Restenosis of Superficial Femoral Artery Stent with Jailed Deep Femoral Artery

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BACKGROUND The clinical outcomes of EVT for the restenosis of SFA stent with jailed DFA were poorly understood. The aim of this study was to reveal the SFA patency and the fate of DFA after EVT for the restenosis of SFA stent with jailed DFA.

METHODS From April 2007 to January 2013, we performed de novo 490 ostial SFA stenting with jailed DFA. Of these, restenosis had occurred in the 32 lesions of 19 patients. We performed balloon or stenting for the SFA restenosis and compared the clinical outcomes at 1, 6, and 12 month.

RESULTS There were no significant differences in the patient background and characteristics between the two groups. Overall primary patency was 96.7%, 87.1% and 58.3%, assisted primary patency was 100%, 90.3% and 80.0%, freedom from MALE was 96.9%, 90.3%, and 83.3%, and DFA patency was 96.7%, 93.2%, and 93.1% at 1, 6, and 12 month. Primary patency at 12 month tend to be lower in the ballooning (47.1% versus 85.7%, p = 0.06) and assisted primary patency at 12 month was significantly lower in ballooning than