RESULTS The number of vessels diseased and per capita implant frame in the PCI group with elevated hs-CtTnT is higher than the PCI group with normal hs-CtTnT (P < 0.05). The incidence rate of cardiovascular events in the PCI group with elevated hs-CtTnT is higher than the PCI group with normal hs-CtTnT and the control group (P < 0.05); however, there is no significant difference between the PCI group with normal hs-CtTnT and the control group.

CONCLUSIONS Hs-CtTnT combined with FFR can guide the coronary artery interventional therapy in treating critical lesion, and predict the rate of major adverse cardiac events after interventional therapy.

GW26-e5422
Patients with residual ischemia on intracoronary electrocardiogram after stenting coronary bifurcation lesions have more angina at 12 month follow-up - insights form intracoronary electrocardiography based strategy for treatment of coronary bifurcation lesions

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OBJECTIVES To evaluate influence of icECG-guided strategy for treatment of side branch after stenting main vessel (in provisional T-stenting strategy) on one year angina or new-onset heart failure symptoms recurrence

METHODS 132 patients with stable or unstable angina followed at least 12 months. Inclusion criteria - coronary bifurcation lesion, RVD > 2.5, 4.5 mm; SB RVD > 2.0 mm. Exclusion criteria: STEMI; LM stenosis; CTO; lesion of interest located at infarct-related artery; LVEF < 30%; moderate/severe degree valvular disease; primary cardiomyopathy; 1/RBBB, atrial fibrillation/flutter with no identifiable isoelectric line. Intracoronary ECG-guided strategy was followed: after stenting main bifurcation LECG from SB was recorded; if ST-segment elevation was recorded then balloon dilatation +/- kissing balloon inflation was performed. Depending on results from icECG (occurrence of ST-segment elevation, STE) 6 groups were formed: Group 1 - SB%DS:50% after stenting, with icECG STE in side branch region, no additional treatment of side branch. Group 3 - SB%DS:50% after stenting, icECG STE in side branch region, balloon dilatation of side branch ostium and icECG STE was eliminated afterwards. Group 4 - SB%DS:50% after stenting, icECG STE in side branch region, ballooning of side branch ostium, but sustained icECG STE on final record from side branch. Group 5 - icECG STE in side branch region after stenting, but ostial stenosis was less than 50% and no treatment performed. Group 0 - SB%DS:<50% after stenting and no icECG STE.

RESULTS The rates of angina recurrence or new-onset heart failure at 12 months are presented in the table. On multivariate analysis, the residual ischemia on icECG was independently associated with recurrent angina or new-onset heart failure (HR = 3.731, CI = 1.085 - 27.027, P = 0.037). Coronary heart disease (CHD). Although technical advances in PCI are becoming better and more effective medical therapy can be used, the incidence of periprocedural myocardial infarction (PMI) is still high, which is associated with increased subsequent mortality. Here we aimed to analyze the effects of Chinese herbal compound Tongguan Capsule (TGC) on PMI undergoing elective PCI in CHD.

METHODS We retrospectively enrolled 288 consecutive patients with normal preprocedural cTnI underwent elective PCI. Patients were divided into the two groups according to whether or not took TGC at least one day before PCI: TGC group (n = 104) and non-TGC group (n = 184). PMI was evaluated by cTni analysis within 24 hours. The relationship of TGC with peak cTni values after PCI was examined.

GROUPS

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<th>cTnI (ng/L)</th>
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<td>TGC group</td>
<td>0.7 ± 1.0</td>
<td>0.6 ± 0.8</td>
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<tr>
<td>Non-TGC group</td>
<td>1.0 ± 2.0</td>
<td>0.9 ± 1.5</td>
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RESULTS Peak postprocedural cTnI >1-upper limit of normal (ULN), >3-ULN, and >5-ULN were detected in 15 (9.6%), 120 (41.7%) and 103 (35.8%), respectively. The baseline clinical and procedural characteristics between the two groups were not statistically significant (P > 0.05). cTnI values of the two groups were not statistically significant (P = 0.828) before PCI, but non-TGC group was significant higher than TGC group (P = 0.018) after PCI. Then, TGC group post-procedural cTnI elevation 1xULN was 47 patients (45.2%), and non-TGC group was 112 patients (60.9%), the difference between the two groups were statistically significant (P < 0.01). Furthermore, TGC group post-procedural cTnI elevation >5ULN were 86 patients (46.7%) and 74 (40.2%), respectively, the difference incidence of PMI in the two groups was statistically significant (P < 0.05). In the multivariable model, TGC group was associated with lower risk of peak cTnI postprocedural cTnI elevation above 1xULN (OR, 0.51; 95% CI, 0.29-0.89; P = 0.019), 3xULN (OR, 0.51; 95% CI, 0.28-0.92; P = 0.029), 5xULN (OR, OR, 0.52; 95% CI, 0.28-0.98; P = 0.045), respectively.

CONCLUSIONS Patients with CHD took TGC before PCI might effectively reduce the degree of postprocedural cTnI elevation and decrease the incidence of PMI, suggesting the Chinese herbal compound TGC might play an important role in myocardial protection.

GW26-e2127
Hyponatremia and contrast-induced nephropathy in patients undergoing percutaneous coronary intervention

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OBJECTIVES Preoperative low albumin level is considered to be a risk factor for acute kidney injury in surgical patients. However, the impact of hypoaalbuminemia on contrast-induced nephropathy (CIN) in patients undergoing percutaneous coronary intervention (PCI) is unknown.

METHODS A total of 674 consecutive patients who underwent selective PCI were included, in which 294 patients had a preoperative albumin level ≤3.5g/dL (hypoaalbuminemia) and 380 patients had a preoperative albumin level >3.5g/dL. CIN was defined as an elevation of serum creatinine by ≥25% or >0.5mg/dl from baseline within 48h after PCI. Multivariate logistic regression and propensity analyses were performed to evaluate the association between hypoalbuminemia and CIN.

RESULTS At last, 36 (12.2%) patients with hypoaalbuminemia developed CIN, comparing to that 28 (7.37%) patients without hypoalbuminemia developed CIN (p = 0.032). After adjustment for the other risk factors (old age, anemia, eGFR<60ml/min/1.73m2, and diabetes mellitus), hypoaalbuminemia was independently associated with CIN (OR, 1.20; 95% CI, 1.01-1.41, P = 0.028). Propensity analysis: OR 1.362(1.112-2.235), p = 0.012.

CONCLUSIONS Hypoaalbuminemia might serve as a independent predictor in patients undergoing CIN.

GW26-e0100
Comparison of iodixanol and iopromide in Patients with Renal Insufficiency undergoing Coronary Angiography by Minimally-invasive Hemodynamic Monitor

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OBJECTIVES Intra-arterial iodinated contrast media (CM) may increase the cardiac preload in the process of percutaneous coronary angiography; however, it is unknown whether the different CMs have different effects on the cardiac preload. In this study, we aim to evaluate the effects of iodixanol and iopromide on the cardiac preload in patients with renal insufficiency undergoing coronary angiography by minimally-invasive hemodynamic monitor.