noncompliant balloons up to 14 atm using either 1:1 balloon size or 0.5 mm oversized balloons. All patients also received injection bivalirudin.
Results: 14 patients were treated with 16 BVS .The culprit vessels were LAD-7, LCX-2 and RCA-5. Two patients with LAD disease received 2 over lapping scaffolds. The median door to balloon time was 45+11 minutes. TIMI 3 flow was achieved in all. There was no in hospital MACE. One patient with overlapping BVS had LVF. Check angio showed patient scaffolds. The mean LVEF was 37+8 at pre discharge, all patients were discharged between 3rd and 4th day.At median follow up of 11 months, all patent are doing well.
Conclusion: From this initial experience of BVS usage during transradial primary angioplasty in acute myocardial infarction, we conclude that the use of BVS in the setting is feasible and safe at short term follow up. RCTs to confirm these results are warranted.

A randomized comparison of Taxus Element Vs. Xience Prime in Indian patients with diabetes mellitus (TUXEDO India)

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Background: The choice of DES in diabetic patients is still a matter of debate, data from registries and subset analyses of trials comparing paclitaxel eluting stents vs. sirolimus and everolimus stents have conflicting results. There is no adequately powered study to answer this question.
Methods: TUXEDO India is an Investigator initiated randomized study comparing Paclitaxel eluting "Taxus Element" with Everolimus eluting "Xience Prime" in patients with diabetes mellitus on medical treatment. The inclusion criteria include multi vessel disease requiring up to 3 stents in different lesions. Stent lengths up to 38 mms are allowed to be used. Based upon previous data, a total of 1830 patients have been included in the study. The primary end point is target vessel failure (Cardiac death, MI and target vessel revascularization) at 1 year. Stent thrombosis is taken as a secondary end point. The enrolment for the study is completed with an ongoing follow up.
Results: Demographic data of the enrolled patients revealed mean age of 58.3+9.2 years. Males constituted 75.3% and Insulin requiring diabetics were 39.6%. ACS was present in 74.9%. Average stent length used was 24.1+7.46 mm with an average stent diameter of 2.9+0.35mm. Average number of stents used was 1.3+0.57 mm per patient.
Conclusions: The inclusion of 39.6% (insulin dependent) high risk diabetic patients with implantation of long stents in a multi vessel scenario makes it a unique population. The details of the base line demographic features of this ongoing study comparing paclitaxel and everolimus-eluting stents will be interesting.

Daycare percutaneous coronary intervention in Indian set up – Is it feasible? An analysis

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Objectives: This study was carried out to observe the outcomes of patients discharged the day of percutaneous coronary intervention (PCI) by analyzing the data from a single center, large, multi-operator registry of interventions.
Background: Same day discharge is most likely a safer option after PCI on low-risk stable patients. It has been a constant challenge for hospital authority and health care providers to standardize the length of stay after PCI. The main drawbacks of most of the previously reported studies regarding same day discharge are the strict inclusion criteria and hence they do not truly delineate a real world situation.
Methods: We analyzed the outcomes of consecutive same day discharge in 54 of 376 patients who underwent elective PCI done through femoral route without any complication. All patients were hemodynamically stable with normal left ventricular ejection fraction, and coronary angiography revealed single vessel disease. All patients were kept under close observation through telephonically for first 48 hours, and also instructed to take usual dose of anticoagulant (low molecular weight heparin) at home for one day. Composite end point included 30-day major adverse cardiac events (MACE) and bleeding/vascular complications.
Results: The mean age of the study population was 47.3±11.7 years with 19.7% aged over 65 years. 60% patients received bolus dosage of glycoprotein IIb/IIIa inhibitor in catheterization laboratory. Clinical and angiographic success was noted in 98.3% of all PCIs. The average length-of-stay following PCI was 8±1.2 hours. MACE occurred in 1 patient (1.5%) and vascular/bleeding complications in the form of minor bleeding in 1 patient (1.85%) and pseudoaneurysm in 2 patients (3.7%).
Conclusions: When properly selected, with strict adherence to the pre-set protocol, same-day discharge after uncomplicated elective PCI is safe despite using femoral access in a wide spectrum of patients.

Feasibility and long term results of Lt Main PCI in a peripheral centre

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Background: Interventional cardiologist occasionally comes across patients with critical lt. main lesions who are either hemodynamically compromised or have severe angina, ECG changes warranting urgent PCI especially if urgent CABG cannot be done. This is particularly challenging in peripheral centre with limited resources and facilities.
Methods and Results: A total of **27** patients underwent Left Main PTCA at Ashwini Sahakari Rugnalaya, Solapur, a semi-urban area of Maharashtra. 1st Left Main PTCA was done on 16/02/2008 and last on 01/04/2014. Initially left main PTCA was done only as a rescue life saving or as primary intervention in STEMI. Subsequently it was also done as elective procedure when anatomy was suitable. Out of 27, 19 were males and 8 females, age ranged from 35years to 91years with mean age of 60.4. Left main as rescue procedure was done in 17 patients when immediately after CAG patient had either severe chest pain, haemodynamic compromise and in 1 patient dissection of left main. In 7 patients left main was done as PAMI for STEMI and in 2 patients it was an elective procedure.IABP was not used in any pt.

Lesion location: ostial – 16, shaft – 04, terminal – 07.

No of stents: Left main alone – 04, Left main with crossover to LAD single stent – 14, Left main with LAD separate stents – 02, Left main with CX – 02, Left main with RCA – 01, Left main with