Background: The proximal edge of the SG (C-TAG) slid into the orifice of the LCA resulting in occlusion. The subsequently performed LCA-RCA-bypass resolved the perfusion problem. The subsequently performed LCA-RCA-bypass resolved the perfusion problem.

Conclusion: Failed anterograde rotational atherectomy in one case (3.5%) due to inability to pass the balloon. No major access site complications occurred; however three transient spasms was found in the investigated population (11%). Technical and clinical success was observed in 26 (92.8%) and in 25 patients (89.2%). The MAE in the investigated population (11%). Technical and clinical success was found in the investigated population (11%).

Results: At 5 years, clinical improvement was sustained in 82.8% of the SIA group versus 60% in the BG group (P=0.049). The 94 patients consisted of 47 males and 47 females. There were divided into two groups which included 63 cases in successful group (R3>30%) and 31 cases in acceptable group (50%<R3<30%) by angiographic criteria, or which included 51 cases in PG<5 mmHg(PG1 group) and 43 cases in PG>5mmHg(PG2 group) by angiographic criteria, or which included 51 cases in acceptable group (50%>RS>30% ) by an angiographic criteria, or which included 51 cases in acceptable group (50%>RS>30% ) by an angiographic criteria. The newly available thoracic SG both improves proximal apposition of the SG without compromising the flow. Further studies are required to determine the exact role of PG and their indications in VAS. It is now clear that atheroemboli are the rule in any intervention in coronary intervention, the role of pull-back pressure measurement in percutaneous transluminal angioplasty for CVS was evaluated.

Methods: This study retrospectively reviewed consecutive 94 dialysis patients asked for management of CVS which were divided into two groups by angiographic image or post-intervention pressure gradient (PG), and followed up long term clinical outcomes. 12-month patency rate between groups were compared and analyzed.

Results: The 94 patients consisted of 47 males and 47 females. There were divided into two groups which included 63 cases in successful group (R3>30%) and 31 cases in acceptable group (50%<R3<30%) by angiographic criteria, or which included 51 cases in PG<5 mmHg(PG1 group) and 43 cases in PG>5mmHg(PG2 group) by measured pullback PG, the baseline characteristics and parameters during intervention between groups were almost no statistical difference. Further subgroup analysis between PG1 group vs. group according to the criteria of accepted group plus PG2 group were 60% vs 37% ( P= 0.048). Further subgroup analysis between PG1 group vs. group according to the criteria of accepted group plus PG2 group were 60% vs 37% ( P= 0.048).

TCT-556
Vebral Angioplasty Stenting. Are Protection Devices Useful?

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Background: It is now clear that atheroemboli are the rule in any intervention in atherosclerotic disease and seems the root cause of many procedural complications. Embol Protection Devices (EPD) are largely used to reduce the risk of cerebral emboli during carotid angioplasty stenting (CAS). Recent studies have shown a high incidence of emboli during Vertebral Angioplasty Stenting(VAS) & a comparable frequency & amount of captured emboli during VAS and carotid angioplasty stenting. Neurological complications after VAS are not frequent but could be devastating. So the use of EPD for VAS may be advisable & should reduce the neurological complications during VAS.

Methods: We retrospectively determined rates of technical success & 1 month stroke and death associated with stent placement by using EPD (Filterwire) and a new filter (Lumen Biomedical) in pts with symptomatic ostial VA stenoses. Technical success was defined as successful EPD deployment and stent placement, successful EPD retrieval & a residual stenosis<30%. 30 day outcomes included any stroke & death. The new EPD (Filterwire) allows capture of debris of 40μ without compromising the flow. Its retrieval catheter is an aspiration catheter allowing meticulous cleaning of the vessel and of the dilated area.

Results: In a series of 102 VAS 10 pts treated with EPD. Mean age 69 y (63-80); CTO, 8, left. Mean% stenosis 80±6.8. Mean arterial 49±8,4±5mm. Femoral approach used in all cases. Filterwire: 8 pts,Fibernet:2. Technical success was achieved for the 10 pts. Postprocedure residual stenoses:4±3%. Visible debris were removed in 70%of cases (Filterwire: 5 and Fibernet:2). Filter deployment time:10mm (7-13mm).No stroke or death observed at 1 month. With Fibernet mean debris area:184 mm2.(aspirated debris:11±4±2,debris in the filter70 mm2) Debris analysis will be reported. These results are comparable to the results obtained in CAS

Conclusion: The present study demonstrates the feasibility and safety of VAS using EPD. Further studies are required to determine the exact role of EPD and their indications in VAS. It seems that the results obtained in VAS are comparable to those obtained after CAS. 

TCT-555
The Role of Pull-Back Pressure Gradient in Percutaneous Transluminal Angioplasty for Central Vein stenosis in Dialysis Patients

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Background: The severity of residual stenosis (RS) in central vein stenosis(CVS) sometimes hard to be accurately measured by angiographic image. Because of intracoronary pressure is good alternative parameter in coronary intervention, the role of pull-back pressure measurement in percutaneous transluminal angioplasty for CVS was evaluated.

Methods: This study retrospectively reviewed consecutive 94 dialysis patients asked for management of CVS which were divided into two groups by angiographic image or post-intervention pressure gradient (PG), and followed up long term clinical outcomes. 12-month patency rate between groups were compared and analyzed.

Results: The 94 patients consisted of 47 males and 47 females. There were divided into two groups which included 63 cases in successful group (R3>30%) and 31 cases in acceptable group (50%<R3<30%) by angiographic criteria, or which included 51 cases in PG<5 mmHg(PG1 group) and 43 cases in PG>5mmHg(PG2 group) by measured pullback PG, the baseline characteristics and parameters during intervention between groups were almost no statistical difference. 12-month patency rate in successful group vs. acceptable group were 54% vs. 39% (P= 0.167), while in PG1 group and PG2 group were 60% vs 37% ( P= 0.048). Further, subgroup analysis between PG1 group vs. group according to the criteria of accepted group plus PG2 group were 60% vs 39%(P=0.058).