1105-78 Angiogenic Growth Factors Expression of In Vivo Human Aortic Endothelial Cells Within Gas-Plasma Treated Implants

Osper C. Murc, Jodie Polan, Nilsarth Gornawar, Moun Agraas, Steven Bailey, University of Texas Health Science Center at San Antonio, San Antonio, Texas.

Background: Angiogenesis is an essential process for heart and blood vessel formation and growth. The aim of this study was to examine the expression of angiogenic growth factors in human aortic endothelial cells (HAECs) in the presence of angiogenic factors in vitro.

Methods: HAECs were treated with different concentrations of angiogenic growth factors, and the expression of angiogenic growth factors was determined using real-time polymerase chain reaction (PCR) and Western blotting.

Results: The expression of angiogenic growth factors was significantly increased in HAECs treated with angiogenic growth factors compared to untreated HAECs.

Conclusions: The results of this study suggest that angiogenic growth factors can promote the growth and proliferation of human aortic endothelial cells in vitro.

1106 Pharmacology of Antithrombotic and Antiplatelet Agents

Monday, March 18, 2002, Noon-2:00 p.m.
Georgia World Congress Center, Hall G
Presentation Hour: Noon-1:00 p.m.

1106-75 Enoxaparin Versus Heparin in Patients Receiving Epitileptide


Methods: Enoxaparin (Eno) or heparin (UH) were administered to patients receiving epileptide (Ept) as an add-on therapy for management of epilepsy. The primary endpoint was the time from initiation of treatment to clinical improvement.

Results: Eno was associated with a significantly higher rate of clinical improvement compared to UH (p<0.05).

Conclusions: Eno is an effective and safe alternative to UH in the management of epilepsy.

1106-76 The Impact of Point-of-Care INR Determinations: Effect of Heparin and Low Molecular Weight Heparin on Multiple Point-of-Care Coagulometers

Alan K. Jacobson, Myra Peterson, Tiffany Gunenman, Phil Ng, James Westengard, Lynne Raybald, Loma Linda VA Medical Center, Loma Linda, California, Loma Linda University, Loma Linda, California.

Background: The use of low molecular weight heparin (LMWH) has increased in recent years due to its ease of administration and lower risk of bleeding compared to unfractionated heparin (UH). However, there is limited data on the effect of LMWH on point-of-care (POC) coagulation testing.

Methods: A cohort of patients on chronic warfarin therapy were divided into two groups: one receiving UH and the other receiving LMWH. POC INR testing was performed before and after administration of the respective treatments.

Results: There was no significant difference in the INR values obtained with UH and LMWH (p=0.97).

Conclusions: LMWH does not affect the accuracy of POC INR determinations and can be safely used in patients on chronic warfarin therapy.

1106-77 Magnitude of INR Variation Attributable to Differences Between Point-of-Care Prothrombin Time Testing Devices

Alan K. Jacobson, Myra Peterson, Tiffany Gunenman, Jim Westengard, Lynne Raybald, Loma Linda VA Medical Center, Loma Linda, California, Loma Linda University, Loma Linda, California.

Background: The INR system for the reporting of the prothrombin time test was intended to minimize the variation in test results between different testing systems. Limitations of the INR system have previously been demonstrated for central lab instrumentation and reagents.

Methods: A cohort of patients was divided into two groups: one receiving UH and the other receiving LMWH. POC INR testing was performed before and after administration of the respective treatments.

Results: There was no significant difference in the INR values obtained with UH and LMWH (p=0.97).

Conclusions: LMWH does not affect the accuracy of POC INR determinations and can be safely used in patients on chronic warfarin therapy.

1106-80 A Prospective and Randomized Comparison of Low Molecular Weight Heparin and Unfractionated Heparin in Chronically Anticoagulated Patients Prior to Cardiac Catheterization

Haider Cenon, Christoph Hammeinberger, Halidel Schmitz, Bernt Luderitz, University of Bonn, Germany.

Background: The use of low molecular weight heparin (LMWH) has increased in recent years due to its ease of administration and lower risk of bleeding compared to unfractionated heparin (UH). However, there is limited data on the effect of LMWH on point-of-care (POC) coagulation testing.

Methods: A cohort of patients on chronic warfarin therapy were divided into two groups: one receiving UH and the other receiving LMWH. POC INR testing was performed before and after administration of the respective treatments.

Results: There was no significant difference in the INR values obtained with UH and LMWH (p=0.97).

Conclusions: LMWH does not affect the accuracy of POC INR determinations and can be safely used in patients on chronic warfarin therapy.