**Results:** There was 58% of CKD stage 3 cases, and 42% of CKD stage 4 or 5. Emergent catheterization was performed in 16% of cases, and cardiogenic shock with IABP was 5% of cases. All interventions were successfully performed, and no complication related to HD was observed. Scr was measured 5.2±2.2 days after PCI. Of the 103 patients in the study population, 6 (5.8%) patients experienced CIN after PCI. Among CIN patients, 5 patients were acute coronary syndrome (ACS) and 3 patients were shock state and needed intra-aortic balloon pumping (IABP), 2 patients needed chronic HD within a month and no patients died during hospital stay. There were 2 (2%) patients who developed CIN among elective procedure.

**Conclusion:** In patients with reduced renal function, the strategy of performing simultaneous HD during PCI appears to be effective in preventing the CIN.

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**TCT-509**

**High Concentration Sodium Bicarbonate for the Prevention Of Contrast-induced Nephropathy**

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**Background:** The appropriate dose of sodium bicarbonate to prevent contrast-induced nephropathy (CIN) has not been established.

**Methods:** To determine the efficacy of high concentration sodium bicarbonate, sodium bicarbonate was administrated at the rate of 3 mEq/h for 1 hour, followed by 1 mEq/kg/h for 7 hours, with/without continuous hemodiafiltration (CHDF) to consecutive 181 patients with renal dysfunction (eGFR of 60mL/min/1.73m2 or less) undergoing coronary angiography with/without intervention according to the following 4 protocols: for emergent patients, group E (n=23): 833 mEq/l solution starting as soon as possible after administration, for elective patients, group H (n=87): 833 mEq/l starting 1 hour before contrast exposure, Group L (n=36): 160 mEq/l starting 1 hour before, Group M (n=35): 417 mEq/l starting 3 hours before. Protocol was determined depending on the study period. Use of CHDF was at the discretion of operator in patients with severe renal dysfunction and potential use of higher dose of contrast.

**Results:** Both incidence of CIN (1.5% vs 39.1%, p=0.001) and %change of creatinine (1.1±19.7 vs 21.5±33.1, p<0.001) within 48 hours were lower in group H than in group E. In the elective patients without CHDF, incidence of CIN was significantly lower in group H (n=59) than group L (n=23) (0% vs 17.3%, p=0.008). Urine pH was increased by dose and time dependent manner. In H, M, L groups, urine PH at 1 hour after administration of sodium bicarbonates was higher than that of before administration and higher at 3 hours after administration than those of 1 hour after and before administration. In H, M, L groups, urine PH was 6.5±0.31, 6.46±0.29, 6.25±0.60 after 1 hour and 6.60±0.70, 7.05±0.40, 6.20±0.17 after 3 hours, respectively. The incidence of CIN tended to be lower in patients with urine PH≥6.5 than those with urine PH<6.5 (0% vs 13.0%, p=0.079) at the timing of contrast exposure. Side effects of sodium bicarbonate were not observed.

**Conclusion:** Administration of higher dose of sodium bicarbonate was more effective in terms of urine alkalization and prevention from CIN.

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**TCT-510**

**Use Of Paclitaxel-Eluting Stents Reduces Target Lesion Revascularization for Dialysis Patients**

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**Background:** It’s not well known which Drug-Eluting Stents (DES) have better outcome for dialysis patients.

**Methods:** We investigated 137 dialysis patients (225 lesions) treated with DES and their prognosis. 57 lesions treated with Sirolimus-Eluting Stents (SES) from Sep. 2004 to May. 2009, 116 lesions treated with Paclitaxel-Eluting Stents (PES) from May. 2007 to May. 2011, and 52 lesions treated with Everolimus-Eluting Stents (EES) from Feb. 2010 to Dec. 2010 were enrolled in this study. We researched Target Lesion Revascularization (TLR) after the procedure retrospectively.

**Results:** Mean follow-up duration was 1044, 590, and 268 days in each groups. The difference of baseline characteristics were not significant except for osital lesion (P=0.013), take-off lesion of LAD or LCX (P=0.006), and the existence of history of heart failure (P=0.046) or multi vessel disease (P=0.007). PES group, compared with SES and EES group, had less TLR (Log-rank test p=0.006). Multivariate Cox’s proportional hazards analysis showed PES influence the reduction of TLR (HR 0.455, 0.241-0.859 [95%CI], p=0.015).

**Conclusion:** In mid-term follow-up, PES has a better clinical outcome for coronary artery disease of dialysis patients compared with other DES.