route was needed in any patient. No RAS was noted. No injection of vasodilators/sedation/analgesics was needed except for one patient who had mild spasm of distal brachial artery after the 0.035 inch guide wire passing through the loop and straightening the loop at that distal brachial artery. The spasm was promptly resolved with intra-arterial 200ug nitroglycerin. At the end of the procedures, all the sheaths were successfully removed without difficulty or complication. All patients were discharged the next morning. No major adverse cardiac event or vascular complication was noted during hospitalization and clinic follow-up within a week after procedure.

CONCLUSION TRI using 25 cm long hydrophilic radial sheath (St Jude Engage TR sheath or Terumo M Coat Radial Sheath) up to distal brachial artery seemed to eliminate the problem of radial artery spasm without the use of intra-arterial vasodilators such as nitrate and verapamil, sedative and/or analgesics. The use of this long hydrophilic radial sheath also appeared safe without any vascular complication. There was no problem in the removal of the sheath after procedure. A larger scale, prospective randomized trial of long versus ordinary radial sheath in TRI may be warranted.

TCTAP A-113 Clinical Characteristics of Acute Myocardial Infarction in Young Patients in Tangshan
Zheng Ji
Tangshan Gongsong Hospital, China

BACKGROUND Myocardial infarction in youth refers to young people below 40 years of age, regardless of cause of acute myocardial infarction. Myocardial infarction in young adults is often missed or misdiagnosed, most of the patients are confirmed by autopsy after death, because it is always sudden death. However the acute and long-term mortality rates of myocardial infarction in young adults are low. After discharge from hospital parts of the patients are in a stable condition, and the labor can be recovered, so short-term and long-term prognosis in young patients with acute myocardial infarction are better.

Comprehensive knowledge and understanding of regularity and characteristics of myocardial infarction in young adults are very important for the prevention and successful treatment of myocardial infarction in young adults.

METHODS The 468 patients who have received coronary angiogram were chosen in Tangshan workers’ Hospital from February 2006 to July 2014. We consulted the medical records, analyzed the clinical characteristics and results of coronary angiogram in the 312 of young patients (age≤45), and compared with the 156 of old patients (age≥60).

RESULTS 1. The AMI occurs in young men more than young women. It onsets mostly in winter and then summer. 2. Compared with the old patients, the percentages of smoking were much higher [75.64% vs. 53.85%] p<0.05; 3. Compared with the old patients, the percentages of hyperlipidemia were much higher [63.14% vs. 51.28%] p<0.05; 4. The percentages of hypertension is much lower in young patients [34.62% vs. 58.97%] p<0.05; 5. Percentages of the simplex lesion was Difference, the group of young patients was much higher in old patients (61.17% vs. 35.90%) p<0.05.

CONCLUSION The clinical characteristics of young patients with AMI are different from the old patients. Health education should be conducted in the youth to avoid risk factors. When the AMI onset measures of effective reperfusion should be taken to reduce mortality and improve the quality of life in the future.

TCTAP A-114 Comparison Between High and Low Doses of Subcutaneously Infiltrated Nitroglycerin on Transradial Access for Coronary Procedures
Babu Ezhumalai,1 Santhosh Satheesh,2 Atul Mathur,1 Bhuvaneswaran K. Panicker,1 Balachander Jayaraman,1 Ashok Sethi1 Fortis Escorts Heart Institute, India; 1Jawaharlal Institute of Postgraduate Medical Education and Research, India; 2Sri Venkatehereva Medical College Hospital and Research Centre, India

BACKGROUND Subcutaneously infiltrated nitroglycerin leads to vasodilatation of radial artery, enhances palpability of the radial pulse and thus makes the puncture of radial artery easier. Our objectives were to compare the effects of high (500mcg) and low (100mcg) doses of subcutaneously infiltrated nitroglycerin on transradial access for coronary procedures.

METHODS Patients undergoing transradial coronary angiography and angioplasty were randomized to Group A or Group B. 1ml of nitroglycerin (500mcg in Group A and 100mcg of Group B) along with 2 ml of local anesthesia (20% lignocaine) was infiltrated subcutaneously. Measurements were performed at baseline and repeated at 1 minute after injecting the solutions. Other parameters assessed were the position and punctures, the time to access radial artery, pre-cannulation spasm and pulse-palpability score.

RESULTS A total of 30 patients with 15 patients in each of the two groups were included in this study. There was no significant difference between the two groups with respect to the pulse-palpability score, the number of punctures and the time to access radial artery. Pre-cannulation spasm of radial artery occurred in negligible percent of patients in both the groups.

CONCLUSION Nitroglycerin subcutaneously infiltrated at a dose of 100mcg leads to significant vasodilatation of radial artery similar to that of 500mcg. Subcutaneously administered nitroglycerin, irrespective of the dosage, enhances the palpability of radial artery and makes the transradial puncture easier.

TCTAP A-115 Comparison of Incidence of Vascular Complications in CKD Patients Undergoing PCI Through Radial and Femoral Arterial Approach
Janaswamy Vibhav Sri Narayana,1 Maddury Jyotsna,2 Oruganti Harish2
1Osmania Medical College, India; 2Nizam’s Institute of Medical Sciences, India

BACKGROUND Radial access for percutaneous coronary intervention (PCI) is associated with reduced vascular complications. Our study aims at comparing the incidence of vascular complications in CKD patients undergoing PCI through radial versus femoral access, there by evaluating whether the radial access protection during PCI in CAD patients is also seen in CKD patients.

METHODS We retrospectively analyzed CAD patients who underwent PCI with CKD in our institution in 2013. CKD is defined as eGFR <60 ml/min/m2 according to Cockcroft graph formula. Vascular complications include hematoma, pseudoaneurysm, arteriovenous fistula, arterial occlusion, retroperitoneal hemorrhage. Radial artery puncture was done with 6F transradial kit of cords and femoral artery puncture was done with 6F cords sheath. Incidence of vascular complications was analyzed in all the patients undergoing PCI through both the approaches.

RESULTS 381 patients with CKD and obstructive CAD requiring PCI were included in the study. PCI was done through radial access in 207 patients (52.75%) and femoral access in 74 patients (45.67%). Demographic features of these patients were mentioned in the table.

No statistically significant difference of age, incidence of Hypertension and DM was observed between two groups. eGFR and Hemoglobin was found to been less in radial group. However, more BMI was noted in radial. Intra arterial systolic BP difference is not observed between groups. Vascular complications occurred in 14 out of 193 patients who underwent PCI through radial (7.25%) access and 14 out of 60 patients who underwent PCI through femoral (7.5%) access. Our study showed CKD patients undergoing PCI through femoral approach have a non-significant risk for vascular complications over radial approach [odds ratio=1.21, 95% CI 0.55-2.58, P=0.61].

CONCLUSION Our study showed that protection afforded by radial access compared with femoral access for PCI in general population may not be demonstrable in CKD patients. Probably non-access site bleeding may be more in CKD patients when compared to access site bleeding which requires further studies.