

clinical prognosis and bleeding events. Use flow cytometry to monitor the anti-platelet effect while TEG monitoring, in order to optimize detection for clinical cases.

Methods: Use the thrombelastography (TEG) and flow cytometry simultaneously to examine CD62p and PAC-1, and observe the clinical endpoint events.

Results: Using flow cytometry, ADP inhibition ratio and MAADP (reflecting platelet function as detected by TEG), showed high sensitivity and specificity. At the ADP inhibition ratio of 32.70%, the largest area under the ROC curve was 0.715 (95% CI: 0.609-0.822, $P=0.001$); at the MA_{ADP} of 42.05mm, the largest area under the ROC curve was 0.869 (95% CI: 0.794-0.944, $P=0.0001$); MA_{ADP} reflected the anti-platelet efficacy more accurately than ADP.

Conclusions: ADP inhibition ratio and MA_{ADP} detected by TEG might have a better predictive value for ischemia (<32.70% and >42.05mm, respectively).

GW25-e2440

Fractional Flow Reserve Guides Treatment with Left Main Coronary Disease: A Systematic Review for Clinical Trials

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Objectives: To assess clinical outcomes of fractional flow reserve (FFR) guiding pharmacologic therapy vs left main coronary artery (LMCA) revascularization for LMCA disease.

Methods: We searched the MEDLINE, PUBMED, Cochrane databases, Google, OVID medline (all from their inception to October 2013). Studies had to include the patients with LMCA disease underwent FFR guiding assigned to pharmacologic therapy or LM revascularization. All studies had to report clinical outcomes during a follow-up of at least 10 months. Data was extracted from the follow-up angiographic LM-related ischemia events, cardiac death events and non-cardiac death events.

Results: Our search identified 8 prospective clinical trials, which compared pharmacologic therapy with LM revascularization in 595 patients with LMCA disease. Between pharmacologic therapy group and LM revascularization group there were 7.9% vs 2.1%, pooled RR 2.70 (95% CI, 1.22 to 5.95; $P=0.014$) for LM-related ischemia events, and 1.1% vs 2.5%, pooled RR 0.53 (95% CI, 0.19 to 1.54; $P=0.246$) for cardiac death outcomes, and 1.4% vs 5.4%, pooled RR 0.28 (95% CI, 0.12 to 0.70; $P=0.006$) for non-cardiac death events, and there was not significant heterogeneity across these studies ($P>0.05$), further it occurred to less non-cardiac death events in percutaneous coronary intervention (PCI) group compared with coronary artery bypass grafting (CABG) group.

Conclusions: Follow-up LM-related ischemia events approve of FFR-guiding LM revascularization compared with pharmacologic therapy for LMCA disease, there is not different of cardiac death events between the two groups, but pharmacologic therapy has less non-cardiac death events than LM revascularization, and PCI treatment with LMCA disease seems to be less non-cardiac death events compared with CABG.

GW25-e3570

Analysis of 4 cases of acute, subacute stent thrombosis patients after percutaneous coronary intervention

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Objectives: This study aims to find the factors that lead to acute and subacute stent thrombosis after percutaneous coronary intervention.

Methods: We observe the morbidity of patients after PCI, and carry out ECG and Emergency coronary angiography when the thrombosis occurs. There was heart dysfunction, coronary artery calcification, coronary artery triple vessel lesion in one of the patients. We recommended a bypass surgery, but the dependents strongly required a PCI. One of the patients was left main and triple vessel lesion. We observe the vagus reflex inducing acute stent thrombosis after the operation. One of the patients suffered with acute myocardial infarction, diabetes, coronary artery triple vessel lesion and severe calcification. We found thrombosis after percutaneous coronary intervention. One of the patients suffered with acute myocardial infarction, left main disease, anterior descending artery occlusion, The first diagonal artery relatively large, 90% focal stenosis. We observe the acute stent thrombosis after the operation in 4 days. One of the patients suffered with acute myocardial infarction, 95% stenosis of anterior descending coronary artery, incomplete occlusion of circumflex coronary artery, severe calcification of coronary artery.

Results: There are many factors related to stent thrombosis. The preventive measures should be performed in many aspects. We should choose the best therapeutic method and prevent stent thrombosis from all possible factors.

Conclusions: There are many factors related to stent thrombosis. The preventive measures should be performed in many aspects. We should choose the best therapeutic method and prevent stent thrombosis from all possible factors.

GW25-e4123

Stenting the main branch after the pre-dilated ostial lesion of coronary artery with a diameter ≤ 2.0 mm can reduce the rate of branch occlusion

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Objectives: 68 cases of hospitalized patients undergoing percutaneous coronary intervention (PCI) were admitted in the Second Hospital of Shanxi Medical University from June 2006 to June 2012, including 53 cases of male, female 15 cases. 30 cases of patients decided whether balloon dilation after stenting of the main branch stenosis according to the branch opening stenosis (group P), 70% of the patients completed in the period from June 2006 to August 2009; 38 cases of patients were pre-expansion of branch openings prior to the stenting of the main branch (the balloon diameter 1.25 - 2.0mm) (group S), 84.2% of the patients completed in September 2009.

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Results: Branch of 9 patients (30%) occurred complete or near-complete occlusion in group P. After the branch opening expansion, and the guidewire of 4 patients could not through the occlusion opening, accounting for 13.3%; Branch of 5 patients (13.3%) occurred complete or near-complete occlusion in group S, and the guidewire of 2 patients could not through the occlusion opening, accounting for 5.3%; The difference was statistically significant.

Conclusions: Stenting the main branch after the small balloon pre-dilated ostial lesion of coronary artery with a diameter ≤ 2.0 mm can reduce the rate of branch occlusion.

GW25-e4409

The angiographic features and effect of drug treatment of spontaneous coronary artery dissection

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Objectives: To study the angiographic features and effects of drug treatment of spontaneous coronary artery dissection (SCAD).

Methods: Data from coronary angiography performed in 2458 patients that from Department of cardiology, No 252 Hospital of PLA, were analyzed to discover SCAD. The following image changes is judged to be SCAD: 1.The translucent line image formed by intimal dissection was looked transluminal coronary, the line image parallel or spiral to the luminal; 2. Contrast agent filling the false lumen, the true lumen narrows with or without change, contrast agent emptied delay or stagnation in the false lumen; 3. The isolated intimal dissection flap swinging with the blood flow transluminal coronary. To analyze the imaging characteristics and the effect of drug treatment (including aspirin 0.1g/d, Clopidogrel 75mg/d, Low molecular weight heparin 6000U/d and so on).

Results: SCAD is that without human intervention, the coronary artery intima tore spontaneously, or subintimal hematoma formation, also known as spontaneous coronary artery intimal tear. 2 cases of SCAD were discovered. The incidence was 0.81%. Mainly related to the young women that of pregnancy, puerperium, using oral contraceptive, at the age of about 30 years old, without hypertension, diabetes, hyperlipidemia, smoking, family history and other risk factors, both were acute myocardial infarction. Coronary angiography confirmed that coronary artery without significant atherosclerosis in 2 patients, the true lumen compressed not obviously, dissection occurred in the right coronary artery, blood TIMI Level 3, no stents were implanted. Myocardial enzymes elevated not obviously, clinical symptoms of the patients were significantly alleviated after aggressive antithrombotic drug therapy, myocardial enzymes returned to normal, cardiac ultrasound showed normal or mildly abnormal wall motion, discharge when the condition was stable.

Conclusions: SCAD is rare, low incidence, mainly related to young women, myocardial infarction happened first in the most cases. The treatment of coronary artery dissection, there is no uniform standard currently, but there's successfully reported that the implantation of stents in the treatment of coronary artery dissection, the dissection at the edges of stents and in-stent restenosis was not completely solved, The patients which coronary angiography confirmed that coronary artery without significant atherosclerosis, the true lumen compressed not obviously, blood TIMI Level 3, drug therapy could also be used as the ideal treatment method.