than SG. 35.4% vs 17.7% (p=0.05). These complications included myocardial infection 2.01%, dysrhythmia 2.01%, renal insufficiency 5.11%, and 0.00% infection 0.00%. The significant difference of beneficial SG bleeding was 2.01% and hemostasis 9.1%.

The American Surgical Association Risk Category (ASA) was equivalent in both groups. Mortality and discharge to a skilled nursing facility were more common in the surgical population (table). The mean length of stay (days) was 8.0 for surgery and 2.4 for the SG group.

Type of Treatment

**Type of Treatment**

- **Age**: Atherosclerosis/Discharged Inferred Direct treatment Group (years)
- **AS**: n = 77
- **SA**: n = 73
- **Group 1**: n = 45
- **Group 2**: n = 43

Conclusions: Longer ST depression following intravenous dipyridamole infusion (horizontal or downsloping) is associated with ST-segment depression of at least 0.1 mV from the J point on the ECG. Dipyridamole was infused using a standard protocol (0.1 mg/kg infused over 4 min). All patients (100%) had minimal single photon emission computed tomographic (SPECT) images consistent with ischemia. Of the 103 patients, 92 agreed to undergo coronary angiography. Coronary angiography revealed that all patients had significant left main and/or multivessel coronary artery disease (at least 75% luminal stenosis). Thus, the appearance of new ST-segment depression during dipyridamole infusion is a powerful predictor of severe coronary artery disease in patients with claudication due to PAD.