achieved in all target vessels after further balloon angioplasty or stenting.

**Conclusions:** The Frontrunner XP CTO catheter is safe and effective for successful recanalization of CTO of femoropopliteal arteries and it should be an alternative method after guidewire failure.

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**Effect of contrast media in patients with CKD undergoing PCI**

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**Background:** To assess the influence of contrast media over the renal function in patients of CKD.

**Methods:** Retrospectively 50 patients have been studied. Data regarding patient risk factors, LV function was collected. Renal function (creatinine clearance) pre, post procedure was assessed with Cockraft-Gault formula. All patients were given adequate pre and post procedure hydration. High dose atorvastatin (80 mg) on the day of the procedure. Patients were monitored for 5 days following the procedure with daily Biochemical analysis {Bl.Urea, S.creatinine,Na+,K+,Cl- }.Also strict vigilance was maintained for development of local complications like hematoma, pseudo aneurysm etc.

**Results:** Out of 50 patients, 31 were diabetics, all were hypertensives, 14 persons were smokers. >50% of the patients had hypertension. Most common procedure was PTCA. 10 patients were already on renal replacement therapy. One of the patients studied developed significant renal dysfunction following the procedure requiring dialysis, later expired (underwent irregular dialysis sessions & follow up). Another patient who used to get recurrent episodes of accelerated hypertension, LVF, died of the same during follow up after PTCA. In the rest of the patients there was no worsening of renal function.

**Conclusion:** Percutaneous interventions requiring contrast exposure are safe even in patients with renal derangement, provided adequate protective measures are taken.

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**Microalbuminuria as a risk factor for contrast-induced nephropathy**


Department of cardiology, LPS institute of Cardiology, Kanpur, India

**Background:** CIN is one of the most important causes of acute renal failure in hospitalized patients with the incremental use of contrast media. We aimed to investigate whether microalbuminuria may act as a risk factor for CIN in patients with CAD undergoing percutaneous intervention.

**Methods:** 70 hospitalized patients (37 men, 33 women) with CAD, microalbuminuria and estimated glomerular filtration rate (eGFR) of >60 mL/min/1.73 m², who were exposed to contrast media were compared prospectively with matched cohort of 70 patients (36 men, 34 women) without microalbuminuria. Microalbuminuria defined as 30-300 mg albumin/24 urine. All patients received prophylaxis against CIN with 0.9% intravenous saline. CIN is defined as either a 25% higher increase in serum creatinine (sCr) from the baseline levels or a 0.5 mg/dL increase in sCr at 72 h after contrast media exposure.

**Results:** The incidence of CIN was significantly higher than in matched patients without microalbuminuria (17.1% vs 7.1%, p<0.05). Correlation is more significant in patients with higher volume (>150mL) of contrast use (32% vs 11.5% p-value <0.01).

**Conclusion:** Microalbuminuria may be a new risk factor for the development of CIN in patients of CAD undergoing percutaneous intervention especially in patients with expected high volume of contrast use.

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**Experience of Left main (LM) percutaneous transluminal coronary angioplasty (PTCA) at JJ Hospital**

D.K. Ware, N.O. Bansal, S. Prabhu, S. Shivapuje

GMC and JJ Hospital, Mumbai, India

**Background:** LM PTCA was an indication for CABG. But, LM PTCA is becoming upcoming method for the same. We present experience of LM PTCA at our institute.

**Methods:** Patients presenting with ACS or CSA were subjected to CAG. Those having LM significant (>50%) lesion were included in study. Patients were explained the options for revascularization and consent were taken from those opting PTCA. Patients were loaded with 60 mg prasugrel or 600 mg clopidogrel. All patients were stented with DES (Evololimus/Zotarolimus). Pre and post procedure intravascular ultrasound (IVUS) was used. Injectable heparin was used intra and postoperatively. All patients were given aspirin and prasugrel/clopidogrel.

Patients were followed up by regular outpatient visit. Those having chest pain were subjected to CAG.

**Results:** Total 46 patients underwent LM PTCA. 26(56.52%) were males and 20(43.47%) were females. Mean age was 55 years. 38(82.60%) had HTN, 5(10.68%) were DM. 18(39.13%) were smoking. 28(60.86%) had dyslipidemia. 2 (4.34%) had AMI. 3(6.42%) had NSTEMI. 6(13.06%) had unstable angina. 35(76.08%) presented with CSA. Mean LVEF was 53.86%

24 (57.17%) patients had only LM lesion. Out of these, 5(10.86%) had ostial LM lesion, 12(26.08%) had mid LM lesion, 7(15.21%) had distal LM lesion. 9(19.56%) had LM plus ostial LAD lesion. 6(13.04%) had LM plus non ostial LAD lesion. 3(6.42%) had LM plus LCX lesions. 3(6.42%) had LM plus RCA lesion. 1(2.17%) had LM plus multivessel lesions.

3(6.52%) died during immediate postoperative period. Out of them, 1 presented with AMI in poor general condition, second had contrast induced nephropathy and third had multiple comorbidities who refused CABG. 3(6.52%) lost follow up, 3(6.42%) died out of hospital with unknown etiology. We performed CAG at mean 1 year follow up in 25(80.43%) patients, out of them 5(20%) had chest pain and among them 2 had de novo lesions in other vessel. All other patients had normal coronaries.

**Conclusion:** LM PTCA is an upcoming alternative for CABG and has good success.

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**Experience of percutaneous transluminal coronary angioplasty (PTCA) in post coronary artery bypass (CABG) patients at JJ Hospital**

D.K. Ware, N.O. Bansal, S. Prabhu, S. Shivapuje

GMC and JJ Hospital, Mumbai, India

**Background:** To assess the influence of contrast media over the renal function in patients of CKD.

**Methods:** Patients presenting with ACS or CSA were subjected to CAG. Those having LM significant (>50%) lesion were included in study. Patients were explained the options for revascularization and consent were taken from those opting PTCA. Patients were loaded with 60 mg prasugrel or 600 mg clopidogrel. All patients were stented with DES (Evololimus/Zotarolimus). Pre and post procedure intravascular ultrasound (IVUS) was used. Injectable heparin was used intra and postoperatively. All patients were given aspirin and prasugrel/clopidogrel.

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