**Tirofiban Does Not Attenuate the Acute Inflammatory Response Triggered by Percutaneous Coronary Interventions**

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**Background:** Percutaneous coronary intervention (PCI) triggers an inflammatory response which is incriminated in the pathogenesis of future adverse cardiac events. Tirofiban improves the outcome of PCI by inhibiting platelet aggregation, but its effect on the inflammatory response remains unknown. **Methods:** Patients with stable coronary artery disease and no known inflammatory conditions who were undergoing PCI, were randomized to receive a bolus dose after PCI and a 72-hour infusion of tirofiban or saline. High sensitivity C-reactive protein (hs-CRP), interleukin-6 (IL-6), tumor necrosis factor alpha (TNF), and soluble intracellular adhesion molecules (sICAM) were measured at baseline and 48 hours after the procedure. **Results:** Forty patients were enrolled. Twenty-one in the tirofiban group and 19 in the saline group. Stenting was performed in all 40 patients who had balloon angioplasty. Tirofiban was undetectable in all patients at baseline and 24 hours later. Levels of hs-CRP, IL-6, and TNF increased following PCI. **Conclusion:** hs-CRP, IL-6, and probably TNF but not sICAM are increased 46 hours after PCI. This acute inflammatory response, however, is not attenuated by the use of tirofiban.