Coronary Intervention in Acute Infarction: The Role of Combined $\text{IIb/IIIa}$ Inhibition and Thrombolytic Therapy


Background: Combined $\text{IIb/IIIa}$ inhibition and lytic therapy have not shown mortality benefit vs. lytics alone, however key trials have not used PCI. Restored infarct artery flow prior to PCI may facilitate instrumentation, survival and outcome.

Methods: The timing of reperfusion (as minutes from the onset of lytic therapy) based on >50% ST-segment recovery analyzed from continuous digital 12-lead monitoring analysis of 1052 patients from 4 trials (IMPACT-AMI, PARADIGM, GUSTO-V, INTEGRITI) combining lamifiban, improved myocardial salvage and clinical outcomes as a true facilitated PCI strategy.

Conclusions: While in large trials combined $\text{IIb/IIIa}$ inhibition and lytic therapy does not convey mortality benefit as lone medical therapy vs. standard lytic therapy, continuous 12-lead ST recovery data suggest a significantly accelerated early phase of reperfusion beginning 30-60 minutes from treatment and widening over the first 2-3 hours. This potentially opens a temporal and technical "window" of opportunity for PCI instrumentation in a more stable patient with better distal vessel visualization, which overall might improve myocardial salvage and clinical outcomes as a true facilitated PCI strategy.