Conclusions: follow-up. No death and reinfarction during 3 month

Heartrail lesions. It is safe and ef

achieved in 24 (92%) lesions with stent implanted. Both the 2 failure lesions to December, 2010 to treat with heart rail child catheters. Those lesions include 5 A total of 26 complex coronary lesions which failed cross by guide

force needed. The haemostatic valve was disconnected from the guide vessel either over a coronary wire, or a wire and a balloon catheter with the balloon made by Terumo company (Japan). It involves insertion of a flexible tipped extra length 120 cm 5 Fr guiding catheter through a standard 100 cm 6 Fr guiding catheter so that its tip extends into the vessel allowing extra deep intubation and hence increased backup support. The haemostatic valve was then re-attached to the end of the Heartrail catheter and the interventional procedure was performed in the usual manner through the haemostatic valve. Intubation depth were depended by the backup force needed.

Results: A total of 26 complex coronary lesions which failed cross by guide wire, balloon catheter or stent with routine method were selected from June, 2008 to December, 2010 to treat with heart rail child catheters. Those lesions include 5 LAD (19%), 6 LCX (23%) and 15 RCA (58%). Among these lesions, 5 (23%) were CTO, 15 (58%) associated with serious tortuosity, 10 (38%) associated with proximal stent, 15 (58%) associated with serious calcification. Success was achieved in 24 (92%) lesions with stent implanted. Both the 2 failure lesions were because balloon cannot cross. Air embolism was found in one lesion with normal blood flow after artery blood injection. No artery perforation and dissec-
tion was found during the procedure. No death and reinfarction during 3 month follow-up.

Conclusions: “mother and child” catheter system could increase backup support and help implant distal stent when routine method failed in complex percutaneous coronary intervention. It is safe and efficient but should care about air embolism.

Safety and efficacy of a novel technique in the use of fractional flow reserve in complex coronary artery lesions

Results: The results showed that fluoroscopy time and contrast dye usage were significantly different (P<0.05) in all patients after FFR, especially the fluoroscopy time in the novel technique group (5.7±1.0) vs. (10.1±2.1) s. The novel technique was successfully performed in 30 patients, without any FFR-related complications. However, the conventional technique was technique was failed in 3 patients of another group, with 2 cases of coronary artery spasm.

Conclusions: In comparison to the conventional technique of FFR, the new technique is more effective and safer.

The Changed Concentrations of Plasma Interleukin-18 and Tissue Factor in Patients with Coronary Heart Disease after Percutaneous Coronary Intervention

Results: The concentrations of plasma IL-18 and TF in patients with CHD were measured by ELISA before PCI and after PCI respectively, 1d, 3d, 7d, 30d respectively. Independent samples t-test was employed to analyze the distinction between 2 groups. One-way ANOVA analysis was used to analyze the distinction among 3 or more than 3 groups of measured data, linear correlation analysis was used to the relationship between two measured variables.

Conclusions: Among patients with NSTEACS, diabetes was the independent hazard factor of all-cause mortality (HR 2.476, 95% CI 1.763-3.479, P<0.0001) and MACE (HR 1.569, 95%CI 1.206-2.042, P=0.0008).

Thrombelastography (TEG) test to assess the anti-platelet therapy responsivity in coronary heart disease

Results: The concentrations of plasma IL-18 and TF in patients with CHD were measured by ELISA before PCI and after PCI respectively, 1d, 3d, 7d, 30d respectively. Independent samples t-test was employed to analyze the distinction between 2 groups. One-way ANOVA analysis was used to analyze the distinction among 3 or more than 3 groups of measured data, linear correlation analysis was used to the relationship between two measured variables.

Conclusions: The high concentrations of plasma TF, IL-18 were in the CHD patients and paralleled with the gravity of disease, the concentrations of plasma TF were positively associated with the concentrations of plasma IL-18 before and after PCI, this suggested that there were hypercoagulability activity and high inflammatory response state in CHD patients. The inflammation and coagulation system closely associate with each other.