THE EFFECT OF TAILORED ANTIPLATELET THERAPEUTIC STRATEGY DURING PERCUTANEOUS CORONARY INTERVENTION ON PERIPROCEDURAL MYONECROSIS IN DIABETIC PATIENTS: INSIGHTS FROM THE DM-VERIFYNOW STUDY

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Background: Diabetic patients show poor response to antiplatelet agents and are prone to periprocedural complications during percutaneous coronary intervention (PCI) compared to non-diabetic patients. In this study, we investigated the effect of tailored antiplatelet strategy on the periprocedural ischemic complications in diabetic patients.

Methods: Study flow is summarized in Figure 1. 130 consecutive diabetic patients were prospectively assigned to 3 study groups from June 2009 to July 2011. Primary outcome was the incidence of periprocedural MI defined as elevation >3 times upper normal limit of CK-MB or troponin-I within 24 hrs after PCI. Secondary outcomes were composite of clinical events (death, nonfatal MI, and TIMI major/minor bleeding) at 1 month.

Results: 98 Patients (75.4%) showed HPPR among 130 patients enrolled to this study. Clinical and procedural characteristics were not different among three groups. There were no significant differences in the rate of periprocedural MI (test group, 57.4%; control 1, 56.9%; control 2, 50.0%, p=0.78). Bleeding events were more frequent in test group (test group, 10.6%; control 1, 2.0%; control 2, 0%, p=0.04). No other adverse events were reported during the follow-up.

Conclusion: 75.4% of diabetic patients could not achieve adequate platelet inhibition with loading of 300mg clopidogrel one day before PCI. Additionally, tailored approach using abciximab to diabetic patients with HPPR did not decrease periprocedural ischemic complications.