depression of 1 mm in at least two contiguous leads out of four pre-
cordial leads from V1 to V4 and was included into the study. All the 
patients had undergone coronary angiography within the index 
admission. All data were analyzed through SPSS software system. 
Pearsons correlation coefficient was used for correlation study (for 
r value) and level of significance was carried out by Pearsons corre-
lation T test (for p value).

RESULTS 93.3% and 92.2% had lead V3 and V2 ST depression. Mean 
ST segment depression in V2 was highest (2.46 ± 1.67 mm). Mean sum 
of ST segment depression (from V1 to V4) was 5.77 ± 3.97 mm. Double 
& triple vessel involvement was 38.9% each. RCA was 81.1% with 
significant LAD involvement (63.3%). LCX was 50%. Severity of cor-
onary artery disease was assessed by Gensini & Reardon score, mean 
value of which was 30.2 +/- 917.49 and 5.96 +/- 2.48. Thereafter, a 
correlation was depicted between summation values of ST depression 
in mm with that of Gensini & Reardon score and turned out to be 
positive as evidence by the r value. For Gensini score it was 0.61 and 
for Raedon score was 0.52.

CONCLUSION All who had LAD lesion, had sum of ST depression 
> 4 mm except three. Henceforth it could be mentioned that increased 
value of sum of ST segment depression in leads V1 to V4 during acute 
fiber myocardial infarction is associated with more frequent & 
developed coronary artery disease. Thus the study revealed that severity of 
ST segment depression in leads V1 to V4 is directly propor-
tional to the extent of coronary artery disease as reflected by the 
r value of Gensini score and Reardon score.

TCTAP A-090
Extra Vascular Access Closure in Anti-Coagulated Patients Under Going 
Percutaneous Interventions
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BACKGROUND Vascular access site complications, particularly 
bleeding complication, in percutaneous endovascular interventions is 
a relentless problem. Several access closure devices have been 
developed over the years. Closure devices can be broadly classified into extrTCTAP A-vascular 
and intra-vascular types. All of them have their own inherent advan-
tages and disadvantages.

An ideal vascular closure device should be easy to deploy, relatively 
safe and effective with minimal complications. It should also be a 
versatile device and universally applicable to all types of patients.

Despite several accesses closure devices that are available access 
site complications are a common place.

Radial access has been popularized as an alternate with minimal 
complications. However radial access is not without problems and has 
limitation as to the choice of devices that can be used due to access 
 vessel size limitation.

METHODS Increasingly complex percutaneous vascular inter-
nventions have been attempted with high risk co-morbidities such as 
diabetic vasculopathy and PAD with growing diversity of per-
cutaneous interventional devices.

To minimize access site complications particularly bleeding at the 
same time not loose large vessel access capability we adapted femoral 
and brachial access for interventions followed by immediate access 
closure using MYNX extrTCTAP A-vascular closure device.

The protocol involved adjunctive therapies to extra-vascular closure 
when indicated in high risk bleeding patients.

Anti-coagulation was carried out in accordance with standard 
therapy guidelines.

RESULTS RENU-CA research Institute MYNX experience in anti-
coagulated patients undergoing PCI: 414 cases from 2010 - 2014.
Anti-coagulated - ACT 250 - 350 secs.
Brachial access - 9pts.
Venous access closure - 18pts.
Peripheral arterial disease pts > 200.
Procedural success > 98%.
Device failure - 18.
Break through bleeding - 3.3%.
Access sheaths - 6Fr, 7Fr, 8Fr.
Single perclose suture device / MYNX combination for successful 
closure of 14-18 Fr access sheaths after Impella device and AAA 
percutaneous stent grafting - 4pts.

CONCLUSION Extra vascular access closure is safe.
It can be very effective when used with proper technique.
Complications are minimal and are usually minor.

No risk for threatened limb loss or urgent surgical exploration.
Endothelial integrity not damaged.
Can be used to close venous access in anti-coagulated patients.
Brachial access with MYNX closure can be an alternate to Radial access 
with comparable complication rates and costs.

Brachial access allows for more choices for device selection compared 
to radial access.

PEACE OF MIND WITH NO PIECE LEFT BEHIND!

TCTAP A-091
Contrast-Induced Nephropathy
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BACKGROUND The most commonly accepted definition of contrast-
induced nephropathy is an increase in serum creatinine concentra-
tion by >0.5 mg/dl (44 μmol/l), or a 25% increase above baseline in the 
resulting 48-72 hours postinfusion of intravenous or intra-arterial 
contrast media.

— A new definition of contrast nephropathy in patients undergoing 
percutaneouscoronary intervention was recently proposed by Harjai, 
et al. This tripartite definition classifies contrast nephropathy as:
— grade 0 (serum creatinine increase <25%above baseline and <0.5 
mg/dl above baseline).
— grade 1 (serum creatinine increase >/=25%above baseline and <0.5 
mg/dl above baseline).
— grade 2 (serum creatinine increase >/=0.5 mg/dl above baseline).
— This classification is prognostic of long-term outcomes of patients 
after percutaneous coronary intervention. Patients with grade 2 
 nephropathy had the worst outcome while those with grade 0 
nephropathy had the best outcome on long-term follow-up.


METHODS

RESULTS CIN is normally a transient process, with renal functions 
reverting to normal within 7-14 days of contrast administration.
Less than one-third patients develop some degree of residual renal 
impairment.

Dialysis is required in less than 1% of patients, with a slightly higher 
incidence in patients with underlying renal impairment (3.1%) and in 
those undergoing primary PCI for myocardial infarction (MI) 
(3%). However, in patients with diabetes and severe renal failure, the 
rate of dialysis can be as high as 12c.


Dialysis for the patient before intervention is mandatory in reducing 
the incidence of contrast nephropathy.

Risk scoring before intervention and follow up after intervention can 
also helping you in reducing the incidence of contrast nephropathy.

TCTAP A-092
Relationship Between Door-to-Ballo on Time and Short- or Long-Term 
Outcome in Patients with ST-T Segment Elevation Myocardial Infarction
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BACKGROUND Whether a delayed door-to-ballo on time (DTB) time was 
associated with a higher mortality in patients with ST-segment 
elevation myocardial infarction (STEMI) undergoing percutaneous 
coronary intervention (PCI) still remains controversial.

METHODS We investigated the relationship between DTB time and long 
term outcomes in a multicenter, retrospective observational study. A total 
of 921 STEMI patients underwent primary PCI between January 2007 and 
December 2012. Out of them, 838 STEMI patients were revealed accurate 
DTB time. Patients were classified into the two categories depending on the