Early coronary patency evaluation of a platelet glycoprotein receptor antagonist (abciximab) in primary PTCA: the GRAPE-pilot study

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The best treatment of acute myocardial infarction (AMI) is achieving early patency of the infarct related artery (IRA). The results of thrombolysis and primary PTCA are already known. There is hardly any information about the effect of platelet glycoprotein receptor antagonists on early patency in AMI. In the GRAPE (Glycoprotein Receptor Antagonist Patency Evaluation) pilot trial we studied 41 patients (ppl) with < 6 hour AMI eligible for primary PTCA and with a total of 15 000 Ci of γ-cobalt radiation or more. At hospital admission all pts were given oral aspirin 160 mg, and 5000 IU heparin together with a bolus of abciximab (Reopro®) 0.25 mg/kg followed by a 12 hour infusion of 10 mg/ml. As soon as possible the pts were brought to the catheterisation lab to undergo angiography and, if necessary, primary PTCA. Results: Median time between abciximab bolus and first injection for angiography was 45 minutes (range 10-90). The culprit lesion was found to be the IRA in 17 pts, the RCA in 3 and the LAD in 21 pts. At first IRA injection there was a TIMI flow grade 3 in 12 (30%) pts. Two pts (5%) showed TIMI flow grade 2, in 27 (65%) pts the IRA was totally occluded (TIMI flow grade 0 and 1). Conclusion: These preliminary data suggest, that abciximab given early in patients with a large AMI eligible for primary PTCA can achieve IRA patency in a third of the pts.

A Randomized, Placebo-Controlled Crossover Trial of ReoPro Alone or Combined with Low-Dose Plasminogen Activator for Coronary Reperfusion in Patients with Acute Myocardial Infarction: Preliminary Results

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We have previously observed rapid initial coronary flow by ReoPro without exogenous plasminogen activators (EPA) in patients (ppl) with acute coronary occlusion. In an ongoing double-blind, placebo-controlled, crossover trial of ReoPro alone or in conjunction with low-dose Activesa, 26 pts within 6 hr of onset of acute myocardial infarction (AMI) and ST-segment elevation have received ReoPro (325 mg PC) and heparin (70 Unit/kg bolus plus 7 Unit/kg/hr continuous infusion), Seals, WA; Seals, CO; John M. Sasaki, Gifu Hospital, Nagoya, Japan; John R. Heuser, NV; Robert S. Marco, VA Medical Center, Denver, CO; Robert S. Marco, VA Medical Center, Durham, NC; David J Moliterno, Cleveland Clinic Foundation, Cleveland, OH

ADGANOEC GERS FROM PLATELET Receptor Inhibition for Ischemic Syndrome Management in Patients with Documented Unstable Angina or Non-Q-wave MI (PRISM-Plus)

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The angiographic (Angiography) study in PRISM-Plus was designed to examine the effect of irximab (IX), a non-peptide platelet GP IIb/IIIa receptor blocker, compared to heparin (Hep) on angiographically detected intracoronary thrombus (THR). 1188 pts with documented unstable angina or non-Q-wave MI were randomized to Hep or to CTH and had angiography a mean of 65:4 hrs (0-97) after the randomization. Culprit lesions were identified based on the ECG ischemic region and the details of coronary anatomy and analyzed by threshold Lab, blinded to treatment, THR was analyzed using the TIMI-THR grade: 0=absent, 1=possible, 2=small (<0.5 x normal lumen diameter (NLD) at the greatest dimension), 3=medium (0.5-1.5 x NLD), 4=large (>1.5 x NLD). 3=severe total occlusion. Flow past the culprit lesion was assessed using TIMI-Flow grade. The primary and secondary angiographic endpoints were the % of pts with each grade of THR and TIMI flow past the culprit lesion. Results: For 589 pts in CTH, the % of pts in THI grade 0-5 were 58, 12, 12, 2 and 4, but were 53, 12, 12, 12, 12, and 3 for 588 pts in Hep (p=.002). The % of pts with TIMI-flow grade 3-0 were 82, 9, 1 and 8 in CTH, versus 74, 12, 12 and 14 in Hep (p<.0002). Conclusions: In PRISM-Plus, compared to Hep alone, the CTH significantly reduced the