

Results: Stent implantation of AMI was introduced since April 1994, and pts were divided into two groups, pre-stent era group and stent era group. Indication of stenting was for the treatment of suboptimal result after direct balloon angioplasty, or bailout for acute or threatened closure. Of the 177 pts with CS, 48 pts (27%) were treated in stent era, and 18 pts (38%) received stenting, and all of them were successful. Of the 1922 pts without CS, 520 pts (27%) were treated in stent era, and 127 pts (24%) received stenting, and 125 stenting (98%) were successful. Result of reperfusion therapy, reocclusion and mortality were showed in table. Unsuccessful reperfusion was defined as TIMI ≤ 2 flow. In pts with CS, introduction of stent reduced unsuccessful reperfusion 19%, reocclusion 21% and mortality 17%. These reduction rate was significantly higher in pts with CS than that in pts without CS.

Era	CS pts (N = 177)			Non CS pts (N = 1922)		
	Pre-Stent	Stent	Reduction	Pre-Stent	Stent	Reduction
N	129	48	-	1402	520	-
Stent Use	-	18 (38%)	-	-	127 (24%)	-
Successful Stenting	-	18 (100%)	-	-	125 (98%)	-
Unsuccessful reperfusion	44 (34%)	7 (15%)	19%	140 (10%)	31 (6%)	4%*
Reocclusion	38 (29%)	4 (8%)	21%	168 (12%)	31 (6%)	6%*
Mortality	59 (46%)	14 (29%)	17%	56 (4%)	16 (3%)	1%*

*p < 0.001, *p < 0.05.

Conclusion: stenting in pts with CS, 1) was performed with high success rate, 2) prevented reocclusion, 3) reduced mortality and 4) was considered to be more beneficial compared to pts without CS.

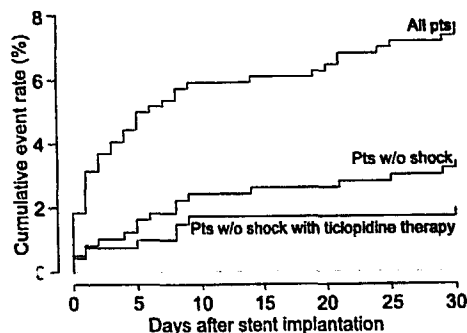
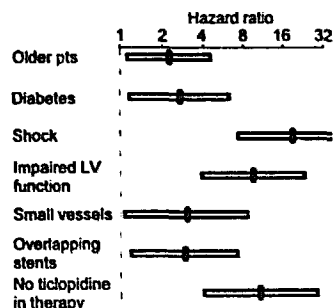
1086-78 Risk Factor Analysis for the 30-Day Outcome After Coronary Stent Implantation in Patients With Acute Myocardial Infarction

A. Kastrati, S. Elezi, H. Schühlen, H. Walter, J. Dirschinger, F.-J. Neumann, A. Schömig. 1. Med. Klinik & Deutsches Herzzentrum, TU München, Germany

Background: Direct coronary stent placement is becoming a treatment option for patients (pts) with acute myocardial infarction (AMI). We assessed the risk factors for the 30-day outcome of this intervention.

Methods: Stenting was attempted in 560 pts with AMI admitted within 72 hours from onset of pain and was successful in 542 (97%). Clinical, angiographic and procedural data were prospectively recorded. The occurrence of death, nonfatal repeat AMI or stroke during the first month represented the combined end point of the study.

Results: Strongest risk factors by Cox analysis were cardiogenic shock before the procedure, reduced left ventricular function and poststenting therapy without ticlopidine (upper graph). The study end point was reached by 3.4% of 494 pts without shock and by only 1.96% of 407 pts without shock and with ticlopidine therapy (lower graph).



Conclusions: Pts without shock and with ticlopidine therapy have an excellent 30-day outcome. Care must be taken to avoid overlapping stents and optimize the postprocedural antithrombotic therapy.

1086-79 Primary Angioplasty Improves Outcome in Right Ventricular Infarction

O.R. Rosales, G.W. Schroth, M. Thiesens, H.V. Anderson, K. Fujise, R.W. Smalling. The University of Texas Medical School and Hermann Hospital, Houston, Texas, USA

Background: Right ventricular involvement (RVI) during acute inferior wall myocardial infarction (IWM) is associated with a high incidence of in-hospital mortality (25-35%) and complications. Little information is available regarding optimal treatment for these high risk patients.

Methods: Fifty-five patients (33 males, 32 females; age 31-85 with the median age 61; mean left ventricular ejection fraction 55%) with electrocardiographic or hemodynamic evidence of RVI during IWM were treated with balloon angioplasty alone (BA) (42%), or stenting (58%) of the proximal right coronary artery. Thirteen patients (24%) were in cardiogenic shock at time of presentation. In 49 patients, primary percutaneous revascularization was the only strategy. Rescue BA/stenting was necessary in six patients after failed thrombolysis in the setting of cardiogenic shock.

Results: Procedural success was 98%. Overall in-hospital mortality was 9% (5/55). In-hospital mortality in patients with cardiogenic shock (2/13) was 15%. No patients (0/7) with cardiogenic shock treated with primary angioplasty died, whereas 2/6 patients (33%) with cardiogenic shock treated with thrombolytic therapy and rescue BA/stenting died.

Conclusion: These findings suggest that primary percutaneous revascularization in patients with RVI with or without cardiogenic shock is associated with a high procedural success rate and improved mortality.

1086-80 Timing of Ventricular Function Recovery After Primary Stent Treatment for Acute Evolving Myocardial Infarction

A. Medina, J.S. de Lezo, E. Hernández, M. Pan, M. Romero, J. Segura, F. Melián, J.R. de Castroviejo, A. Delgado. Pino Hospital, University of Las Palmas, and Reina Sofia Hospital, University of Córdoba, Spain

Background: Primary stent treatment for acute myocardial infarction (AMI) is presently under evaluation. However, there is still lack of angiographic information regarding the timing of functional recovery.

Methods: Since January/94 we have treated 116 patients with AMI by elective stent implantation. From them, we selected for analysis 28 patients who had a serial left-ventricular function studies and a patent artery at follow-up. The mean age was 55 ± 11 years. The time from onset of symptoms to recanalization was 2.9 ± 1.7 hours; 13 had an anterior and 15 an inferior myocardial infarction. Coronary angiography and left-ventricular angiogram (30° RAO projection) were performed in the following conditions: baseline (before treatment), 24-hour (24 h), 1-month (1 m) and 6-month (6 m). Ejection fraction (EF) and regional wall motion analysis were measured in every study.

Results: The table summarizes the observed results.

	Basal	p <	24 h	p <	1 m	p <	6 m
EF (%)	48 ± 11	0.05	55 ± 14	0.01	60 ± 10	ns	64 ± 9
Regional EF (%)	11 ± 6	0.05	16 ± 8	0.01	24 ± 13	ns	26 ± 11
LEDVP (mmHg)	23 ± 4	0.05	17 ± 4	0.01	15 ± 4	ns	14 ± 3

Conclusions: Stent revascularization in AMI provides an early functional recovery which continues improving. After 1 month, no further changes were observed.

1086-81 Coronary Stenting in Acute Myocardial Infarction Versus "Stent-like" Coronary Balloon Angioplasty

G. Eid-Lit, R. Villavicencio, M. Rosas, J. Luna, H. Anza, M. Peña-Duque, E. Ban-Hayashi, J. Gaspar, M.A. Martínez-Rios. Instituto Nacional de Cardiología "Ignacio Chávez", Mexico City, Mexico

Background: It has been shown that elective stent implantation provides a better clinical and angiographic outcome over balloon angioplasty alone in a selected patient population.

Methods and Results: We performed a retrospective comparative study of 101 pts with an AMI that underwent PTCA within 8 hours of symptoms onset from Dec '95 through May '97. Stent-like (SL) group had post-procedural diameter stenosis $\leq 30\%$ by angiography (n = 51, age 52 ± 8 years) and were compared with 50 pts who received coronary stenting (age 55 ± 7.9 years). Stent indications were: suboptimal results (30%), intimal dissection (19%), threatened closure (9%) and "de novo" (42%). Coronary stents