TCT-703

The radial artery does not show significant change after transradial coronary interventions

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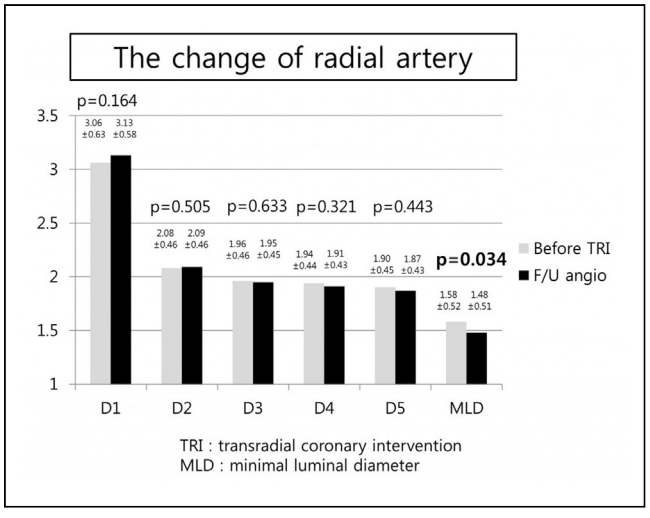
BACKGROUND The radial artery is currently regarded as a useful vascular access site for coronary intervention but there is no known impact of transradial coronary intervention (TRI) regarding the change of radial artery diameter. There were no published data by quantitative artery analysis after the TRI.

METHODS From June 2009 to September 2014, consecutive patients underwent TRI and follow-up coronary angiography (FUCA) after TRI were enrolled. We divided radial artery from an elbow to sheath tip into 5 parts (D1, D2, D3, D4 and D5) and analyzed radial artery diameter and minimal luminal diameter (MLD). The primary endpoint was the changes of radial artery diameter.

RESULTS Among total 960 patients underwent FUCA, 116 patients underwent FUCA via other site (femoral artery or opposite radial artery) and 201 patients had no radial images or poor radial images. Finally, total 643 patients were analyzed. Before TRI, initial MLD1 was 1.58±0.52 and diameters were 3.06±0.63, 2.08±0.46, 1.96±0.46, 1.94±0.44 and 1.90±0.45 (D11, D12, D13, D14 and D15). MLD2 of FUCA was 1.48±0.51 and diameters were 3.13±0.58, 2.09±0.46, 1.95±0.45, 1.91±0.43 and 1.87±0.43 (D21, D22, D23, D24 and D25). The changes of radial artery size were not significant statistically. (p>0.05) But the change of MLD was statistically significant. (MLD1 vs. MLD2 p=0.034).



CONCLUSION Although the minimal luminal diameter has shown a significant difference, the five measurements taken seem to support the idea that transradial interventions do not affect the radial artery size and the statistically significant difference was only 0.1mm.

CATEGORIES CORONARY: Angiography and QCA

TCT-704

Intravascular Ultrasound Analysis of Intraplaque Versus Subintimal Tracking in Percutaneous Intervention for Coronary Chronic Total Occlusions: One Year Outcomes

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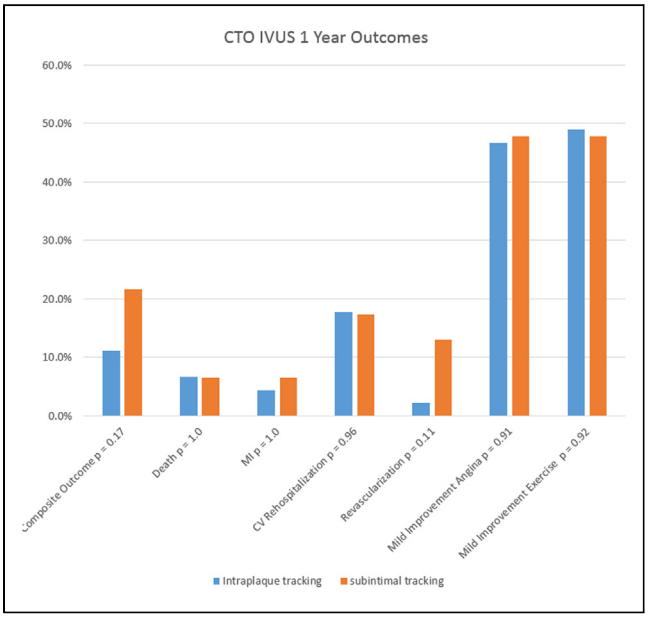
BACKGROUND Chronic total occlusion (CTO) percutaneous coronary intervention (PCI) utilizes both intraluminal and subintimal wire tracking to achieve successful technical success. IVUS visualization can precisely determine wire tracking in CTO PCI. A recent report from our center demonstrated that subintimal stenting was associated with a higher rate of in-hospital adverse events compared to intraplaque stenting. Here, we report the 1 year follow-up results.

METHODS From March 2014 to March 2016, data were collected into a single-center database from patients undergoing CTO PCI with concomitant IVUS imaging. 1 year clinical outcomes were obtained with a composite cardiovascular endpoint of all-cause death, myocardial infarction, and unplanned revascularization.

RESULTS Of the 219 patients initially evaluated, 91 patients had completed 1 year follow up data. Subintimal tracking was detected in 50.5% of overall cases. Patients with subintimal tracking were older (63 ± 9 vs 68±9) and had a greater rate of prior PCI compared (52.3 vs 73.9%) to intraplaque tracking. At 1 year, the observed rate of the composite endpoint in the subintimal tracking group was numerically higher than the intraplaque group (21.7% vs.11.1%, OR 2.2; 95% CI 0.69-7.12, P= 0.17), driven by a non-significant, higher rate of unplanned revascularization (13.0 vs. 2.2% OR 6.6 95% CI 0.76-57.2 P = 0.11).



CONCLUSION Subintimal tracking was observed in one-half of all successful CTO PCI cases and is associated with a non-significant, increase in revascularization. Larger, prospective studies should be undertaken to further characterize these findings.

CATEGORIES CORONARY: Complex and Higher Risk Procedures for Indicated Patients (CHIP)

TCT-705

The Prognostic Value of Residual Coronary Stenosis After "Functionally" Complete Revascularization in Acute Coronary Syndrome: Insights from the DANAMI-3-PRIMULTI, FAME, and FAMOUS-NSTEMI

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