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ИНТЕРВЕНЦИОННАЯ КАРДИОЛОГИЯ И КАРДИОХИРУРГИЯ

OUTCOME OF PATIENTS ON ORAL ANTICOAGULATION UNDERGOING CORONARY ARTERY STENTING

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Objectives: To obtain further, and more focused, information on the efficacy and safety of the antithrombotic regimens, including triple therapy (TT) of warfarin, aspirin, and clopidogrel; dual therapy (DT) of warfarin and single antiplatelet agent (aspirin or clopidogrel); and dual-antiplatelet therapy (DAPT) of aspirin and clopidogrel, prescribed to patients on oral anticoagulation (OAC) undergoing percutaneous coronary intervention (PCI).

Background: The true efficacy and safety of TT, DT, and DAPT in OAC patients undergoing PCI is largely undefined.

Methods: We analyzed the database of the prospective, multicenter warfarin and coronary stenting (WAR-STENT) registry, only including the hospital period in Republican Scientific Centre Emergency Medical Aid (RSCEMA).

Results: Of the 104 patients discharged alive from index hospitalization, 78 (75%), 7 (8%), and 15 (17%)

were prescribed TT, DT, and DAPT, respectively. Throughout a mean follow-up of $5-7 \pm 1-2$ days, major adverse cardiovascular events (MACE) (including cardiovascular death, myocardial infarction, repeat revascularization, stent thrombosis, and thromboembolism), total bleeding, major bleeding, and combination of MACE plus total bleeding were comparable across the three treatment groups. The absolute rate of major bleeding with TT was 4%. The antithrombotic treatment actually ongoing at major bleeding was TT in 44%, DT in 50%, and DAPT in 6% of cases.

Conclusion: In the world population of patients undergoing PCI in the WAR-STENT registry, the three antithrombotic regimens of TT, DT, and DAPT showed comparable efficacy and safety. Due to several limitations, our data cannot be considered conclusive in confuting the current recommendations to prescribe TT.

PULSE PRESSURE IN PATIENTS BEFORE AND IN THE EARLY PERIOD AFTER IMPLANTATION OF THE PACEMAKER AND CARDIAC RESYNCHRONIZATION THERAPY DURING THE MEDICATION

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Aim of the investigation is to evaluate the frequency of occurrence pulse pressure (PP) classes in patients prior and in the early period after implantation of the pacemaker and cardiac resynchronization therapy (CRT) during the medication.

Materials and Methods: 220 patients (110 men and 110 women) were examined before and in the early period after pacemaker implantation. The patient's average age was 70 ± 9 years. Indications for pacemaker implantation were: atrioventricular (AV) block, bundle branch block, sick sinus syndrome (SSS), permanent bradysystolic form of atrial fibrillation (AF), dilated cardiomyopathy (DCM). The

patients were treated with different pacing modes: VVI / VVIR (isolated ventricular node without or with frequency adaption)–69 patients, DDD / DDDR (double chamber pacing without or with frequency adaption)–132 patients, CRT-P/D–19 patients. Patients were attributed into five classes according to levels of PP: I–very low PP–less than 20 mm Hg; II–low PP–from 20 to 40 mm Hg; III–normal PP–from 40 to 60 mm Hg; IV–high PP–from 60 to 80 mm Hg; V–very high PP–more than 80 mm Hg. Frequencies of occurrence of PP were studied before and in the early period after the pacemaker implantation at various modes of stimulation. The



data were brought into the Microsoft Excel base. For statistical evaluation of the results were used the parametric criteria (relative (p, percentage (%)) and the mean percentage error (sP)) units). Probable results were determined at levels of reliability $p < 0,05$ and $p < 0,01$.

Results: Pacemaker implantation in the acute post-implantation period has positive effect on PP, that is shown by increase in the frequency of PP class III ($p < 0,01$) by reducing of frequencies of II, IV and V of PP classes. Pacemaker implantation in the acute period is presented by increasing frequency of PP class III in VVI, DDD, DDDR pacing modes ($p < 0,01$) by reducing frequency of II, IV and V of PP classes, and frequencies of PP classes' occurrence in VVIR and CRT pacing modes were not significantly changed. Most of patients (16%) after pacemaker

implantation migrated from II, IV and V classes to III class of PP (79% of patients). Only 6% of patients with classes III and V migrated to class IV and only 0.5%—from III to the II class of PP. Preservation of II, IV and V classes of PP was registered in 21% of patients.

Conclusions. Pacemaker implantation during the medication promotes the normalization of PP in 79% of patients with concentration in class III by reducing in II, IV and V classes of PP. After early period of pacemaker implantation the concentration of patients in the III class of PP occurs in VVI, DDD, DDDR pacing modes, and in VVIR and CRT pacing mode it has no significant effect on the migration of patients in PP classes. Preservation of II, IV and V classes of PP in 21% of patients after pacemaker implantation shows necessity of its complement drug therapy.

EFFECTIVENESS OF BIORESORBABLE STENTS IN THE TREATMENT OF ISCHEMIC HEART DISEASE

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Aim of the study. Despite advances in prevention, pharmacotherapy, interventional and surgical treatment of ischemic heart disease, mortality and disability from complications in recent years still is a leader in most of the world.

Coronary angioplasty and stenting significantly improve the capacity and effectiveness of the treatment of coronary artery disease.

However, the performance of coronary angioplasty in coronary stenosis was accompanied by the sudden development of vascular occlusions after dilation, restenosis, bundles-artery walls dissections necessitated the creation of intravascular device to maintain the frame lumen.

Material and method. There were operated a 38 patients who had a total of 41 were implanted absorbable stent. The men—31, women—7. The age of patients ranged from 29 to 70 years (mean age $58,2 \pm 1,1$ years). In 35 patients diagnosed with stable angina, unstable angina—in 2, the early post-infarction angina—in 1 patient. Myocardial infarction—in five patients. By the nature of concomitant diseases in all patients established hypertension, in 16 patients—diabetes mellitus. Of all the patients—30 are smokers, of whom 13 heredity burdened by cardiovascular disease.

The coronary angiography showed single vessel disease in 30 patients, and 3 patients—two vessel disease. In 5's patients had multivessel coronary artery disease. In this scaffold (stent) was implanted in symptom-dependent coronary artery to stabilize angina. Of the operated patients 4 patients had

previous stenting of the coronary arteries of the heart. Coronary angiography revealed that the previously installed stents were patent without «in-stent» stenosis, but revealed stenosis «de novo», where the implanted stent. I.e. in this case, the formation of stenosis occurred due to the progression of atherosclerosis in other segments of the arteries, or previously intact arteries.

Results. Of the 38 patients in 3 patients with multivessel coronary artery scaffold stents were implanted in two different coronary artery. In 30 patients with coronary artery stenting with single vessel disease. For multivessel coronary disease scaffold stents were used for artery stenting «first range», such as the left anterior descending artery (LAD) and right coronary artery (RCA). In other arteries were implanted metallic drug-eluting stents (DES). When single vessel disease stenting local stenosis anterior descending artery (LAD) was performed in 20 patients, right coronary artery (RCA)—10 patients, LAD and RCA—1 patient, the circumflex artery (Cx) and the obtuse marginal branches (OM)—1 patient, LAD and Cx—1 patient, OM—3 patients, the artery intermedia (AI)—2 patients, diagonal artery (DA)—1 patient. Of all patients, 18 had made more postdilatation to achieve full disclosure of the stent. All patients achieved antegrade flow TIMI III. Exclusion criteria for the use of absorbent stents were the calcification, bifurcational stenosis (1: 1: 1 to Medina) and kinking arteries is an.

Complications during surgery and the immediate postoperative period were noted in any case. In all