

血管形成術施行の際の抗凝固薬の比較

ST上昇心筋梗塞の治療として血管形成術を行う際にabciximab およびtirofibanを使用した場合の成績は同等である

Abciximab and tirofiban produce similar outcomes in patients who have angioplasty as treatment for ST-segment elevation myocardial infarctions

ST上昇心筋梗塞の治療として血管形成術を行う際にabciximabおよび tirofibanを使用した場合の術後成績は同等であるが、シロリムス溶出ステントを使用した方がベアメタルステントを使用するよりも優れているようであるとAmerican College of Cardiology学会で発表された。研究者らは745人の患者における抗凝固療法およびステントにおいて比較した。術後90分の解読可能な心電図のある患者722人(97%)においてST上昇の改善が50%以上認められたのはabciximab投与患者361人中302人(83.6%)であり、tirofiban投与患者361人中308人(85.3%)であった。虚血および出血の成績は同等であった。8ヵ月の時点での主要な有害事象はtirofiban(9.9%)およびabciximab(12.4%)で同等であったが、ベアメタルステント(54人、14.5%)ではシロリムスステント(29人、7.8%)よりも高かった。再血行再建術施行率はベアメタルステントで10.2%、シロリムス溶出ステントでは3.2%であった。

Full Text

Abciximab and tirofiban produce similar post-procedural outcomes in patients who have angioplasty as treatment for ST-segment elevation myocardial infarctions, but use of a sirolimus-eluting stent appears to have advantages over use of an uncoated stent, according to a presentation at the annual meeting of the American College of Cardiology.

The study was designed to compare use of the two anticoagulants in patients receiving uncoated stents, as well as to compare sirolimus-eluting and uncoated stents. Infusion with abciximab and implantation of an uncoated-stent is a common treatment strategy for patients undergoing angioplasty for ST-segment elevation myocardial infarction. It was unclear whether there would be similar benefits in use of tirofiban, which could have clinical and economic implications. Use of drug-releasing stents in this patient population has been discouraged because of conflicting efficacy results and safety concerns.

Marco Valgimigli, MD, PhD, of the cardiovascular Institute, University of Ferrara, Italy, and colleagues evaluated high-dose tirofiban and sirolimus-releasing stents compared with abciximab infusion and uncoated-stent implantation in 745 patients with undergoing angioplasty. The trial was conducted in Italy, Spain, and Argentina between October 2004 and April 2007.

Among the 722 patients (97 percent) who had an interpretable electrocardiogram, at least 50 percent resolution of ST-segment elevation at 90 minutes post-procedure occurred in 302 of 361 patients (83.6 percent) and 308 of 361 patients (85.3 percent) in the abciximab and tirofiban groups, respectively. Ischemic and hemorrhagic outcomes were similar.

At 8 months, the major adverse event rate was similar among patients who received tirofiban (9.9 percent) and those who received abciximab (12.4 percent), but was higher among patients who received uncoated stent (54 patients, 14.5 percent) compared with patients who received sirolimus-releasing stent (29 patients, 7.8 percent).

Revascularization was 10.2 percent for uncoated stents compared with 3.2 percent for sirolimus-releasing stents.

The article was published online by Journal of the American Medical Association on March 30 and will appear in the April 16 print issue.

"In summary, our study provides evidence that in a broad population of largely unselected patients undergoing percutaneous coronary intervention for STEMI, tirofiban therapy is associated with a noninferior resolution from ST-segment elevation at 90 minutes post-intervention compared with abciximab, and at 8-month follow-up, major adverse coronary events are approximately halved by sirolimus-eluting stent implantation compared with uncoated stents." the authors concluded.

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