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急诊PCI联合替罗非班治疗急性心肌梗死患者的有效性和安全性研究

Emergency Medical Treatment PCI Treats the Acute Myocardial Infarction Patient's Validity and the Security Jointly for Tirofiban Study

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中文关键词: [替罗非班](#) [急性心肌梗死](#) [经皮冠状动脉介入治疗](#)

英文关键词: [tirofiban](#) [acute myocardial infarction](#) [percutaneous coronary intervention](#)

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中文摘要:

目的 探讨急性前壁或下壁心肌梗死患者急诊经皮冠状动脉介入治疗(percutaneous coronary intervention, PCI)早期联合应用替罗非班的临床疗效及安全性。**方法** 我院2008年2月至2010年6月心内科住院治疗的急性前壁或下壁心肌梗死患者50例, 随机分为替罗非班组($n=26$)和对照组($n=24$), 替罗非班组在介入术前常规给予阿司匹林、氯吡格雷、辛伐他汀等治疗, 同时静脉给予盐酸替罗非班, 以输液泵持续泵入; 对照组除未加盐酸替罗非班外, 其他治疗同替罗非班组。观察两组术中再灌注血管终末段显影帧数和术后90 min内ST段回落情况、肌酸激酶同工酶(CK-MB)酶峰时间, 术中及术后重要脏器出血情况、心衰发生率、术后1周心功能情况。**结果** 两组靶血管PCI成功率均达100%, 术中及术后出血事件、心衰、病死率无统计学差异; 替罗非班组术中再灌注血管终末段显影帧数和术后90 min内ST段回落情况均优于对照组($P<0.05$), 术后替罗非班组CK-MB酶峰时间较对照组提前($P<0.05$); 1周后心脏彩超评价心脏左室射血分数(LVEF)无统计学差异。**结论** 急性前壁或下壁心肌梗死患者急诊PCI联合应用替罗非班安全、有效, 能改善冠脉微循环及心肌灌注。

英文摘要:

OBJECTIVE To analyze the efficacy and safety of tirofiban treatment combined with emergency percutaneous coronary intervention (PCI) in the patients with acute anterior or inferior wall myocardial infarction. **METHODS** Fifty patients diagnosed with anterior or inferior wall myocardial infarction with the age from 45 to 82 were divided randomly into tirofiban treatment group ($n=26$) and control group ($n=24$). Both of them were administered with aspirin, clopidogrel and atorvastatin before PCI, the treatment group was treated with tirofiban infused with infusion pump during and after the operation. The treatment in the control group was the same as that in the treatment group except the tirofiban. The number of developed frame of terminal re-perfused vessel, lowering of ST segment 90 min after PCI, the time to peak serum CK-MB levels, bleeding and the rate of heart failure one week after PCI were compared between the two groups. **RESULTS** The rates of opening of the target vessel in the two groups were 100%. The bleeding, the rate of heart failure and death occurred in both groups were not statistically significant. The number of developed frame of terminal reperfused vessel and lower level of ST segment 90 min after PCI in tirofiban treatment group were lower than those in control group ($P<0.05$). Time to peak serum CK-MB level in tirofiban treatment group was shorter than that in control group ($P<0.05$). The LVEF of treatment group was similar to that of the control group. **CONCLUSION** Tirofiban treatment combined with PCI in the elderly patients with acute anterior or inferior wall myocardial infarction was effective and safe. And the method can increase the microcirculation of coronary arteries.

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