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Clinical experience with long balloon in patients with acute coronary syndrome

In patients with acute coronary syndrome(ACS) , microvascular obstruction during percutaneous coronary intervention(PCI) is related to the embolization of plaque or thrombotic material downstream in the infarct-related artery and augments myocardial reperfusion injury. We investigated the impact of long balloon during primary PCI on microcirculation in the setting of ACS. In 30 consecutive ACS patients with diffuse and thrombus rich lesions, we performed primary PCI using long balloon between February 2016 and February 2018. Data on quantitative coronary angiography analysis,epicardial coronary flow, and maximum serum creatine kinase levels were evaluated. Average treated lesion length after thrombus aspiration and reference vessel diameter were 28.0 ± 11.4 mm and 3.23 ± 0.81 mm, respectively. Average the used long balloon diameter and length were 2.96 ± 0.5 mm and 35.9 ± 5.0 mm, respectively. Moreover balloon/vessel ratio was 0.9 ± 0.6 . The total 30 patients underwent drug eluting stents implantation after long balloon dilatation. Post-procedure TIMI3 flow was obtained in 96.7% of the treated patients. Also, maximum creatine kinase levels was 1628 ± 1417 U/L. Long balloon may have a critical role in the treatment of diffuse and thrombus rich lesions in the setting of ACS.