

# Study confirms that intracoronary and intravenous use of abciximab during angioplasty yield similar results

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A study confirmed no differences in various measures of heart damage, according to cardiac magnetic resonance (MRI) imaging, in patients receiving the anti-clotting medication abciximab directly into the heart (intracoronary) compared to those receiving it intravenously (IV). The results of the AIDA STEMI MRI sub-study were presented today the 24th annual Transcatheter Cardiovascular Therapeutics (TCT) scientific symposium. Sponsored by the Cardiovascular Research Foundation, TCT is the world's premier educational meeting specializing in interventional cardiovascular medicine.

The AIDA STEMI trial was a randomized, open-label, multicenter trial in 2,065 patients presenting with ST-elevation [myocardial infarction](#) (STEMI) comparing intracoronary (IC) versus intravenous (IV) abciximab during PCI with subsequent 12 hour intravenous infusion. Last year, researchers reported that the trial found that both methods yielded similar 90-day rates of all-cause mortality, recurrent heart attack or congestive heart failure.

Researchers enrolled 703 patients within the overall trial in a [cardiac magnetic resonance](#) imaging sub-study, one of the largest MRI sub-studies conducted in patients with STEMI. Cardiac MRI allows for a more sensitive investigation of the mechanistic and pathophysiological effects of STEMI therapies on myocardial damage and reperfusion injury.

Cardiac MRI was completed within four days after heart attack using a standardized protocol including edema imaging and late gadolinium enhancement. Researchers examined infarct size, myocardial salvage, microvascular obstruction and ventricular function to determine the potential benefits of intracoronary compared to intravenous application of abciximab.

The amount of myocardium at risk and final infarct size did not differ significantly between the IC versus the IV abciximab groups. Consequently, the myocardial salvage index was similar between the two groups. In further detailed analysis there were no differences in microvascular obstruction between both treatment groups.

"Results of this sub-study demonstrate that intracoronary as compared to intravenous abciximab did not result in a difference in myocardial damage or [reperfusion injury](#)," said lead investigator Holger Thiele, MD. Dr. Thiele is Co-Director of the University of Leipzig - Heart Center in Germany.

"These findings confirm similarities in the combined endpoint of death, reinfarction and [congestive heart failure](#) found between the two methods in the AIDA STEMI trial," Dr. Thiele said.

Dr. Thiele will present the AIDA STEMI MRI sub-study on Thursday October 25 at 12:30 PM EST in the Main Arena (Hall D) at the Miami Beach Convention Center.

Provided by Cardiovascular Research Foundation

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