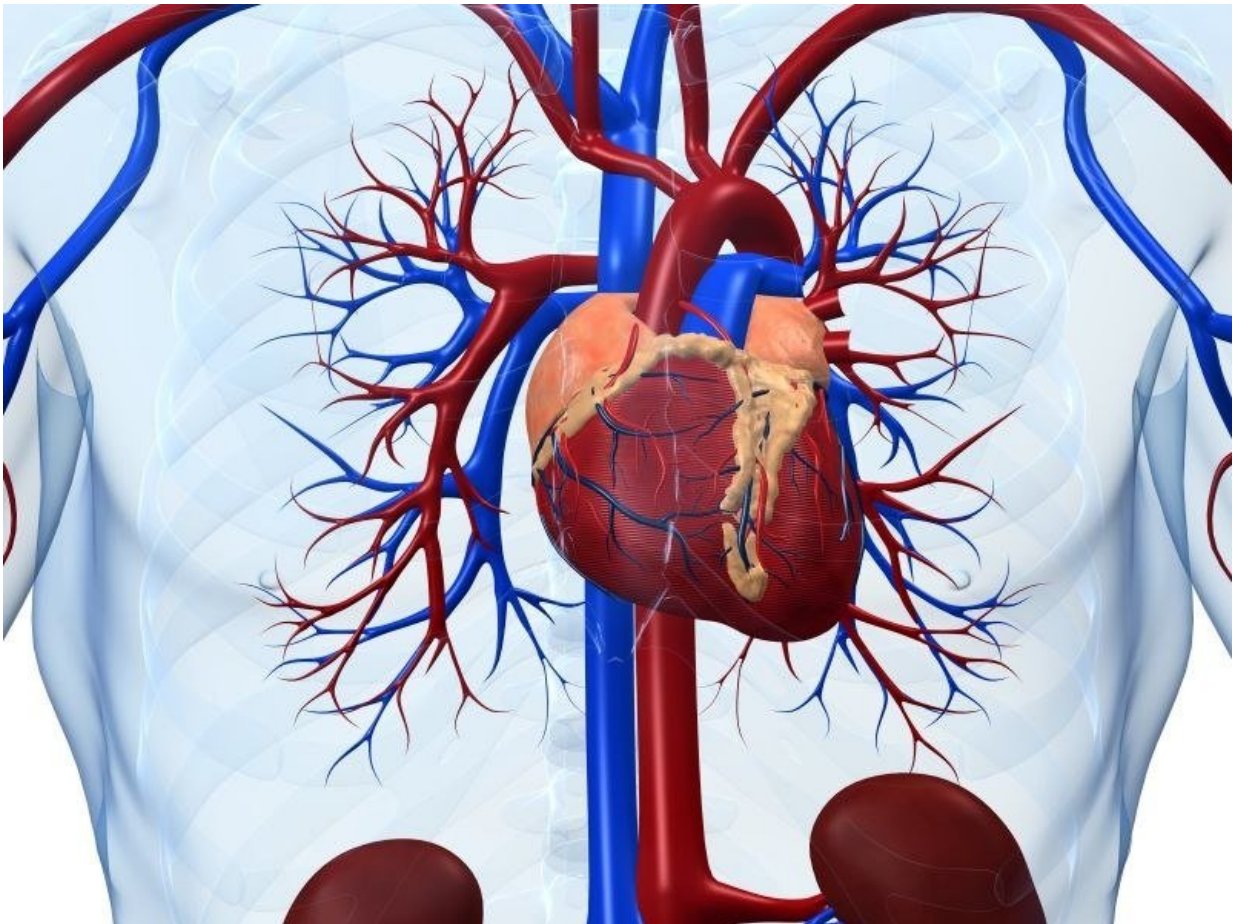


Clotting time in transfemoral PCI linked to bleeding risk

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(HealthDay)—Higher maximal activated clotting time (ACT) is

associated with a greater risk of major bleeding after transfemoral (TF) percutaneous coronary intervention (PCI) than after transradial (TR) PCI, according to a study published in June in *JACC: Cardiovascular Interventions*.

David Louis, M.D., from Brown University in Providence, Rhode Island, and colleagues related maximal ACT to the risk of [major bleeding](#) in 14,634 patients undergoing TR or TF PCI with unfractionated heparin monotherapy. They also performed secondary analyses to relate maximal ACT to composites of in-hospital death, [myocardial infarction](#), or stroke and in-hospital death, myocardial infarction, or urgent target vessel revascularization.

The researchers found that more major bleeding occurred at ACT > 290 versus ≤ 290 seconds after TF PCI (7.7 versus 5.8 percent; P = 0.006) but not TR PCI (1.7 versus 2.4 percent; P = 0.18). The findings for major bleeding risk remained significantly higher at ACT > 290 versus ≤ 290 seconds among TF (odds ratio, 1.28; 95 percent confidence interval, 1.02 to 1.62; P = 0.036) but not TR PCI (odds ratio, 0.72; 95 percent confidence interval, 0.42 to 1.22; P = 0.22) after adjustment. There was no association between maximal ACT and incidence of the composite outcomes after TF or TR PCI.

"Higher maximal ACT is associated with a greater risk of major bleeding following TF than TR PCI, conclude the authors.

One author disclosed ties to the medical device industry.

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