**CORONARY REPERFUSION MANEUVER IN PRIMARY CORONARY INTERVENTION WITH RIGHT CORONARY ARTERY CULPRIT**

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*Introduction*: During acute myocardial infarction the manual thrombus aspiration has shown encouraging results by diminishing volume of residual thrombus, decreasing the likelihood of embolism, improving myocardial perfusion and cardiac mortality. However in 10% failure in crossing the lesion, 10% failure in removing all voluminous thrombus and may cause coronary dissection.

*Objectives*: To evaluate the clinical and angiographic results of a ¨low profile¨ coronary reperfusion maneuvering (passage of a deflated balloon into the distal bed followed by its removal) during PCI with right coronary artery (RCA) culprit.

*Materials and Methods*: Between 258 primary PCI where performed in pts with ST elevated myocardial infarction and initial TIMI flow 0-1, with RCA as culprit vessel in 70 pts. We excluded patients with no ST elevated myocardial infarction, acute coronary syndrome as an epiphenomenon or pts resuscitated from cardiac arrest. In the target population maneuver was performed in 40 pts (group A – PCI with maneuver) and the remaining 30 (group B) conventional PCI without maneuver. The baseline characteristics, group A and B n (%), respectively: mean age 61.8 ± 11 vs. 61.6 ± 11; male 36(90) vs 27(90); diabetic 5(13) vs 9(30); average door to balloon time 110 ± 59 vs 117 ± 49 min; radial access 15(38) vs 7(23); multiple vessel disease 19(47) vs 14(47); TIMI 2/3 after guidewire 6(15) vs 14(47) p=0.008; TIMI 2/3 flow post maneuver 23(57) vs 26(87); multiple predilation 15(37) vs 17(57), drug-eluting stents 16(40) vs 8 (27); IIb IIIa usage 5(12) vs 7(23).

*Results*: group A and B n(%) respectively: final TIMI III 40(100) vs 25(83) p=0.01; blush grade III 38(95) vs 25(83); cardiovascular death 1(2.5) vs 0; early coronary occlusion 2(5) vs 1(3).

*Conclusions*: During PCI of RCA culprit, maneuvering reperfusion showed a higher percentage of coronary flow and myocardial blush than those with conventional PCI.