**UPDATE ON CONTRAST REMOVAL FROM CORONARY SINUS DURING CORONARY ANGIOGRAPHY OR INTERVENTION FOR PREVENTION OF CONTRAST INDUCED NEPHROPATHY**

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Contrast usage during coronary angiography or intervention in patients with renal disease is associated with substantial risk of contrast induced nephropathy that can lead to higher mortality, longer hospital stay and substantial cost. It is well known that the amount of contrast used during coronary intervention correlates with contrast-induced nephropathy .Coronary veins drain into the coronary sinus before entering the right atrium. Anatomically, it should be possible to remove most of the contrast from coronary sinus during coronary intervention by using a catheter that can remove blood mixed with contrast from the coronary sinus during contrast injection. We were first to report that we could successfully remove approximately 50% of contrast from coronary sinus in a swine model using commercially available coronary sinus catheters during coronary angiography. Earlier human studies confirmed safety of contrast removal from coronary sinus. In study of contrast removal in 4 patients, authors were able to remove contrast media effectively (44%+/-8%) as assessed by fluoroscopy and dilution of blood. Many devices are in development for this purpose. In a recent human study, contrast removal from coronary sinus was associated with better renal function post contrast exposure and appears to be a promising method for prevention of contrast induced nephropathy in the near future.