**EARLY PRESCRIPTION OF TIROFIBAN AND ANGIOGRAPHIC TIMI 3 FLOW OF PATIENTS WITH ST ELEVATION MYOCARDIAL INFARCTION**

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Background: It is not clear if routine early administration of glycoprotein IIb IIIa inhibitors in emergency ward is beneficial in contrast to cath lab case selected administration.

Methods: Patients with STEMI within 12 hours of beginning of symptoms were included if primary PCI was planned to be performed within 90 minute of admission and excluded if they had contraindication for tirofiban. Patients were randomized to receive 25µg/kg of bulus tirofiban early in emergency ward (tirofiban group) in 3 minutes or do not receive tirofiban (control group). Angiograms were performed and TIMI flow and TIMI frame counts were determined by a single observer. The primary endpoint of the study was TIMI flow 3.

Results: Seventy patients in tirofiban group and 72 patients in control group completed the study. Mean age af the study group was 56.38 ±11.301 years and 111 (78.2%) were male. Fifteen (21.4%) patients of tirofiban group versus 8 patients (11.5%) of control group had TIMI flow 3 at the time of angiography (P=0.095) (Odds ratio: 2.81, 95% Confidence interval: 0.860-5.534, P=0.1) Mean TIMI frame count was 6.51±10.855 in tirofiban and 4.61±9.217 in control group (P=0.281). There were totally `2 major bleeding (1 in each group, 1.4%). Hematoma occurred in 3 (4.2%) of control group and 5 (7.1%) of trofiban group (P= 0.49).

Conclusion: Although TIMI 3 flow trended to be higher in patients who received early tirofiban in emergency ward, this was not statistically significant and possible benefits needs more studies for further clarification.