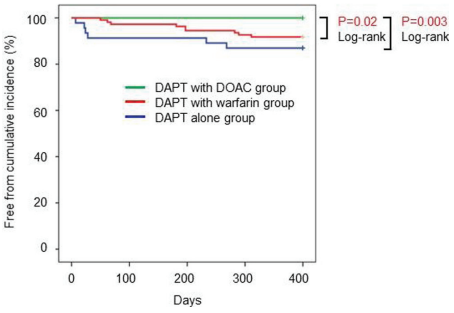
ated the 12-month effectiveness and safety of the three different anticoagulation therapies.
Results: Consequently, cumulative 12-month incidence of cerebral infarction, late stent thrombosis and cardiovascular death was significantly lower in DAPT with NOAC than the other two groups. (Figure) One major bleeding complication was occurred in DAPT with warfarin group, but no major hemorrhage was observed in other two groups.

Figure. Cumulative 12-month free from incidences of cerebral infarction, late stent thrombosis, and cardiovascular death



Conclusions: Combination of DAPT with NOAC would be the better choice to prevent ischemic stroke with low risk of bleeding events in AF patients after PCI.

P4302 | BEDSIDE
Role of residual anticoagulation in determining radial artery occlusion after transradial catheterization: preliminary results from a multicenter registry

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Background: Radial artery occlusion (RAO) is a thrombotic complication of transradial catheterization that can lead to permanent occlusion of the radial artery. The sheath/vessel diameter ratio, postprocedural compression time, the absence of patent hemostasis (non-patent hemostasis, nPH) and insufficient anticoagulation are all predictors of RAO. However, excessive anticoagulation can lead to longer time to achieve complete hemostasis and less PH rate.
Purpose: Assess the role of residual anticoagulation assessed by activated clotting time (ACT) just before sheath removal.
Methods: 693 consecutive patients undergoing transradial catheterization were enrolled in 5 Italian centres (NCT02762344). Procedure was performed according to guidelines, and ACT measured before sheath removal. Patients were divided into 3 groups according to ACT values (group Low: ACT <150 sec, group Mid: ACT between 150 and 199 sec, group High: ACT >200 sec), PH with reverse Barbeau test was attempted in all patients and compression device removed as soon as possible. Within 24 hours patency of radial artery was checked with Doppler using reverse Barbeau technique.
Results: Patency of RAO was checked in 644 patients (92%). Patients characteristics are showed in the table; incidence of RAO was lowest in the Mid group. At logistic regression analysis nPH, low and high ACT values were independent predictors of RAO (OR 6.13, 95% IC 2.66–14.13, p<0.001, OR 9.05, 95% IC 2.35–34.85, p=0.001 and OR 3.89, 95% IC 1.07–14.09, p=0.038 respectively)

Results

	Low ACT <150 sec (n=122)	Mid ACT 150–199 sec (n=240)	High ACT >200 sec (n=282)	p value
incidence of RAO, % (n/total)	10.6 (13/122)	1.6 (4/240)	4.6 (13/282)	0.0006
Compression time, min (mean ± SD)	228.5±61	273±111	305±137	<0.0001 for trend
Patent hemostasis, % (n/total)	65.8 (79/120)	77.9 (184/236)	75.7 (209/276)	0.03
Age, years (mean ± SD)	66.8±12.6	67.5±11	67.8±11.2	0.7
Male, % (n/total)	75.4 (92/122)	77.5 (186/240)	71.6 (202/282)	0.29
Acute coronary syndrome, % (n/total)	31.9 (39/122)	38.3 (92/240)	56 (152/273)	<0.0001 for trend
6 Fr sheath, % (n/total)	96 (117/122)	97 (232/240)	96 (270/282)	1
Heparin, U (mean ± SD)	4000±2700	6000±2700	7500±3200	<0.0001 for trend
PCI, % (n/total)	27.8 (34/122)	55.8 (134/240)	76.5 (216/282)	<0.0001 for trend

Conclusions: Although preliminary, these data showed a strong U-shaped relationship among residual anticoagulation after transradial catheterization and RAO.

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Short term benzbromarone treatment in patients with chronic kidney disease accompanied with hyperuricemia undergoing elective coronary intervention a prospective study

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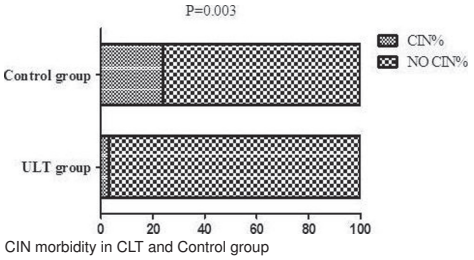
Background: Contrast-induced nephropathy (CIN) is a common complication in percutaneous interventions especially in patients with impaired renal function. Recently, hyperuricemia is believed to be an independent risk factor of CIN.
Purpose: The aim of the study was to evaluate the renal protective effects of urate lowing therapy (ULT) by benzbromarone in patients undergoing elective coronary angiography or intervention.
Methods: We prospectively assessed the efficacy of benzbromarone in preventing CIN. 120 patients, with eGFR ranged from 20–60 accompanied with hyperuricemia, randomized into urate lowing therapy (ULT) group and control group according to the ratio of 1:2. Benzbromarone (50mg.bid.po), sodium bicarbonate (0.5g.tid.po) and hydration (1ml/kg/h N/saline for 12h pre- and post-contrast) were given 24h before administration of contrast media in ULT group (n=40). Control group received hydration only (n=80).
Results: CIN occurred in 19 of 80 patients (23.8%) in the control group and 1 of 40 patients (2.5%) in the ULT group (p=0.001). In the ULT group, median eGFR increased significantly from 42.9±8.9 (ml/min1.73m^2) to 47.1±11.8 (ml/min1.73m^2) at 48h to 72h after contrast media administration (p=0.003 compared with the baseline). In the control group, median eGFR decreased non-significantly from 40.3±10.0 (ml/min1.73m^2) to 35.8±13.6 (ml/min1.73m^2) at 48h to 72h after contrast media administration (p=0.089, respectively). Multiple logistic regression analysis indicated that ULT by benzbromarone was linked with CIN after adjusting for potential confounding factors (RR=0.04, 95% CI, 0.00–0.61; p=0.021) compared with control group.



CIN morbidity in CLT and Control group

Conclusions: Prophylactic use of benzbromarone and sodium bicarbonate, along with hydration, may protect against CIN in CKD patients with hyperuricemia undergoing coronary ang

STROKE AND CAROTID DISEASE

P4304 | BEDSIDE
Feasibility, accuracy and clinical influence of pocket-sized imaging by experts of the carotid arteries in patients with stroke and transitory ischemic attack

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Background/Introduction: Imaging of the carotid arteries is mandatory in stroke and transitory ischemic attack (TIA) patients and may have therapeutic influence.
Purpose: We aimed to study the feasibility, accuracy and clinical influence of the use of a point-of-care pocket-sized imaging device (PSID) by experts for assessment of carotid artery disease in patients with suspected stroke and TIA.
Methods: 80 patients admitted to a stroke unit with suspected stroke or TIA were examined with PSID by cardiologists experienced in carotid ultrasound. Utilizing a linear transducer, grey scale and colour Doppler images were displayed and stored. Reference method was high-end triplex ultrasound by cardiologists, blinded for the PSID study, and was performed in all patients. Computer tomography (CT) angiography of the neck arteries was performed on clinical indication.
Results: The final diagnosis was ischemic stroke or TIA in 76% of the patients. Median (range) age was 72 (23–93) years. Evaluation of all three carotid segments were judged feasible in 95% of patients. In 76% of the PSID examinations, a significant carotid stenosis (≥50% diameter reduction) was excluded and no further diagnostic tests were considered necessary. Sensitivity and specificity for diagnosing significant stenosis was 92% and 93%, respectively. PSID examinations missed 1 of 12 with significant stenosis. In this case the operator was not able to assess the carotids adequately due to image quality. All 4 patients in need of surgery had significant stenosis revealed by PSID examinations. Compared to CT angiography, sensitivity and specificity was 87% and 83%, respectively.
Conclusions: Point-of-care examinations of the carotid arteries by experts using PSID were feasible, accurate and could significantly reduce the need for high-end ultrasound examination in stroke and TIA patients. This may improve diagnostic workflow.