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Percutaneous coronary interventions in patients with renal insufficiency

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Contrast-Induced Nephropathy (CIN) is one of the complications of contrast angiography. Various measures have been tried to reduce CIN, but so far, pre-procedural good hydration and minimal contrast used in the procedure have shown to be of real benefit. The study reported Percutaneous Coronary Intervention (PCI) performance with minimal contrast. Twelve patients with base-line significant renal insufficiency, felt to be at higher risk of CIN, underwent thirteen separate PCI by a single-operator. Their charts were retrospectively reviewed for amount of contrast used and follow-up creatinine. All patients had iso-osmolar contrast and underwent evaluation by intravascular ultrasound. No patient had CIN (defined by increase in 20% of serum creatinine from base line) and there were no procedural complications. PCI in patients with baseline significant renal abnormality can be safely undertaken with proper precautionary steps (beyond the scope of this abstract) during the procedure.

Biography

Anil Om is an Interventional Cardiologist at McLeod Regional Medical Center in Florence, SC and Director of their Cardiac Cath Lab. He has received his Cardiology training from Virginia Commonwealth University in Richmond, VA and his Interventional Fellowship from Strong Memorial Hospital in Rochester, NY. He has published more than 25 articles in reputed journals.

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