Is Percutanous Transradial Coronary Intervention inferior than Transfemoral Coronary Intervention for Chronic Total Occlusion?

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Background: Transradial coronary intervention is a safe and effective method of percutaneous intervention. However, there is limited data on the efficacy and the safety of the transradial coronary intervention for chronic total occlusion (CTO). **Methods:** 215 consecutive CTO patients, who underwent percutaneous coronary intervention (PCI) due to angina between June 2006 and February 2010 were analyzed. According to vascular access site, we divided into 2 groups: Group I (transradial coronary intervention, n=105) and Group II (transfemoral intervention, n=110). We compared baseline and angiographic chariceritics, procedural failure rate, and major adverse cardiac event (MACE) at 1 month and 12 months. **Results:** There were no significant differences in age (64.7±9.7 vs. 67.4±10.3, p=0.125), hypertension (74.3% vs. 75.6%, p=0.823), diabetes (39.2% vs. 34.3%) between groups. In both groups, male is dominant (92.7% vs. 91.9%, 0.918). In angiographic findings, rate of multi-vessel disease (84.1% vs. 85.7%, p=0.973), blunt stump (48.5% vs. 39.7%, p=0.420), heavy calcification (28.4% vs. 22.4%, p=0.415), and dissection (5.7% vs. 4.6%) were not different between groups. Furthermore, procedural failure (23.6% vs. 27.2%, p=0.648), MACE at 1 month (4.9% vs. 5.2%, p=0.901), and MACE at 12 months (21.6% vs. 25.5%, p=0.512). **Conclusions:** Percutanous transradial intervention for CTO may not be inferior than transfemoral intervention in procedural aspects and intermediate term prognosis.
Key words: Transradial coronary intervention; chronic total occlusion

Rosuvastatin Do Not Affect on Fasting Glucose, Insulin Resistance, Adiponectin in Hypertensive Patients

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Abstracts Aims: The effects of statins on insulin resistance and new onset diabetes are not clear. The purpose of this study was to evaluate the effects of rosuvastatin on insulin resistance and adiponectin in patients with mild-to-moderate hypertension. Methods and **Results:** In a randomized, prospective, single-blind, placebo-controlled study, 53 hypertensive patients were randomly assigned to the control group (n=26) or the rosuvastatin (20 mg once daily) group (n=27) during an 8-week treatment period.Both groups had significant improvement in systolic blood pressure and flow-mediated dilation (FMD) after 8 weeks of treatment. Rosuvastatin treatment improved total cholesterol, LDL-cholesterol, and triglyceride levels. Rosuvastatin reduced hs-C reactive protein from baseline, but the change was not significant (p=0.68). The control and rosuvastatin treatment groups did not significantly change HbA1C (mean change, 0.2% vs. -3.46%; p=0.20), fasting insulin (mean change, -15.63% vs. 2.74%; p=0.58), and glucose levels from baseline (mean change, -6.16% vs. -2.38%; p=0.60). Further, the control and rosuvastatin treatment groups did not significantly change the QUICKI insulin sensitivity index (mean change, 2.63% vs. 3.02%; p=0.88). The plasma adiponectin level significantly increased in the rosuvastatin treatment group (p=0.046), but showed no significant difference compared to the control group (mean change, 23.18% vs. 23.13%; p=0.16). **Conclusion:** The study showed that 8 weeks of rosuvastatin (20 mg) therapy showed no significant improvement or deterioration in fasting glucose levels, insulin resistance, and adiponectin levels.
Key words: Statin; Insulin resistance; Adiponectin; Glycemia; Endothelial function