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University of Russia

**Anticoagulant Therapy for Patients with Acute  
Coronary Syndrome (ACS) with ST elevation:  
Results of Clinical Practice**

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# Study Design

(2 Clinical Center: Moscow, Syktyvkar)

**STEMI**  
**n=202**

**n=82**  
**Bivalirudin**  
**(During PCI and**  
**Post PCI > 4 h)**

**n=70**  
**Gp IIb/IIIa**  
**Monafram**

**n=68**  
**UFG**

**Transradial access – 146 (66,4%)**  
**Transfemoral access – 74 (33,6%)**

**Antiplatelet therapy:**  
**Aspirin – 500mg**  
**Ticagrelor – 180mg - 202 (91,8%)**  
**Clopidogrel – 600mg – 18 (8,2%)**

**Prehospital Thrombolysis - 8 (3,6%)**

**Критерии исключения: кардиогенный шок**

**Primary endpoints:**

MACE (death, MI, revascularization) ;

BARC 3-5;

Acute stent thrombosis.

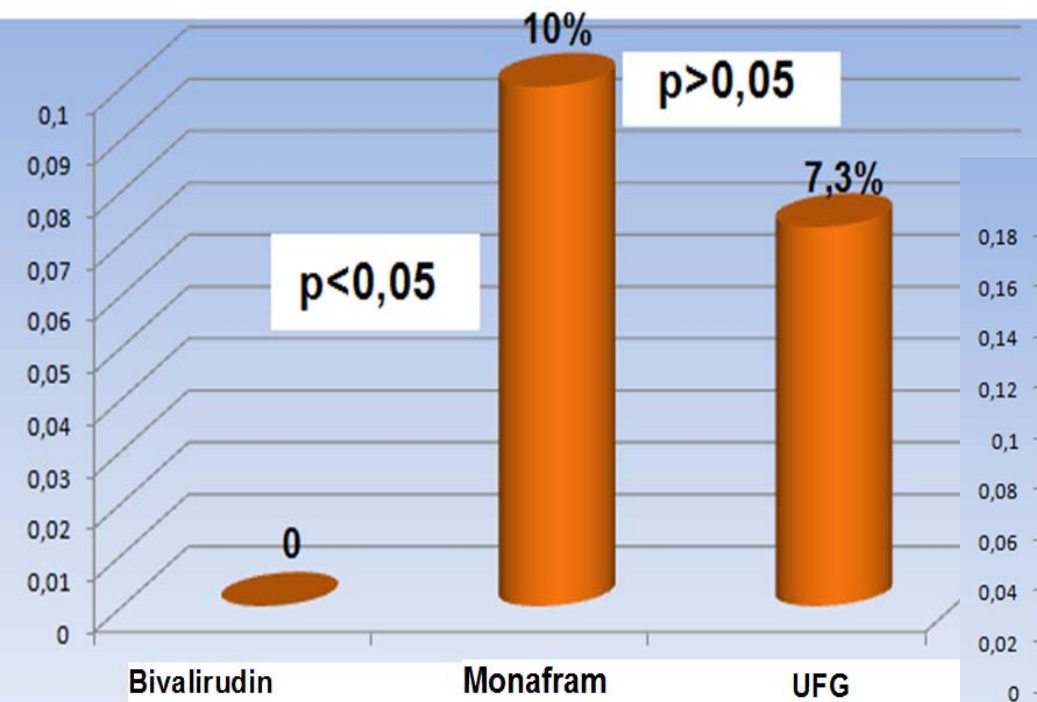
**Long-term results:**

**MACE (survival, MI, repeat revascularization);**

**Late stent thrombosis**

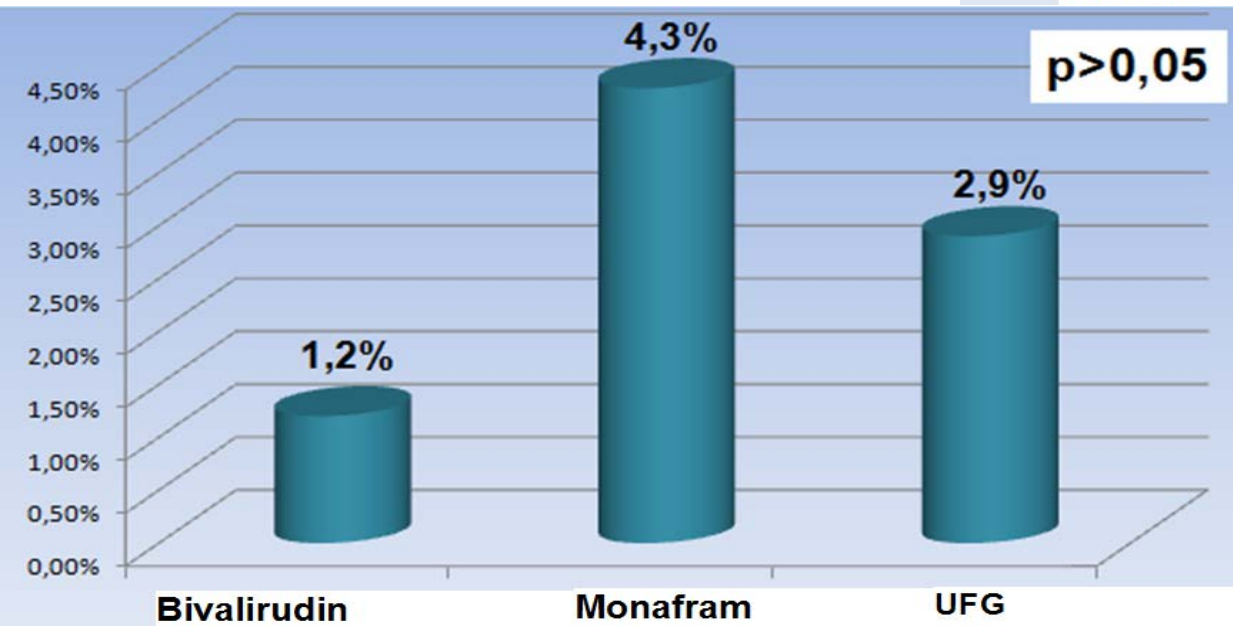
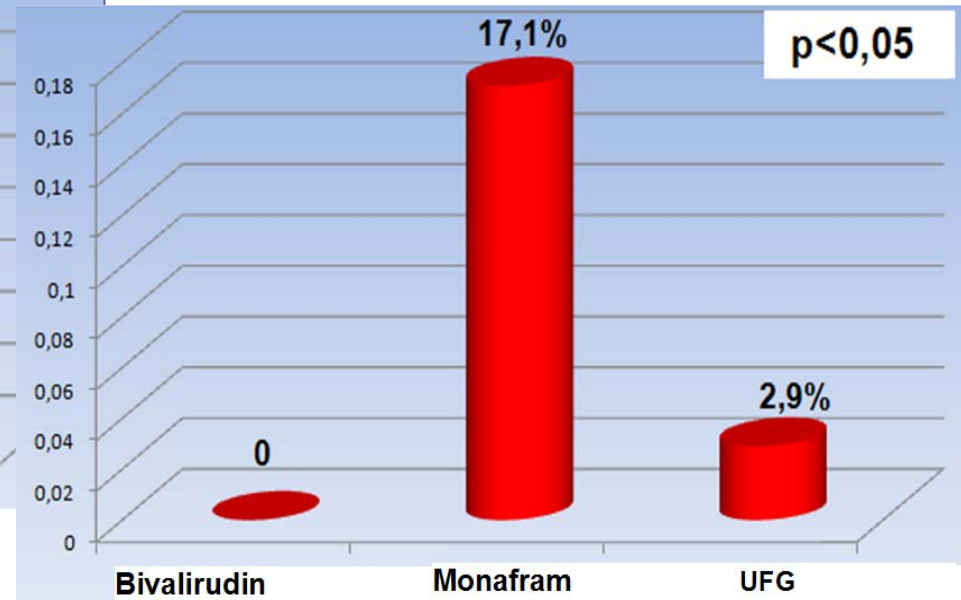
**Long-term results were evaluated at 18 months**

## MACE



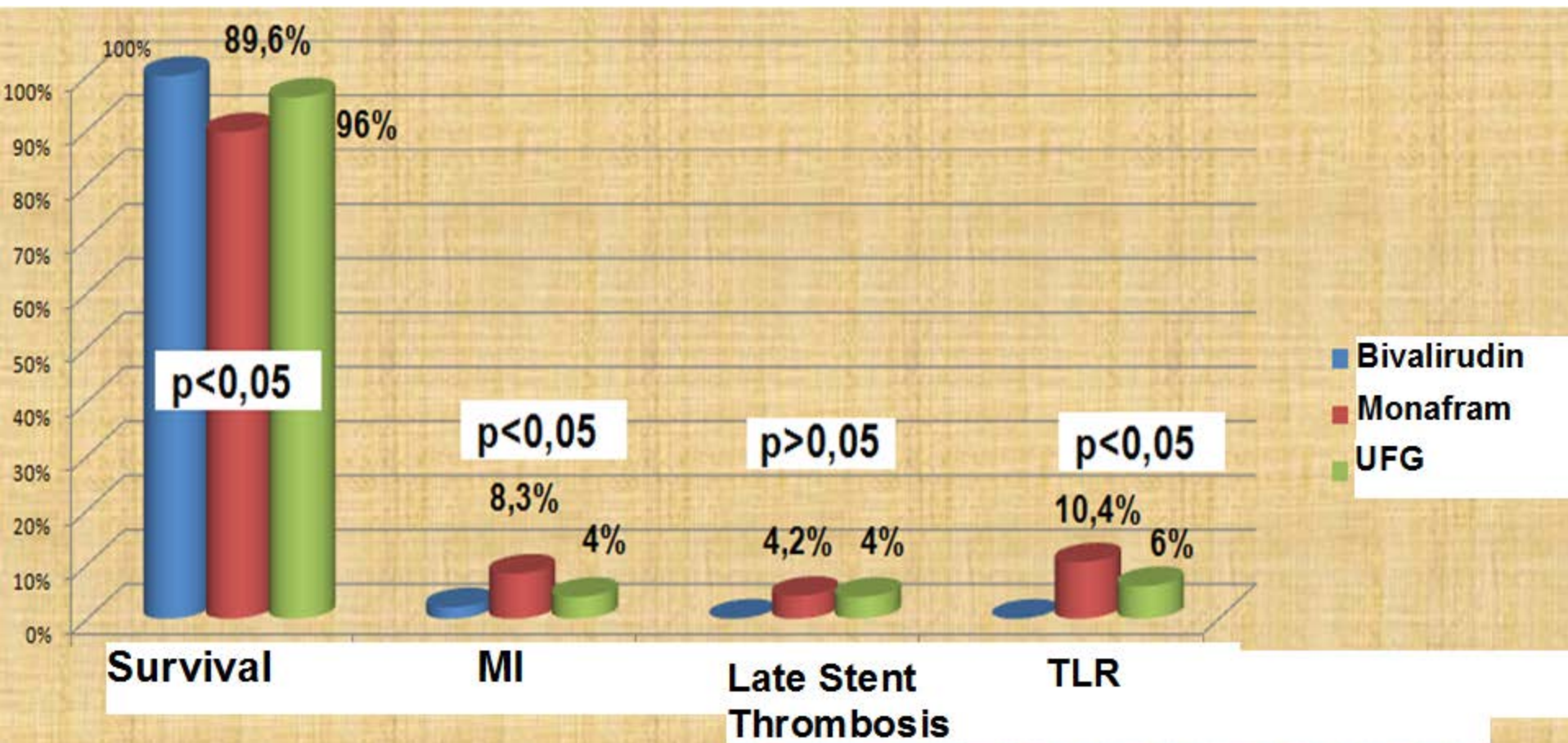
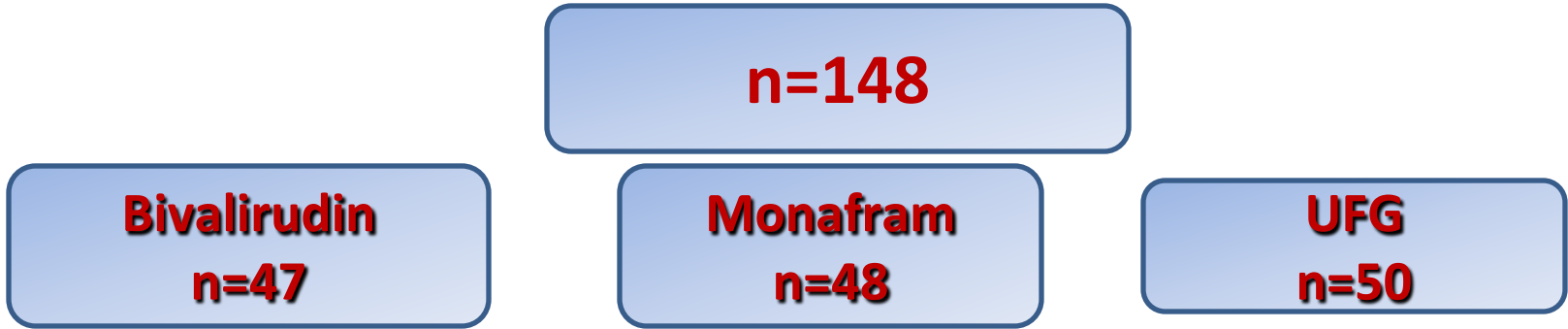
## Immediate results

### BARC 3 and 5



### Acute Stent Thrombosis

# 18 months Follow Up



## Conclusion

- The direct thrombin inhibitor Bivalirudin the effectiveness of PCI in ACS patients with ST-segment elevation enhances and has a best result in the incidence of bleeding, survival and MACE compared with groups UFG and Gp IIb / IIIa inhibitors .