

■ **Short-term administration of dalteparin sodium in combination with alteplase reduces the risk of early coronary artery occlusion and reinfarction** in patients with acute myocardial infarction (MI) but may not result in any long-term gains, report researchers from Sweden and the US. Their study involved 439 such patients who were administered SC dalteparin sodium 120 IU/kg every 12 hours for 4–7 days, or IV unfractionated heparin for 48 hours, in combination with alteplase. No statistically significant difference in TIMI grade 3 flow was observed between dalteparin sodium and heparin recipients. However, the frequency of TIMI 0-1 flow and its combination with intraluminal thrombus was less common among dalteparin sodium recipients. During the treatment period, fewer dalteparin sodium recipients than heparin recipients experienced reinfarction. However, more reinfarctions were observed following the cessation of dalteparin sodium therapy. Overall, no significant between-group differences were observed in the incidence of death or MI, major bleeding or stroke at 30 days.

Wallentin L, et al. Low molecular weight heparin (dalteparin) compared to unfractionated heparin as an adjunct to rt-PA (alteplase) for improvement of coronary artery patency in acute myocardial infarction - the ASSENT Plus study. *European Heart Journal* 24: 897-908, No. 10, May 2003 800944092