Dalteparin sodium *"feasible"* option during PCI

Use of a single bolus of dalteparin sodium for anticoagulation during percutaneous coronary intervention (PCI) without monitoring "*appears feasible*" as an alternative to unfractionated heparin, suggest researchers from Canada.

This double-blind pilot study included 321 patients who were randomised to receive a single intra-arterial bolus of either dalteparin sodium 70 or 100 U/kg (n = 160) or unfractionated heparin 70 or 100 U/kg, immediately before PCI.*

There were no significant differences between patients receiving dalteparin sodium and those receiving unfractionated heparin regarding the main clinical outcome, defined as a composite of death, myocardial infarction, target vessel revascularisation or need for bailout GPIIb-IIIa antagonist at 24 hours, or hospital discharge (13.1% vs 13.7%). The rates of angiographic success were also similar (90% vs 94%). However, there were significant differences in coagulation parameters. In particular, mean activated clotting time at 30 minutes was significantly lower in the dalteparin group than in the unfractionated heparin group (234 vs 344 sec), mean antifactor Xa levels at 30 minutes and 4 hours were significantly higher (1.7 vs 1.3 U/mL and 0.69 vs 0.27 U/mL, respectively) and mean antifactor II levels at 30 min and 4 hours were significantly lower (0.51 vs 1.2 U/mL and 0.18 vs 0.25 U/mL, respectively).

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Natarajan MK, et al. A randomized pilot study of dalteparin versus unfractionated heparin during percutaneous coronary interventions. American Heart Journal 151: 175e1-e6, No. 1, Jan 2006. Available from: URL: http://www.ahjonline.com

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