infarct-related artery (IRA) failed to effectively open after thrombolytic therapy, coronary angiography (CAG) would be carried out. If the IRA blood flow during the CAG was below TIMI 3 level, and there were still more obvious chest pain and (or) the ST-segment elevation in the ECG leads corresponding to infarction, the PCI remedial treatment on IRA was completed except for emergency PCI contraindication. The effective opening ratio of thrombolytic therapy, PCI treatment success ratio and complications were compared between two groups.

Results Compared with group A, the effective opening ratio of thrombolytic therapy in group B was lower, but PCI treatment success ratio after the failure of intravenous thrombolytic therapy was no significant difference between two groups. The major complications after PCI such as intracranial haemorrhage and gastrointestinal bleeding and so on didn't increased significantly in group B.

Conclusions PCI remedial treatment after the failure of intravenous thrombolytic therapy has significant clinical efficacy and safety in the aged patients with AMI.

GW23-e0969 | **THE CLINICAL EFFICACY AND SAFETY STUDY OF PCI REMEDIAL TREATMENT AFTER THE**

Xiao-qun Wei, Dong-yang Xie, Wei Liao, Xiao-qun Wei. *Department of Cardiology, the first affiliated Hospital of Gannan Medical College, GanZhou, 341000, China*

Objectives To evaluate the efficacy and safety of PCI remedial treatment after the failure of intravenous thrombolytic therapy in the aged patients with acute myocardial infarction (AMI).

Methods 59 patients with acute ST-segment elevated acute myocardial infarction (STEMI) were divided into two groups according to the age: group A (<65 years) and group B (≥65 years). If the