

# Clinical trials of immediate systematic balloon angioplasty

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## 1 acute myocardial infarction

Trial	Treatments	Patients	Trials design and methods
<b>immediate systematic balloon angioplasty vs no immediate angioplasty</b>			
<b>ECSG , 1988</b> n=183/184 follow-up: 1 y	angioplasty as soon as possible (after rtPA) versus non-invasive strategy without immediate CA and PTCA	patients with acute myocardial infarction within 5 h after onset of symptoms	parallel group open Europe
<b>Belenkie , 1991</b> n=50/39 follow-up: 4 months	immediate PTCA versus delayed PTCA (18-38h)	patients with a patent infarct-related artery after thrombolytic therapy suitable for angioplasty	parallel group open Canada
<b>Ellis , 1994</b> n=78/73 follow-up:	balloon angioplasty supplemented by further thrombolytic therapy as needed versus conservative therapy	patients with first anterior wall infarction treated with any accepted intravenous thrombolytic regimen and angiographically demonstrated to have an occluded infarct vessel within 8 hours of chest pain onset	
<b>Erbel , 1989</b> n=103/103 follow-up: 3 years	combined intravenous and intracoronary streptokinase with immediate coronary angioplasty versus combined intravenous and intracoronary streptokinase without immediate coronary angioplasty	patients with acute transmural myocardial infarction	Parallel groups
<b>MERLIN (Sutton) , 2004</b> n=NA follow-up: 30 days	emergency coronary angiography with rescue PCI versus conservative treatment	patients with STEMI and failed fibrinolysis	Parallel groups
<b>SHOCK (Hochman) , 1999</b> [NCT00000552] n=152/150 follow-up: 30 days (6y)	emergency revascularization versus initial medical stabilization	patients with cardiogenic shock complicating acute MI	Parallel groups open US

continued...

<b>Trial</b>	<b>Treatments</b>	<b>Patients</b>	<b>Trials design and methods</b>
<b>SWISS-SMASH , 1999</b> n=32/23 follow-up: 30 days (1y)	emergency angiography, followed immediately by revascularization when indicated versus initial medical management	Patients with acute myocardial infarction and early shock	Parallel groups open Europe
<b>TAMI 1 pilot , 1987</b> n=99/98 follow-up: in hospital	Angioplasty within 120 min (after rtPA) versus deferred CA (7-10 days) and angioplasty if indicated	patients with acute myocardial infarction.	parallel group open USA
<b>TAMI-5 (Califf) , 1991</b> n=287/288 follow-up:	immediate catheterization with angioplasty for failed thrombolysis (90min after rtPA/urokinase) versus deferred predischage catheterization on days 5-10, no PTCA planned	patient with acute myocardial infarction	Factorial plan
<b>TIMI 2A , 1988</b> n=195/194 follow-up: 21 days	CA within 120 min of the start of the rtPA infusion. PTCA whether the artery is open or closed versus CA within 18-48hrs. PTCA only if artery open (TIMI 2 or 3)	patient thrombolized for a AMI	parallel group open USA
<b>Topol , 1987</b> n=15/13 follow-up: in hospital	immediate PTCA versus no PTCA	patients with evolving transmural myocardial infarction	parallel group open USA

More details and results :

- myocardial revascularization for acute myocardial infarction in all type of patients at <http://www.trialresultscenter.org/go-Q129>
- PCI for acute myocardial infarction in all type of patients at <http://www.trialresultscenter.org/go-Q246>
- myocardial revascularization for acute myocardial infarction in patients in cardiogenic shock at <http://www.trialresultscenter.org/go-Q248>

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Entry terms: PTCA