

## PREtreatment with CLOpidogrel in LOW Doses in Stable Angina Pectoris Patient Before Elective Coronary Angiography ± ad hoc Percutaneous Coronary Intervention Radial versus Femoral Approach PRECLOD Trial

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**Introduction:** Pretreatment (Pretr) with 300mg Clopidogrel (Clop) before planned PCI in stable AP patients (pts) is recommended by Guidelines. Pretr with 600mg Clop before elective coronary angiography (ECAG) with optional immediate percutaneous coronary intervention (PCI) increased bleeding complications in femoral approach.

**Aim:** We studied efficacy and safety of 300 mg Clop pretreatment for ECAG in the same population in radial versus femoral approach.

**Methods:** In retrospective manner we compared outcome in 2 groups of pts underwent ECAG±PCI: Group A – without (100 pts) and Group B with Clop Pretr (102 pts).

**Patients' characteristics:** 202 consecutive pts at age 60±10, 68% males.

There were significantly more pts with hypertension, hyperlipidemia and NYHA class II-III in group B. ECAG by radial approach was done in 77% pts of group A and 46% in group B (p<0.0001).

**Results:**

Variable	ECAG±PCI		P
	No Plavix (Group A)	Plavix (Group B)	
Number of pts	100	102	
In hospital MACE	2.0 %	1.9%	NS
Major bleeding	1.0 %	0.0 %	.49
Port entry bleeding	1.0 %	2.9 %	.62
MACE 180 d	5.0 %	1.9%	.27

Variable	Femoral			Radial		
	No Plavix (N=16)	Plavix (N=23)	P	No Plavix (N=46)	Plavix (N=25)	P
Major Bleeding	0.0	0.0	-	2.2%	0.0	NS
Port entry bleeding	0.0	13.0%	.24	0.0	0.0	-
MACE 180 d	6.2	0.0	.41	2.2 %	0.0	NS

**Conclusions:** Pretreatment with 300mg Clopidogrel before ECAG ± *ad hoc* PCI is reasonable and safe, especially in pts approached by radial artery.