The Society for Cardiac Angiography maintains a large centralization laboratory registry; baseline clinical and angiographic data and the technique and results of intracoronary streptokinase infusion for the treatment of acute myocardial infarction (AMI) are being compiled. Data collection was initiated 7/7/81. Nine laboratories reported 44 cases by 3/10/81.

Time from onset of symptoms to hospitalization was 78±15 minutes and to streptokinase treatment (SKM), 254±185 minutes. There were 26 anterior and 18 inferior AMI, 1/4/1 with thrombotic occlusion, and 2/2 with ongoing chest pain at onset of SKT. Intracoronary nitroglycerin opened 3/41 vessels and 29/2/2 (69%) opened with a mean dose of 173,000 units of streptokinase. Two patients had reocclusion within 1 hour and 7 were known to reocclude later (5-15 days). With reperfusion, mean ejection fraction (EF) increased from 42% before to 52% 8-60 days after lysis (p<0.01). In patients without thrombolysis EF was unchanged (p=0.36). Nine of 29 patients with lysis had CAD; 3/4 with 1 pt had surgery; 37/44 patients evolved Q-wave infarct. There were no deaths, and 1/10 major complications (4 V tit, 2 hemorrhage, 1 shock). The angiographer judged SKT of benefit in 50%, no benefit in 30% and of uncertain benefit in 20%.

Successful thrombolysis appears to limit AMI size as judged by improved late EF. Benefit occurs in approxi- mately half of treated patients. This may increase with earlier treatment and/or improved infusion techniques. An ongoing registry of data from many laboratories will help provide a realistic assessment of this new and evolving treatment of acute myocardial infarction.

**INTRAOCORARY FIBRINOLYTIC THERAPY IN ACUTE MYOCARDIAL INFARCTION:** PRELIMINARY REPORT OF A RANDOMIZED TRIAL; Fareed Khaja, MD, FACC; Eric Lo, MD; Luis Osterberger, MD; Joseph A. Walton, Jr, MD, FACC; James F. Brymer, MD, FACC; William O'Malley, MD; Sidney Goldstein, MD, FACC; Bertram Pitt, MD, FACC; Tennyson G. Lee, MD; A. David Goldberg, MD; Henry Ford Hospital, Detroit and Univ. of Michigan Medical Center, Ann Arbor, Michigan.

Seventeen patients (pts) with acute myocardial infarction were randomized after informed consent to receive Gp A = intracoronary Streptokinase (SK) or Gp B = 5% Dextrase (D) within 6 hours of chest pain. The mean age was 59.4 yrs and there were 13 males and 4 females. EKG consistent with Q-waves and ST elevations unresponsive to nitroglycerin were present in all pts. Intracoronary SK was given at 4,000 u/min (1 ml) up to a total dose of 250,000 u, and D at 1 ml/min up to 50 ml. Of 10 Gp A pts six had anteroseptal and six inferior infarctions. Of 7 pts in Gp B one had anteroseptal and six inferior infarctions. There was no difference in age, duration of symptoms to intususception, highest CPK value or clinical class of Gp A vs Gp B pts.

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