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5.15 0381 ANTI-PLATELET AND VASODILATORY ACTION OF PROSTACYCLIN /PGI_2/ IN HEALTHY MEN AND IN PATIENTS WITH PERIPHERAL ARTERY DISEASE

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Intravenous infusion of PGI_2 /2-20 ng/kg/min/ into 10 healthy men caused vasodilatation of skin vessels, moderate decrease in blood pressure, suppression of platelet aggregability to ADP, dispersion of circulating platelet aggregates, but no distinct changes in plasma and fibrinolytic clotting factors. These results prompted us to treat with PGI_2 six patients with far-advanced arteriosclerosis obliterans. A cooled solution of PGI_2 /5 ng/kg/min/ in alkaline buffer was administered for 72-96 hrs into femoral artery, leading to warmness and rubor of extremity, inhibition of platelet aggregation, and increase in blood flow in peripheral muscles and skin as measured with radioactive xenon. The clinical results were very good as manifested by relieve of pain, healing of chronic ulcers and resolution of deep necrosis. PGI_2 due to its strong anti-platelet and vasodilatory properties seems a promising agent in therapy of peripheral artery disease.

15.3 0382 A PROSPECTIVE TRIAL OF SULFINPYRAZONE AND SURVIVAL AFTER THROMBOTIC STROKE

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From Jan. 1974 to Dec. 1977, 1260 patients who had recovered from the acute effects of stroke were identified in chronic care hospitals and stroke rehabilitation units. Stroke had been attributed to thrombosis in 794 patients; those with azotemia, hyperuricemia, anemia, gout, bleeding diathesis, active peptic ulcer, malignancy, severe disability, poor immediate prognosis, or antiplatelet or anticoagulant therapy were excluded. 346 were considered suitable for entry and 290 consented and were randomly allocated to Sulfinpyrazone 800 mgs. daily or placebo. Patients were followed in double-blind fashion to Dec. 1978. Randomization was stratified for age, sex, normal or abnormal ECG and interval of more or less than 6 months since stroke. Suspect drug toxicity was similar in treatment and placebo groups. 107 patients ceased to take medication over the course of the study, 52 in the treatment and 55 in the placebo group. All but 6 were followed to the termination of the study. There were 53 deaths in patients currently taking study medications, 25 in the treated and 28 in the placebo groups, and 44 deaths in patients who had stopped taking study medications at the time of death, 20 in the treatment and 24 in the placebo groups. Further analysis is in progress. The overall mortality rates do not suggest that Sulfinpyrazone improves survival after recovery from presumed thrombotic stroke.

15.45 0383 SULFINPYRAZONE IN THE PREVENTION OF CARDIAC DEATH: THE ANTURANE REINFARCTION TRIAL

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The Anturane Reinfarction Trial is a randomized, double-blind, multicenter clinical trial comparing sulfinpyrazone (200 mg q.i.d.) and placebo in the prevention of cardiac mortality among patients with a recent documented myocardial infarction. Results represent data accumulated on 1475 eligible patients entered 25-35 days after myocardial infarction and followed for an average of 8.4 months, and have been previously reported. The results indicated sulfinpyrazone was effective in reducing cardiac deaths with the most pronounced effect in reducing sudden cardiac death.

The trial was completed in August, 1978. The final results represent data accumulated on 1528 eligible patients with an average follow-up of 16 months. All 106 deaths were of a cardiovascular nature (62 placebo, 43 sulfinpyrazone). Of the 105 cardiac deaths (62 placebo, 43 sulfinpyrazone), 59 were sudden cardiac deaths (37 placebo, 22 sulfinpyrazone), 35 were myocardial infarctions (18 placebo, 17 sulfinpyrazone) and 11 (7 placebo, 4 sulfinpyrazone) were of other cardiac causes. Various approaches of data analysis employed resulted in a statistically significant difference ($p=0.047$, Cox's Method) attributable to sulfinpyrazone in reducing sudden cardiac death.

Sulfinpyrazone was very well tolerated with the most frequently associated newly observed sign and symptom being minor gastrointestinal complaints.