Peran ketebalan Adiposa Epikardial sebagai prediktor Cardiovascular Adverse Event pada pasien sindrom Koroner Akut di ICCU RS Cipto Mangunkusumo = The role of Epicardial Adipose thickness as predictor of Cardiovascular Adverse Events in Acute Coronary syndrome patients at ICCU of Cipto Mangunkusumo Hospital / Nababan, Saut Horas H

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Abstrak

ABSTRAK
Pendahuluan
Studi sebelumnya menunjukkan tebal adiposa epikardial pasien sindrom koroner akut (SKA) berhubungan dengan cardiovascular adverse event dalam tiga puluh hari.

Tujuan
Mengetahui peran tebal adiposa epikardial dalam memprediksi cardiovascular adverse event pada pasien SKA di ICCU RS Cipto Mangunkusumo.

Metode
Dilakukan studi kohort prospektif berbasis studi prognostik pada seratus dua puluh satu pasien SKA. Tebal adiposa epikardial dinilai dengan ekokardiografi transtorakal pada fase sistolik akhir (end-systole) tampilan parasternal long axis dari tiga siklus jantung. Dilakukan follow-up dalam tiga puluh hari pada semua pasien.

Hasil
Nilai median tebal adiposa epikardial adalah 2,23 mm (kisaran 0,37 – 10,8 mm). Cardiovascular adverse event terjadi pada 23 pasien (19%) dalam 30 hari; 9 subjek mengalami syok kardiogenik, 3 subjek mengalami infark miokard berulang, 4 subjek mengalami stroke iskemik, dan 7 subjek meninggal. Titik potong terbaik tebal adiposa epikardial dalam memprediksi cardiovascular adverse event adalah 2,95 mm dengan sensitivitas 65%, spesifisitas 70%, nilai duga positif 34%, nilai duga negatif 90% dengan AUC sebesar 0,690 (IK 95% 0,564-0,816, p=0,005).

Simpulan
Tebal adiposa epikardial 2,95 mm dapat digunakan untuk memprediksi cardiovascular adverse event dalam tiga puluh hari pada pasien SKA dengan sensitivitas 65%, spesifisitas 70% dan AUC 0,690.
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ABSTRACT
Background
Previous study showed that epicardial adipose thickness in acute coronary syndrome (ACS) patients was associated with cardiovascular adverse events during thirty days.

Objective

To determine the role of epicardial adipose thickness in predicting cardiovascular adverse events in ACS patients at ICCU of Cipto Mangunkusumo Hospital

Method
A prospective cohort prognostic study was conducted on one hundred twenty-one ACS patients. Epicardial adipose thickness was measured with transthoracic echocardiography at end-systole from parasternal long-axis view of three cardiac cycles. 30 days follow-up was obtained in all patients.

Results
Median value of epicardial adipose thickness was 2.23 mm (range 0.37-10.8 mm). Cardiovascular adverse events were developed in 23 patients (19%) during 30 days; 9 cases of cardiogenic shock, 3 of recurrent myocardial infarction, 4 of ischemic stroke, and 7 of death. Best cut-off point of epicardial adipose thickness in predicting cardiovascular adverse events was 2.95 mm with a sensitivity of 65%, specificity 70%, positive predictive value 34%, negative predictive value 90% and AUC of 0.690 (95% CI 0.564 - 0.816, p = 0.005).

Conclusion
Epicardial adipose thickness with cut-off point 2.95 mm could be used to predict cardiovascular adverse events during thirty days in ACS patients with a sensitivity of 65%, specificity 70% and AUC of 0.690.