Peran kombinasi hidrasi dan N-Acetyl Cysteine terhadap nefropati akibat kontras 48 jam pasca percutaneous coronary intervention pada pasien penyakit ginjal kronik stadium 3 = The role of hydration and N-Acetyl Cysteine combined towards contrast induced nephropathy after 48 hours percutaneous coronary intervention in stage 3 chronic kidney disease patients

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Abstrak

Latar belakang. Penyakit Ginjal Kronik (PGK) stadium 3 merupakan faktor risiko tinggi terjadi Nefropati Akibat Kontras (NAK) setelah Percutaneous Coronary Intervention (PCI). Hidrasi merupakan salah satu modalitas mencegah NAK, demikian juga N-Acetyl Cysteine (NAC) walaupun efek proteksinya terhadap NAK masih kontroversial.

Tujuan. Mengetahui apakah kombinasi hidrasi dan NAC dapat menurunkan risiko NAK pada pasien PGK stadium 3 setelah PCI pada pasien Pelayanan Jantung Terpadu (PJT) RSCM.

Methoda penelitian. Studi kohort prospektif mengukur kreatinin plasma sebelum dan 48 jam sesudah PCI, sambil mencatat ada atau tidaknya perlakuan pemberian kombinasi hidrasi dan NAC pada pasien PGK stadium 3 tersebut.

Hasil. Terdapat 38 pasien yang memenuhi kriteria penerimaan dan tidak mencakup kriteria penolakan serta menuntaskan penelitian dalam kurun waktu Agustus 2013 ? Januari 2014. Dua puluh tiga (43,4%) dari total 53 pasien PGK stadium 3 yang awalnya masuk studi ini diberikan perlakuan hidrasi dan NAC dan sisanya tidak mendapat perlakuan tersebut. Insidens kejadian NAK terdapat pada 2 dari 38 pasien yang menuntaskan studi (5.26%) yaitu pada kelompok yang tidak mendapat hidrasi dan NAC. Attributable Risk% sebesar 100%, kejadian NAK dapat dihilangkan 100% apabila diberikan hidrasi dan NAC.

Simpulan. Kombinasi hidrasi dan NAC cenderung memproteksi kejadian NAK
pada populasi PGK stadium 3 yang menjalani PCI
<hr><i>Background. Stage 3 Chronic Kidney Disease (CKD) is known as a high risk factor for Contrast Induced Nephropathy (CIN) after Percutaneous Coronary Intervention (PCI). Hydration is a modality which is widely used to prevent CIN, and so is N-Acetyl Cysteine (NAC) eventhough there are controversial issues regarding their effectiveness to prevent CIN.

Aim. To know whether hydration and NAC combined has an effect of lowering CIN incidence in stage 3 CKD patients after PCI in Integrated Cardiac Services (ICS) in Cipto Mangunkusumo Hospital.

Methods. A prospective cohort is conducted examining plasma creatinine before and 48 hours after PCI in stage 3 CKD patients, meanwhile recording which patients are given combined hydration and NAC and

which are not.

Results. Total 38 patients were collected whom fulfill the inclusion criteria and not meet the exclusion criteria and finished the study, from August 2013 until January 2014. Twenty-three (43,4%) of total 53 patients with stage 3 CKD whom enter the study at first were given hydration and NAC, and the did not received the combination. Incidence of CIN occurred in 2 of 38 patients whom finished this study (5.26%), all belonging to the non-hydration and NAC group. Attributable Risk% is 100%, means CIN can be 100% prevented if hydration and NAC is given.

Conclusion. Combination of Hydration and NAC is indicated to be protective against the risk of CIN in stage 3 CKD patients undergoing PCI.</i>