

# Peran skor modified ACEF dalam memprediksi kompleksitas lesi koroner pada pasien penyakit ginjal kronik stadium 3 dan 4 dengan sindrom koroner akut = Role of modified ACEF score in predicting severity of coronary lesions in patients with chronic kidney disease stages 3 and 4 with acute coronary syndrome

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## Abstrak

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Latar Belakang: Kematian pada Penyakit Jantung Koroner (PJK) terutama akibat tindakan revaskularisasi yang tertunda atau lesi koroner kompleks yang biasanya lebih buruk pada populasi pasien PGK. Skor Modified ACEF merupakan sebuah perangkat yang memiliki peran penting dalam prognosis mortalitas PJK. Skor mACEF belum pernah digunakan untuk mengevaluasi kompleksitas lesi koroner. Informasi tersebut berguna dalam menentukan prioritas tindakan angiografi koroner.

Tujuan: Mendapatkan nilai diagnostik dan titik potong skor mACEF sebagai prediktor kompleksitas lesi koroner pada pasien PGK stadium 3 dan 4 yang mengalami sindrom koroner akut (SKA).

Metode: Penelitian ini merupakan uji diagnostik secara retrospektif terhadap 179 subjek PGK stadium 3 dan 4 yang mengalami SKA yang dirawat di ICCU RSCM tahun 2012 hingga 2014. Analisis titik potong skor mACEF dilakukan dengan menggunakan Receiver Operating Characteristic (ROC) curves dengan interval kepercayaan (IK) sebesar 95%. Akurasi diagnostik skor mACEF dinilai dengan cara menghitung sensitivitas, spesifisitas, RKP, dan RKN.

Hasil: Titik potong skor mACEF yang optimal adalah 2,288 dengan sensitivitas 90,9%, spesifisitas 63,7%, RKP 2,5, RKN 0,14 dan prevalens 55,3%.

Kesimpulan: Titik potong yang optimal skor mACEF pada populasi pasien PGK stadium 3 dan 4 yang mengalami SKA adalah 2,288. Akurasi diagnostik skor mACEF dinilai baik.  
**ABSTRACT**  
Background: Cardiovascular disease is one of the main causes of death mainly due to delayed revascularization or complex coronary lesions which are usually worse in CKD patients. Modified ACEF (mACEF) score is well established in determining cardiovascular mortality of patients undergoing revascularization therapy and has never been used to evaluate the complexity of coronary lesions before. mACEF score's potential as a diagnostic tool needs to be evaluated to help stratify patients eligible for coronary angiography.

**Aim:** To evaluate mACEF score's diagnostic value and cut-off point as a predictor of coronary lesion complexity in patients with CKD stages 3 and 4 with ACS.

**Methods:** This study is a diagnostic test conducted retrospectively involving 179 subjects with CKD stages 3 and 4 with ACS admitted to ICCU RSCM from 2012 to 2014. Cut-off analysis was performed using ROC curve with confidence intervals (CI) of 95% and diagnostic accuracy of mACEF was analyzed to generate sensitivity, specificity, LR+, and LR-.

**Result:** The optimal cut-off point for mACEF score was 2,288 with sensitivity of 90,9%, specificity 63,7%, LR+ 2,5, LR- 0,14, and prevalence of 55,3%.

**Conclusion:** mACEF score has a good diagnostic accuracy in subjects with CKD stage 3 and 4 with ACS with optimal cut-off point of 2,288, respectively.;**Background:** Cardiovascular disease is one of the main causes of death mainly due to delayed revascularization or complex coronary lesions which are usually worse in CKD patients. Modified ACEF (mACEF) score is well established in determining cardiovascular mortality of patients undergoing revascularization therapy and has never been used to evaluate the complexity of coronary lesions before. mACEF score's potential as a diagnostic tool needs to be evaluated to help stratify patients eligible for coronary angiography.

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