

Hubungan antara Kadar Gula Darah Admisi dan Timi Flow Pra/Pascaprosedur Intervensi Koroner Perkutan Primer terhadap Mortalitas Pasien Infark Miokard Akut disertai Elevasi Segmen ST = The Association of Blood Glucose Level on Admission and Pre-post Procedural Timi Flow with Mortality in Patients with St Segment Elevation Myocardial Infarction Undergoing Primary Pci

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Abstrak

Latar belakang: Hubungan antara kadar gula darah yang tinggi dan thrombolysis in myocardial infarction TIMI flow pra/pascaprosedur angioplasti primer terhadap mortalitas 1 tahun belum banyak dieksplorasi. Tujuan: Penelitian ini bertujuan untuk menentukan hubungan kadar gula darah saat admisi dan TIMI flow pra/pascaprosedur terhadap mortalitas 1 tahun pasien infark miokard akut disertai elevasi segmen ST IMA-EST yang menjalani intervensi koroner perkutan primer IKPP. Metode: 856 pasien IMA-EST yang dilakukan IKPP pada Januari 2014 hingga Juli 2016 dianalisis secara retrospektif. Cut-off yang digunakan untuk kadar gula darah tinggi pada studi ini adalah ≥ 169 mg/dL. Kesintasan 1 tahun dinilai dengan metode Kaplan-Meier. Hasil: Pasien dengan kadar gula darah ≥ 169 mg/L N=307 mempunyai proporsi TIMI flow akhir 0 dan 1 yang lebih tinggi [3.3 vs. 0.5 ; adjusted odds ratio OR = 5.58, 95 confidence interval CI 1.30 dan 23.9; p=0.02] dan mortalitas 1 tahun lebih tinggi [16.3 vs. 6 ; adjusted hazard ratio HR = 1.9, 95 CI 1.12 dan 3.23, p=0.017] dibanding pasien dengan kadar gula darah rendah N=549. TIMI flow akhir 0 dan 1 merupakan prediktor independen mortalitas 1 tahun HR= 7.0, 95 CI 3.23 dan 15.15;Background The association of high blood glucose level and Thrombolysis In Myocardial Infarction TIMI flow before after primary angioplasty with 1 year mortality has not much been explored. Objective This study sought to determine the association of blood glucose level BGL on admission and pre post procedural TIMI flow with 1 year mortality in patients with ST segment elevation myocardial infarction STEMI undergoing primary percutaneous coronary intervention PCI. Methods 856 patients with STEMI and treated with primary PCI between January 2014 and July 2016 were retrospectively analyzed. The cut off used for a high BGL in this study was ≥ 169 mg dL. Survival at 1 year was assessed by Kaplan Meier method. Results Patients with BGL ≥ 169 mg dL N 307 had higher proportion of final TIMI flow 0 1 3.3 vs. 0.5 adjusted odds ratio OR 5.58, 95 confidence interval CI 1.30 to 23.9 p 0.02 and higher 1 year mortality 16.3 vs. 6 adjusted hazard ratio HR 1.9, 95 CI 1.12 to 3.23, p 0.017 compared with lower BGL patients N 549. Final TIMI flow 0 1 was an independent predictor of 1 year mortality HR 7.0, 95 CI 3.23 to 15.15 p