Increased prevalence of cerebral infarction in patients with atopic dermatitis and low economic status : DATA from KNHANES IV

Department of Internal Medicine, College of Medicine Wonkwang University

*Jong-Hyun Yoo, Jum-Suk Ko, Nam-Ho Kim, Seong-Nam Shin, Sang-Jae Rhee, Kyung-Ho Yun, Nam-Jin Yoo, Eun-Mi Lee, Seok-Kyu Oh, Jin-Won Jeong

Introduction: The Fourth Korea National Health and Nutrition Examination Survey (KNHANES IV) data revealed high prevalence of end organ damage in Korean hypertensive population. We aimed to identify predictors for cerebral infarction in patients with hypertension from nationwide registry data. Methods: We analyzed 1,564 patients (male 44.8%, Age 63.6±12.1yrs) with diagnosed hypertension from KNHANES IV. We checked baseline demographic data and various clinical risk factors for cerebrovascular disease. Cross sectional analysis was performed to indentify predictors of cerebral infarction in selected patient cohort. Results: Diagnosis of cerebral infarction was confirmed in 102 patients (6.5%). In univariate analysis, old age, lower economic status, presence of hyperlipidemia, major depression, atopic dermatitis and proteinuria had statistically significant correlation with cerebral infarction. After multivariate analysis, low economic status (p=0.001, HR=3.088), atopic dermatitis (p=0.015, HR=3.294) and old age (0=0.001, HR=1.035) remained independent predictors of cerebral infarction. Conclusion: In addition to classical risk factors for cerebral infarction, presence of atopic dermatitis and low economic status were independent risk factors of cerebral infarction in Korean hypertensive population.

Serum Homocystein Levels for Prediction of Major Cardiovascular Events after Drug-Eluting Stent Implantation

[1]Seoul Veterans Hospital, Seoul, Korea, [2]Asan Medical Center, University of Ulsan College of Medicine, Seoul, Korea

*JongSeon Park[1], You-Ri Kim[2], Duk-Woo Park[2], Hae-Geun Song[2], Jung-Min Ahn[2], Won-Jang Kim[2], Jong-Young Lee[2], Soo-Jin Kang[2], Seung-Whan Lee[2], Young-Hak Kim[2], Cheol Whan Lee[2], Seong-Wook Park[2], Seung-Jung Park[2]

Background: Elevated blood homocystein has been suggested as the risk factor for cardiovascular events in several observational studies. Little is known regarding the impact of homocystein on clinical outcome after percutaneous coronary intervention(PCI). Methods: A total of 2,849 patients who received PCI with drug-eluting stent(DES) implantation were prospectively enrolled. Patients were classified 4 groups as quartile of baseline homocystein level(group 1;<10.1, group 2;10.2 to 12.6, group 3;12.7 to 15.1, group 4;>15.2 umol/L). The primary end point was the first occurrence of major cardiovascular events(MACE) defined as a composite of all-cause death, nonfatal myocardial infarction, stent thrombosis, and stroke. Results: During follow-up(median,2.2 years), there were 96 major cardiovascular events. In a crude analysis, patients with the highest quartile of homocystein level was significantly higher risk for the occurrence of the primary end points, as compared to lowest level(6.4% vs.1.0% at 2 year; hazard ratio [HR] 1.99, 95% confidence interval [CI],1.17-3.41; p=0.005). After adjusting conventional clinical risk factors and procedural characteristics, increasing levels of serum homocystein was independently associated with higher risk of long-term MACE(adjusted HR 1.79, 95% CI 1.01 – 3.27, p=0.04). Conclusion: Our data suggest that in patient receiving PCI with DES implantation, higher homocystein level was significantly associated with cardiovascular events and also had incremental predictive values beyond conventional risk factors.

Kaplan-Meier Curves of the Cumulative probability of Primary End Point according to Homocystein Levels