

Predictors of Hospital Mortality in Patients with Acute Myocardial Infarction Treated by Artificial Ventilator and/or Intra-Aortic Balloon Pump

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Background and Objectives : The mortality rate of complicated acute myocardial infarction (AMI) patients who required artificial ventilator and/or intra-aortic balloon pump (IABP) at coronary care unit (CCU) was reported very high. The aims of this study were to evaluate the mortality rate and investigate the predictors of in-hospital death in these critically ill patients. **Subjects and Methods :** A total of 134 complicated AMI patients who were treated with artificial ventilator and/or IABP at CCU of Chonnam National University Hospital between January 2004 and December 2005, were retrospectively analyzed. We compared the clinical characteristics, laboratory, echocardiographic, coronary angiographic findings and the Global Registry of Acute Coronary Event (GRACE) score between survivors and non-survivors. **Results :** The following parameters were univariate predictors of in-hospital mortality: diabetes, hyperlipidemia, Killip class?III, cardiogenic shock, acute pulmonary edema, percutaneous coronary intervention (PCI), left circumflex artery lesion, the extent of coronary artery disease, use of IABP, high GRACE score, and high levels of high sensitivity C-reactive protein (hs-CRP) and N-terminal pro-brain natriuretic peptide (NT-proBNP) ($p < 0.05$, respectively). On multivariate analysis, use of IABP (odds ratio, 4.2; 95% CI:1.22~14.36, $p=0.022$) and high GRACE score (odds ratio, 1.03; 95% CI:0.99~1.06, $p=0.050$) were still remained independent predictors of in-hospital mortality. **Conclusions :** The predictive factors for hospital death in patients with AMI treated by IABP and/or artificial ventilator at CCU were use of IABP and high GRACE score.

PCI후 re-stenosis 예측을 위한 microalbuminuria와 24hr proteinuria 정량검사의 유용성

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배경 : microalbuminuria와 proteinuria는 renal and cardiovascular disease에 독립적인 위험인자로 알려져 있다. PCI후의 re-stenosis가 온 경우 microalbuminuria와 24hr proteinuria 정량 검사가 예측에 도움이 되는지 알아보고자 하였다. **방법 :** 1999년부터 2006년까지 PCI후 심혈관조영술 추적검사를 시행한 환자중에 microalbuminuria와 24hr proteinuria 정량 검사를 측정된 각각 37명과 44명을 대상으로 하였다. **결과 :** microalbuminuria정량검사에서는 re-stenosis가 온 경우가 18명(18/37, 48.6%)이었으며 평균 12.6(표준오차5.5)mg/dl으로 re-stenosis가 없는 19명의 평균 8.65(표준오차2.4)mg/dl보다 높았으나 통계적으로 유의하지는 않았다($p=0.515$). 24hr proteinuria정량검사에서는 re-stenosis가 온 21명(21/44, 47.7%)의 평균 624.9(표준오차328.2)mg/day가 re-stenosis가 없는 23명의 평균 22.2(표준오차13.9)mg/day보다 높았으나 통계적으로 유의하지는 않았다($p=0.061$). **결론 :** PCI후 re-stenosis발생의 향후 예측을 위해 microalbuminuria보다는 24hr proteinuria정량검사가 더 도움이 될 것으로 생각되나 통계적으로 유의하지 않았다. 더 많은 환자를 대상으로 prospective하게 연구한다면 충분히 PCI후 re-stenosis를 예측할 수 있는 중요한 risk factor라고 결론을 내릴 수 있을 것이다.