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Plavix Resistance Determined by VerifyNow® is a Predictor of Cardiovascular Outcome after PCI.

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Background and Aim: Plavix (clopidogrel) is a powerful arm to prevent major cardiovascular event in patients undergoing percutaneous coronary intervention (PCI). The platelet responsiveness to Plavix is highly variable among individuals and there are many methods to measure the degree of platelet inhibition. The aim of our study was to determine [1] the risk factors of Plavix resistance determined by VerifyNow in patients undergoing PCI and [2] the impact of Plavix resistance on clinical outcome in the follow-up after PCI. **Method and Results :** From July 2006 to Jan 2007, total 279 patients who underwent PCI at SNUH were consecutively enrolled. After successful PCI, we measured platelet responsiveness to Plavix using VerifyNow P2Y12 before discharge and followed up during 6 months. [1] Absolute PRU (P2Y12 response unite) values were divided into tertiles and the highest PRU group was defined as the Plavix resistance group. Total of 72 patients (25%) had Plavix resistance. The male gender was identified as independent predictor of Plavix resistance (OR 2.46, 95% CI 1.362-34.434, $p=0.003$). [2] At 6 month follow-up, major adverse cardio-cerebro-vascular events (including death, infarction, CVA, TLR, TVR, repeated PCI to other vessel, CABG) was 30 cases (Resistant group = 13/72, Responsive group = 18/205 cases, $p=0.025$). Plavix resistance was independent predictor of MACCE (OR 2.593, 95% CI 1.175-5.725, $p=0.018$). **Conclusion :** In patients of Plavix resistance showing high PRU, we should consider the use additional antiplatelet agent to prevent the increase of MACCE after PCI.

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HbA1c와 관상동맥질환의 중증도와의 연관성

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Background and Objectives : The association of an increased hemoglobin A1C level with severity of coronary artery disease (CAD) in non-diabetic patients has not been reported previously. **Method and Results :** Between May and July 2007, we analyzed 278 patients who had their first diagnostic coronary angiography (CAG), and excluded known DM, and hypertensive patients. Coronary angiography was performed in 162 men and 116 women (mean age; 61.7 ± 32.3 yrs). There was no significant difference in age, sex, cholesterol level between angiographic normal or minimal group and CAD group. Smoking and HbA1C was significantly different ($p < 0.001$, respectively). Cutoff value of HbA1C for CAD was 5.7 (sensitivity 79.2, specificity 50.0) in smoking group and 5.6 (sensitivity 81.8, specificity 55.6) in non-smoking group. **Conclusion :** Our study demonstrated significant association between HbA1C and CAD severity, and we could consider HbA1C as a screening tool for CAD because of its high sensitivity value.

	CAD, n=144	Normal or minimal, n=134	P value
HbA1C	6.0 ± 1.1	5.5 ± 0.4	< 0.001
Smoker	54 (37.5%)	24 (17.9%)	< 0.001

HbA1C	Normal CAG	Minimal	1 vs.	2vs.	3 vs.	LM	P value
Smoker, n=78	5.4 ± 0.2	5.6 ± 0.5	5.7 ± 0.6	5.9 ± 0.8	7.2 ± 1.2	5.6 ± 0.4	< 0.001
Non-Smoker, n=200	5.4 ± 0.3	5.6 ± 0.6	5.8 ± 0.9	6.0 ± 0.6	6.1 ± 1.3	6.5 ± 2.0	< 0.001