The correlation between high sensitivity C-Reactive protein level and the extent of coronary lesion and cardiac systolic function in coronary heart disease

R. Miftah Suryadipraja, author

Abstrak

Menentukan rerata kadar Protein C-Reaktif sensitivitas tinggi (hs-CRP) pada penyakit jantung koroner, hubungan antara kadar hs-CRP dengan luas lesi koroner dan fungsi sistolik jantung. Telah dilakukan penelitian observasional dengan disain potong lintang terhadap 106 pasien penyakit jantung koroner yang meliputi 90 angina pektoris stabil, 11 angina pektoris tidak stabil dan 5 infark miokard akut. Dilakukan pemeriksaan kadar kuantitatif hs-CRP, angiografi koroner untuk menentukan luas lesi koroner dan ejection fraction. Rerata kadar hs-CRP pada luas lesi koroner SVD 5,5 ± 7,6 mg/L, DVD 6,6 ± 21,7 mg/L dan TVD 5,5 ± 8,0 mg/L dengan p=0,056. Tidak didapatkan hubungan bermakna antara kadar hs-CRP dengan luas lesi koroner. Fungsi sistolik jantung mempunyai korelasi negatif dengan kadar hs-CRP (p=0,015, r = -0,235). Penelitian ini menunjukkan bahwa kadar hs-CRP tidak dapat menggambarkan luas lesi koroner, kadar hs-CRP mempunyai korelasi negatif dengan fungsi sistolik jantung. (Med J Indones 2003; 12: 201-6) <hr>To determine the mean value of high sensitivity C-Reactive Protein (hs-CRP), association between plasma level of hs-CRP with extent of disease and systolic function. A cross sectional study had been conducted to 106 coronary artery disease patients (90 stable angina pectoris, 11 unstable angina pectoris and 5 acute myocardial infarction). Plasma quantitative level of hs-CRP with cor angiography to determine extent of disease and ejection fraction were measured. The mean of hs-CRP levels in patients with SVD were 5,5 ± 7,6 mg/L, DVD were 6,6 ± 21,7 mg/L and TVD were 5,5 ± 8,0 mg/L and p=0,056, respectively. There were no significant association between hs- CRP levels with extent of disease. Systolic function had negative correlation with levels of hs-CRP (p=0,015, r=-0,235). This study showed that plasma level of hs-CRP cannot reflect the extent of disease, and it had negative correlation with systolic function. (Med J Indones 2003; 12: 201-6)