

Hubungan pemberian klopido­grel pretreatment dengan TIMI-Flow pasien infark miokard akut disertai elevasi segmen ST yang menjalani intervensi koroner perkutan primer = Association between Clopidogrel Pretreatment and TIMI Flow of patients with acute ST-Segment elevation myocardial infarction undergoing primary percutaneous coronary intervention

Ina Nadia, author

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Abstrak

Studi mengenai pemberian klopido­grel sebelum angiografi koroner (pretreatment) pada pasien infark miokard akut dengan elevasi segmen ST (IMA-EST) yang akan menjalani intervensi koroner perkutan primer (IKPP) terbatas, namun dapat disimpulkan bahwa aman dan dapat penurunan angka major adverse cardiovascular events (MACE). Pada studi yang dilakukan beberapa tahun terakhir, manfaat pemberian klopido­grel pretreatment dipertanyakan. Studi yang telah ada dilakukan di negara lain berbeda dengan kondisi di Indonesia; terdapat perbedaan karakteristik seperti waktu onset nyeri dada hingga pasien sampai ke fasilitas kesehatan primer, loading antiplatelet, serta dilakukan tindakan IKPP yang lebih panjang.

Penelitian ini bertujuan untuk mengetahui hubungan pemberian klopido­grel pretreatment dengan TIMI-flow pasien IMA EST yang menjalani IKPP. Studi potong lintang retrospektif terhadap 220 pasien IMA EST dilakukan di rumah sakit Jantung dan Pembuluh Darah Harapan Kita sejak tanggal 1 Januari - 30 Oktober 2018 dengan membagi subjek dalam kelompok klopido­grel pretreatment (> 600 mg klopido­grel diberikan > 120 menit sebelum angiografi koroner) dan kelompok yang diberikan < 120 menit.

Analisis multivariat menunjukkan bahwa klopido­grel pretreatment merupakan prediktor utama yang mempengaruhi TIMI flow sebelum tindakan IKPP (OR 0.273, 95% CI 0.104-0.716; $p=0.008$). Pemberian klopido­grel pretreatment berhubungan dengan TIMI flow sebelum tindakan IKPP, namun tidak berpengaruh terhadap TIMI setelah dilakukan tindakan IKPP.

.....Immediate antiplatelet administration is the standard therapy used in acute ST-segment elevation myocardial infarction (STEMI) undergoing primary percutaneous coronary intervention. Studi on clopidogrel pretreatment are limited, but it can be concluded that was safe, also reduced the number of major adverse cardiovascular events (MACE). Recently, pretreatment with P2Y12 are questioned. There are differences in the background and the conditions between the studies that have been conducted and the condition in Indonesia; such as duration of angina onset until arrive at primary health care, time of loading antiplatelet and longer ischemic time.

This study sought to evaluate the association between clopidogrel pretreatment and TIMI flow of patients with acute STEMI undergoing primary PCI. Single-center retrospective cross sectional study of 220 patients with acute STEMI were conducted in National Centre of Cardiovascular Harapan Kita, Indonesia from 1 January-30 October 2018. Subjects are divided into two groups: clopidogrel pretreatment (> 120 minute from coronary angiography conducted) and non pretreatment group (< 120 minute). Multivariate analysis revealed that clopidogrel pretreatment is the main predictor of preprocedural TIMI grade flow (OR 0.273, 95% CI

0.104-0.716; $p=0.008$). Clopidogrel pretreatment was associated with TIMI flow grade pre intervention, but not with TIMI flow grade post intervention.