

Faktor-Faktor Major Adverse Cardiovascular Event 30 Hari pada Pasien Sindrom Koroner Akut dengan Penyakit Ginjal Kronik Non-Dialisis = Factors of 30-Days Major Adverse Cardiovascular Event in Acute Coronary Syndrome with Non-Dialysis Chronic Kidney Disease Patients

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Abstrak

Latar Belakang. Penyakit kardiovaskular masih merupakan masalah kesehatan utama global. Banyak penelitian menghubungkan kondisi Penyakit Ginjal Kronik (PGK) pada pasien Sindrom Koroner Akut (SKA) dengan luaran klinis yang lebih buruk. Mengetahui peran faktor-faktor yang mempengaruhi Major Adverse Cardiovascular Event (MACE) pada pasien SKA dengan PGK penting dalam upaya pencegahan luaran yang buruk.

Tujuan. Mengetahui hubungan skor Global Registry of Acute Coronary Events (GRACE), skor Gensini, Left Ventricular Hypertrophy (LVH), dan Rasio Netrofil Limfosit (RNL) terhadap kejadian MACE 30 hari pasien SKA yang mengalami PGK non-dialisis.

Metode. Desain penelitian kohort retrospektif menggunakan data sekunder dari rekam medis 117 pasien SKA yang menjalani PCI di Rumah Sakit Umum Pemerintah Cipto Mangunkusumo sejak Januari 2018 hingga Juni 2018. Pasien dibagi berdasarkan derajat PGK serta dinilai MACE 30 hari. Dilakukan pencatatan data skor GRACE, skor Gensini, LVH, dan RNL. Analisis hubungan faktor-faktor tersebut dilakukan menggunakan uji chi square.

Hasil. Dari 117 pasien 62,3% ST Elevation Myocardial Infarction (STEMI), pada akhir perawatan 67,5% pasien termasuk dalam kelompok derajat 1-2 PGK, 17,1% dalam kelompok PGK derajat 3a-3b dan 15,4% dalam kelompok PGK derajat 4-5. MACE terjadi pada 47 (40,2%) pasien dengan 17 (14,5%) mengalami kematian. Terdapat hubungan bermakna antara skor GRACE dengan MACE (54,8% MACE pada skor GRACE tinggi vs 32% MACE pada skor GRACE rendah-sedang ($p = 0,016$) (OR : 2,57 IK95% : 1,18-5,59), sedangkan pada skor Gensini, LVH dan RNL walaupun terdapat peningkatan proporsi MACE namun tidak didapatkan hubungan yang signifikan.

Kesimpulan. Skor GRACE berhubungan dengan MACE 30 hari pasien SKA dengan PGK non dialisis.

.....Background. Cardiovascular disease is still a major global health problem. Many studies have linked Chronic Kidney Disease (CKD) in Acute Coronary Syndrome (ACS) patients with worse clinical outcomes. Knowing the role of factors that influence MACE in ACS with CKD patients is important in preventing poor outcomes.

Objective. To determine the relationship between GRACE scores, Gensini scores, LVH, and NLR to the 30-

day MACE incidence in ACS patients with CKD.

Method. This study is a retrospective cohort study using secondary data from the medical records of 117 ACS patients who underwent PCI at the Cipto Mangunkusumo Government General Hospital from January 2018 to June 2018. Patients were divided based on the degree of CKD and assessed for 30-day MACE. Data were recorded on GRACE scores, Gensini scores, LVH, and RNL. Analysis of the relationship between these factors was carried out using the Chi Square test.

Results. Of the 117 patients 62.3% were STEMI, at the end of hospital treatment 67.5% were in the normal-grade 2 CKD group, 17.1% in the CKD grade 3a-3b group and 15.4% in the CKD grade 4-5 group. MACE occurred in 47 (40.2%) patients with 17 (14.5%) dying. There was a significant relationship between GRACE scores and MACE (54.8% MACE at high GRACE scores vs. 32% MACE at low-moderate GRACE scores ($p = 0.016$) (OR : 2,57 CI95% : 1,18-5,59)), while the Gensini score, LVH and NLR scores even though there was an increase in the proportion of MACE but no significant relationship was found.

Conclusion. The GRACE score correlates with the 30-day MACE of ACS with non- dialysis CKD patients.