

허혈성 심장질환이 동반된 당뇨병성 신증 환자에서 스텐트 삽입술과 관상동맥 우회수술의 단기간 치료성적 비교

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Percutaneous Coronary Stenting Versus Coronary Artery Bypass Graft Surgery in Diabetic Nephropathy Patients with Ischemic Heart Disease

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The purpose of this study was to compare the short-term clinical outcomes of diabetic nephropathy (DN) patients with ischemic heart disease (IHD) following Percutaneous Coronary Stenting (PCS) and CABG surgery. From January 1996 to December 2005, 100 cases of DN patients with IHD who had undergone PCS (48 cases) or CABG (52 cases) in our hospital were collected. To compare short term outcomes (duration of follow-up: 12–123 months), we reviewed baseline clinical characteristics and coronary angiographic findings, and follow-up data (death, myocardial infarction, reintervention, any major adverse cardiovascular events (MACEs)) were collected at 12 months after the procedure and during follow-up. The revascularization strategy was mainly determined on technical basis. We included the patient who was done PCS using bare metal stent and excluded recently available drug-eluting stent (DES). Baseline preoperative clinical characteristics were similar in the two groups, but myocardial infarction was more prevalent in CABG group (19.1% vs 38.5%, $p=0.035$). And left main disease (0% vs 21.2%, $p=0.001$) and three-vessel disease (33.3% vs 84.6%, $p<0.001$) were more prevalent in CABG group. The number of coronary lesions were also greater in CABG group (3.6 ± 1.6 vs 5.1 ± 2.0 , $p<0.001$). Immediate post-procedure mortality was higher in CABG, but was not significantly different (PCS 2.0% vs CABG 9.6%, $p=0.113$). During 1 year follow-up, the incidence of death (PCS 6.3% vs CABG 9.6%, $p=0.717$) and myocardial infarction (PCS 2.1% vs CABG 0.0%, $p=0.480$) were similar in both groups. However, bypass surgery still afforded a lower need for repeat revascularization (1.9% vs 22.9%, $p=0.001$). Consequently, overall MACE rate (31.3% vs 11.5%, $p=0.016$) remained higher after PCS. During overall follow-up (mean 56 ± 33 months), the incidence of death (PCS 31.3% vs CABG 25.0%, $p=0.487$) and myocardial infarction (PCS 4.2% vs CABG 0.0%, $p=0.228$) were similar in both groups. However, repeat revascularization (67.9 vs 21.4%, $p=0.005$) and overall MACE rate (66.7% vs 38.5%, $p=0.005$) remained higher after PCS. In conclusion, repeat revascularization and overall MACE rate were higher after PCS than after CABG in DN patients with IHD. But, incidence of death and myocardial infarction were similar in both groups. PCS may be a safe and feasible alternative to CABG for DN patients with IHD, but careful consideration is needed in decision of therapeutic modality (PCS or CABG) in DN patients with IHD.