복막투석을 시작하는 환자에서 관상동맥질환과 뇌혈관질환의 공존이환의 임상적 의의

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Crosstalk Between Coronary Heart Disease and Coexisting Cerebrovascular Disease in Patients Starting CAPD

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Introduction and Aims : Cardiovascular disease (CVD) – coronary artery disease (CAD) and cerebrovascular disease (CBVD) is the leading cause of death in ESRD patients. Early diagnosis of CVD is important in order to devise preventive and interventional strategies. 40% of ESRD patients have CVD at the initiation of dialysis, and the risk for recurrent CV events is likely to be much higher in people with prevalent disease. The evaluation of coexisting CVD has not previously been studied in patients newly starting CAPD. The aim of our study is to evaluate co-existence of CAD and CBVD, as well as to compare atherosclerotic findings, survival and risk factors among CAPD patients with different CVD status.

Methods : We examined 54 patients starting CAPD (mean age 55.7yrs, 35 male (64.8%), 40 DM pts (74.1%)) since Sep. 2003. Primarily we evaluated the presence of CAD using exercise stress echocardiography, coronary MDCT and coronary angiography, and the presence of CBVD using brain CT with angiography, brain MRI with angiography and TFCA. We divided 54 patients into a CO-existence group (n=14) and OTHERs group (n=40). Then we compared the potential clinical, biochemical risk factors (including hsCRP, NT-proBNP, lipoprotein(a) and cTnT) and CV events between two CAPD groups

Results : During the follow-up (mean 19.4 months), a CAD was documented in 19 (35.2%) patients, a CBVD in 29 (53.7%) and a CO-existence in 14 (25.9%). There were 31 CV events among 26 patients (48.1%): new episodes of ischemic (n=14) and non-ischemic (n=6) heart disease, cerebral hemorrhage (n=2) and infarction (n=9). 12 (22.2%) patients had died. CO-existence group was significantly older (61.4 yrs vs. 53.8 yrs, p=0.026) and had higher prevalence of DM (92.9% vs. 67.5%, p=0.042) compared with OTHERs group. Both groups were comparable with regard to sex, time on dialysis. By kaplan-Meier analysis, CO-existence group had significantly lower CV event-free survival than OTHERs group (Log Rank, p=0.009).

Conclusion : Our study showed co-existing CAD and CBVD might have impact on the CV event-free survival in pts starting CAPD. Unfortunately, ESRD patients tend to be underdiagnosed with respect to co-existence of CBVD, which co-existence may help us to account for the high CV morbidity and mortality in dialysis patients. These findings suggests that early combined screening and interventional strategy for co-existing coronary and cerebrovascular disease status is needed in dialysis and CKD pts.

Key Words : 관상동맥질환, 뇌혈관질환, 공존이환
CBVD, CAD, Coexistence