

신부전 환자에서 급성 심근 경색시 항 혈소판 제제 2제 요법과 삼제 요법의 효능 비교

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Triple Versus Dual Antiplatelet Therapy in Patients with Acute Myocardial Infarction and Renal Dysfunction: Results from the Korea Acute Myocardial Infarction Registry

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Background: The question as to whether triple antiplatelet therapy is superior to dual antiplatelet therapy for patients with acute myocardial infarction (AMI) and renal dysfunction, who undergo percutaneous coronary intervention (PCI), is unresolved.

Methods and Results: As part of the Korea Acute Myocardial Infarction Registry (KAMIR), 2288 AMI patients with renal dysfunction (glomerular filtration rate [GFR] <60 mL/min) received either dual (aspirin plus clopidogrel; n=1587) or triple (aspirin plus clopidogrel and cilostazol; n=701) antiplatelet therapy. Major adverse cardiac events (MACE) at 1-month and 1-year were compared between these 2 groups. On comparison with the dual-therapy group, the triple-therapy group showed a similar incidence of major bleeding events but a significantly lower incidence of in-hospital mortality. The MACE rate at 1-month was significantly higher for the dual-therapy group than for the triple-therapy group (16.3% vs. 11.1%, p<0.05), and this difference was mainly attributed to death rather than re-PCI (12.9% vs. 9.1%, p<0.05). However, the MACE rate at 1-year and the MACE-free survival time did not differ between the groups.

Conclusion: In AMI patients with renal dysfunction, triple antiplatelet therapy has a favorable in-hospital and short-term MACE impact; however, it does not have an impact on the 1-year MACE-free survival.

Key Words: 급성 심근 경색, 사구체 여과율, cilostazol

Myocardial infarction, Glomerular filtration rate, Cilostazol