

신기능 저하가 있는 노인 급성 심근 경색증 환자에서 관상동맥 중재술

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Percutaneous Coronary Intervention for Acute Myocardial Infarction in the Elderly Patients with Renal Dysfunction: Results from the Korea Acute Myocardial Infarction Registry

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Background: The question as to whether percutaneous coronary intervention (PCI) benefits for acute myocardial infarction (AMI) in elderly aged ≥ 75 years patients with renal dysfunction is unresolved.

Methods and Results: As part of the Korea Acute Myocardial Infarction Registry (KAMIR), 1,458 AMI patients with renal dysfunction (glomerular filtration rate [GFR] < 60 mL/min) received either medical (n=439) or PCI (n=1,019) therapy. Major adverse cardiac events (MACE) at 1-month and 1-year were compared between these 2 groups. On comparison with the medical therapy group, the PCI group showed a significantly lower incidence of in-hospital mortality. Moreover, the short term and long term MACE rate was significantly higher for the medical therapy group than for the PCI group (36.8% vs. 20.7%; 55.5% vs. 33.0%, $p < 0.05$), and this difference was mainly attributed to cardiac death (30.8% vs. 17.4%; 43.8% vs. 22.7%, $p < 0.05$). The MACE-free survival time after adjustment was also higher in PCI group in short term (hazard ratio (95% confidence interval) 0.67 (0.45–0.98) $p = 0.037$) and long term (hazard ratio (95% confidence interval) 0.61 (0.45–0.83) $p = 0.002$) follow up.

Conclusion: In elderly aged ≥ 75 AMI patients with renal dysfunction, PCI therapy has a favorable in-hospital, and short-term and long-term MACE-free survival.

Key Words: 급성 심근경색, 사구체 여과율, 노인

Acute myocardial infarction, Glomerular filtration rate, Elderly