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신기능 장애와 관련된 스트레스성 심근병증의 임상양상 7예

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Clinical Features of Patients with Stress-induced Cardiomyopathy Associated with Renal Dysfunction: 7 Case Series in Single Center

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Background: Stress-induced cardiomyopathy (sCMP) is characterized by transient wall-motion abnormalities involving left ventricular apex and mid-ventricle, precipitated by emotional or physical stress. As heart and kidney influence each other's function by bidirectional pathways, sCMP can induce renal dysfunction or be induced by renal dysfunction. This study reviewed the clinical characteristics and outcomes of patients with confirmed sCMP associated with renal dysfunction.

Methods: We conducted a retrospective analysis of the medical records of all patients from our institution with diagnosed sCMP from March 2010 to April 2012. Each patient's demographic characteristics, presenting symptoms, triggering events, ECG characteristics, laboratory data, echocardiographic studies, cardiac catheterization data and outcomes were reviewed.

Results: Among 30 patients who diagnosed as sCMP, 7 patients were associated with renal dysfunction. Three patients were under maintenance hemodialysis (HD) and 4 patients had acute kidney injury (AKI). Mean ejection fraction was 35.2% in initial echocardiography, and 57.2% in follow-up echocardiography. Pericardial effusion was detected in all HD patients initially and these patients were treated with intensive HD as suspected under-dialysis status. In AKI patients, mean of peak level of serum creatinine (SCr) was 4.17 mg/dL and 2 patients were treated with continuous renal replacement therapy. SCr restored to normal at 7 and 14 days. 1 patient was required maintenance HD and 1 patient died.

Conclusions: sCMP can be occurred in patient with renal dysfunction including HD or AKI, renal function must be closely monitored for any patient with sCMP. Additionally, HD patients with sCMP could be considered they were on under-dialysis.

Key Words: 심근병증, 급성신손상, 혈액투석
Stress cardiomyopathy, Acute kidney injury, Hemodialysis