47 [10075]

Is the 2012 classification of CKD useful in predicting the onset oflate cardiac events in CKD patients who received DES?

[Objective] It is not known whether the 2012 classification of CKD is useful in predicting the onset of late adverse cardiac events in CKD patients who have received drug-eluting stents, this study investigated its significance.

[Subjects and Method] Among CKD patients who underwent elective stent implantation, subjects of this study were 94 patients with 140 lesions who had their urine albumin-to-creatinine ratio measured on the day after PCI. Of these patients, the 55 patients with 75 lesions who were G1A1/G2A1 according to the 2012 CKD classification were classified into G group; the 23 patients with 34 lesions who were G1A2/G2A2/G3aA were classified into Y group, and the 12 patients with 24 lesions who were G1A3/G3aA2/G3bA1 were classified into 0 group. The groups were studied for late cardiac event-free survival (mean follow-up period of 16.7 ± 1.9 months).

[Results] In O group, EF was significantly lower than the other 2 groups at $50.9\pm12.6\%$, and 75% had 3-vessel disease. Late cardiac events were 4 TLR in G group, 1 TLR and 1 heart failure hospitalization in Y group, and 1 cardiac death, 1 TLR, and 5 heart failure hospitalizations in O group, with O group having a significantly lower late cardiac event-free survival rate compared to the other 2 groups (G group 94.4%, Y group 91.3%, O group 66.7%; $p<0.05$).

[Conclusion] It was suggested that the 2012 CKD classification could be useful in predicting the onset of cardiac events in CKD patients who received DES.