

Incidence and Prognostic Implications of Contrast-Induced Acute Kidney Injury Among Patients Undergoing Primary Percutaneous Coronary Intervention Due To ST-Elevation Myocardial Infarction.

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Abstract

BACKGROUND: Contrast-induced acute kidney injury (CI-AKI) has been associated with worse prognosis after percutaneous coronary intervention (PCI). We sought to assess the incidence and prognostic implications of CI-AKI among an all-comer population of patients who underwent primary PCI (pPCI) due to ST-elevation myocardial infarction (STEMI).

METHODS: Patients with STEMI who underwent pPCI with baseline and peak creatinine after PCI in the prospective, multicenter Chinese Acute Myocardial Infarction (CAMI) registry were included. CI-AKI was defined as a relative ≥ 1.5 -fold increase in serum creatinine from baseline, or an absolute increase of ≥ 0.3 mg/dL. Major adverse cardiac event (MACE) was defined as the composite of all-cause death, myocardial infarction or stroke.

RESULTS: 5,205 patients were included since Jan 2013 to Feb 2018 from 108 PCI centers in China, 684 (13.14%) developed CI-AKI. Risk factors for developing CI-AKI included older age, female sex, time from onset of chest pain, Killip classification, and GP IIb/IIIa antagonist prescription. Patients with CI-AKI had higher unadjusted and adjusted risks of MACE and death both at 30 days and at one year (Table).



CONCLUSION: CI-AKI was relatively common after pPCI for STEMI, particularly among women and older patients. CI-AKI was an independent predictor of MACE and mortality both at 30 days and 1 year.

Biography:



Chunhui He has completed his PhD at the age of 30 years from Xinjiang Medical University and residency training from First Hospital of Peking University. He is a Fellow of Cardiology at Fuwai Hospital of Chinese Academy of Medical Science, a premier Cardiovascular Clinical and Research organization. He has published more than 10 papers in peer-reviewed journals and has been entitled as FSCAI since 2018.

9th World Heart Congress; Zurich, Switzerland - July 29-30, 2020. (Webinar)

Abstract Citation:

Chunhui He, Incidence and Prognostic Implications Of Contrast-Induced Acute Kidney Injury Among Patients Undergoing Primary Percutaneous Coronary Intervention Due To ST-Elevation Myocardial Infarction., World Heart Congress 2020, 9th World Heart Congress; Zurich, Switzerland - July 29-30, 2020.

(<https://heart.insightconferences.com/abstract/2020/incidence-and-prognostic-implications-of-contrast-induced-acute-kidney-injury-among-patients-undergoing-primary-percutaneous-coronary-intervention-due-to-st-elevation-myocardial-infarction>)