

Relationship of hemoglobin A1C with in-health center mortality following valvular heart surgery - Reza Shoghli, Azad University of Tehran Central Branch, Iran

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Abstract

Background: We aimed to decide the association between the extent of HbA1c and in-hospital mortality in patients who underwent valvular heart surgical treatment in our center in a retrospective cohort.

Methods: In this retrospective cohort have a look at, patients with type 2 diabetes mellitus who have been mentioned our middle for elective valvular surgery have been enrolled and followed up. The endpoint of this have a look at changed into in-clinic mortality. Based on the extent of HbA1c, sufferers have been dichotomized around a level of 7% into groups: Exposed sufferers with $HbA1c \geq 7\%$ and unexposed patients with $HbA1c < 7\%$. There was no significant difference between the groups in demographic and clinical characteristics. 13 (5.8%) cases died during hospital admission which 9 cases were in the high HbA1c group. Both the unadjusted and adjusted logistic regression models showed that HbA1c was not a predictor for in-hospital mortality

Conclusion: This study showed no association between preoperative HbA1c levels and in-hospital mortality in the candidates for valvular heart surgery.

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INTROCUCTION

The international prevalence and prevalence of diabetes mellitus are dramatically growing in recent years, and in 2011, nearly 25% of the Iranian populace had impaired fasting glucose or diabetes mellitus. Control of blood glucose in sufferers who go through any surgical operation is essential as diabetes mellitus has been linked to the improvement of many adverse outcomes following open-heart surgeries, inclusive of sepsis, wound infection, cerebrovascular accidents, postoperative atrial fibrillation, and mortality. Therefore, a valid and reliable marker for the evaluation of diabetes manipulate can help an awful lot to reduce those complications. Hemoglobin A1c (HbA1c) has been

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introduced as a useful marker that can display the state of affairs of glucose control in the beyond 8-12 weeks earlier than the assessment.

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