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THE IMPACT OF RENAL DYSFUNCTION ON IN HOSPITAL CARDIOVASCULAR MORBIDITY AND MORTALITY IN ACUTE CORONARY SYNDROME

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Objectives Outcome is poor in patients with acute myocardial infarction (MI) who have renal dysfunction in long term follow up. Less is known about the outcome of acute MI in short term.

Aim of the Study To evaluate the outcome of acute coronary syndrome (ACS) in varying degrees of renal dysfunction.

Methods Patients and Methods In this prospective observational study, seventy patients presenting with acute coronary syndrome (ACS) including ST and non-ST segment elevation acute myocardial infarction and unstable angina were enrolled. Sociodemographic and clinical characteristics and in hospital outcomes were compared for patients according to Glomerular filtration rates (GFR) that was estimated by the abbreviated Modification of Diet in Renal disease study Group equation (MDRD) where patients with $GFR \geq 60$ ml/min/1.73 m² were considered to have normal to mild renal dysfunction and with < 60 ml/min with moderate to severe renal dysfunction.

Results Patients with moderate to severe renal dysfunction were elderly female and associated with more comorbidities and adverse outcomes if compared with patients who had normal to mild renal dysfunction. The patients were divided into two groups: STEMI and NSTEMI/UA; there was statistical differences where in the former, there was no significant association with occurrence of adverse outcomes and moderate to severe renal dysfunction but preserve other significant associations and in the latter, there was no significant association with female sex and hypertension and moderate to severe renal dysfunction but preserve significant association with occurrence of adverse outcomes.

Conclusions Moderate to severe renal impairment is a predictor of in-hospital morbidity and mortality in ACS.