GW23-e2714  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 syn-
drome (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 com-
pared 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≥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 asso-
ciation with occurrence of adverse outcomes.

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