

MB-P5 ATEROGENI INDEKS PLAZME KAO PREDIKTOR TEŽINE I ANATOMSKE KOMPLEKSNOSTI KORONARNE BOLESTI PROCENJENE SYNTAX I SKOROM

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Procena težine i anatomske kompleksnosti koronarne arterijske bolesti (KAB) ključna je za donošenje terapijskih odluka i selekciju pacijenata za koronarnu revaskularizaciju. Cilj ovog rada bio je da se ispita povezanost osnovnih lipidnih parametara (ukupnog holesterola (UH), holesterola u lipoproteinima visoke i niske gustine (HDL-H i LDL-H), triglicerida (TG)), non-HDL holesterola (non-HDL-H), ateroskloznog indeksa plazme (AIP), indeksa TG i glukoze (TyG), Kastelijeveg indeksa rizika I (UH/HDL-H) i Kastelijeveg indeksa rizika II (LDL-H/HDL-H)), sa anatomskom težinom KAB-a, procenjenom pomoću SYNTAX I skora kod pacijenata sa stabilnom anginom pectoris (SAP).

U istraživanje je uključeno 248 ispitanika sa SAP-om iz KBC „Zvezdara“ i KBC „Dr Dragiša Mišović - Dedinje“. Na osnovu koronografije, pacijenti su podeljeni u dve grupe: sa manjom (SYNTAXI $\leq$ 22) i većom anatomskom kompleksnošću (SYNTAX I>22). Parametri osnovnog lipidnog statusa su određeni rutinskim biohemijskim metodama. AIP je izračunat kao logaritamski odnos koncentracija TG i HDL-H, dok je TyG indeks izračunat kao logaritamska funkcija proizvoda koncentracija TG i glukoze.

U grupi SYNTAX I>22 bila je značajno veća zastupljenost muškog pola ($p<0,001$), češća primena statina i beta-blokatora ($p<0,001$). Koncentracije HDL-H bile su značajno više u grupi SYNTAXI $\leq$ 22 ($p=0,011$), dok su AIP i TyG bili značajno viši u grupi SYNTAX I>22 ($p=0,001$). Ostali parametri nisu pokazali značajne razlike. Multivarijantnom logističkom regresijom, nakon korekcije za demografske faktore i terapiju, jedino je AIP potvrđen kao snažan, nezavisan prediktor SYNTAX I>22. AIP može poslužiti kao koristan, neinvazivni biomarker za procenu anatomske težine KAB-a.

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MB-P5 ATHEROGENIC INDEX OF PLASMA AS A PREDICTOR OF THE SEVERITY AND ANATOMICAL COMPLEXITY OF CORONARY ARTERY DISEASE ASSESSED BY THE SYNTAX I SCORE

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Assessment of the severity and anatomical complexity of coronary artery disease (CAD) is crucial for therapeutic decision-making and selecting patients for coronary revascularization. The aim of this study was to examine the association of basic lipid parameters (total cholesterol (TC), high/low density lipoprotein cholesterol (HDL-C, LDL-C), triglycerides (TG)), non-HDL-C, atherogenic index of plasma (AIP), TG-glucose index (TyG), Castelli risk index I and II (TC/HDL-C; LDL-C/HDL-C) with the anatomical severity of CAD, assessed by the SYNTAX I score in patients with stable angina pectoris (SAP).

The study included 248 subjects with SAP from KBC „Zvezdara“ and KBC „Dr Dragiša Mišović - Dedinje“. Based on coronary angiography, patients were divided into two groups: lower (SYNTAX I $\leq$ 22) and higher anatomical complexity (SYNTAX I>22). Lipid status parameters were determined using routine biochemical methods. AIP was calculated as the logarithmic ratio of TG and HDL-C; TyG index was calculated as a logarithmic function of the product of TG and glucose.

In the SYNTAX I>22 group, there was a significantly higher prevalence of the male gender ($p<0.001$), more frequent use of statins and beta-blockers ($p<0.001$). HDL-C was significantly higher in the SYNTAX I $\leq$ 22 group ($p=0.011$), while AIP and TyG were significantly higher in the SYNTAX I>22 group ($p=0.001$). Other parameters showed no significant differences. By multivariate logistic regression, after adjusting for demographic factors and therapy, only AIP was confirmed as an independent predictor of SYNTAX I>22. AIP can serve as a useful, non-invasive biomarker for assessing the anatomical severity of CAD.

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