

苯磺酸氨氯地平对老年冠心病患者造影剂相关肾损害的保护作用(点击查看pdf全文)

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Title: Protective effect of amlodipine against contrast agent-induced renal injury in elderly patients with coronary heart disease

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摘要: 目的探讨苯磺酸氨氯地平是否对老年冠心病患者造影剂相关肾损害具有保护作用。方法本研究入选的年龄在60岁

(含)以上的老年冠心病患者随机分为对照组和治疗组。两组在水化基础上,分别于应用造影剂前7d和后2d口服安慰剂或苯

磺酸氨氯地平。比较两组造影后24、48h及5d时血胱抑素C、尿素氮、肌肝、肌酐清除率和尿B2微球蛋白、尿NAG酶以及造影

剂肾病发生率等指标。结果无论对照组还是治疗组,应用造影剂对患者肾功能均有明显影响(P<0.05)。应用造影剂后24h治

疗组血胱抑素C、尿B2微球蛋白和尿NAG酶数值明显低于对照组:血胱抑素C[(1.32±0.40) vs (1.50±0.58), P<0.05];尿B2微球

蛋白[(206±89.4) vs (237.5±88) μg/L, P<0.05];尿NAG酶[(16.8±5.5) vs (20.1±6.1) U/L, P<0.05];其余指标无明显差异。应用造

影剂后48h治疗组肾小球和肾小管功能指标均显著优于对照组:血胱抑素C[(1.11±0.45) vs (1.34±0.46), P<0.05];尿素氮[(8.2±

3.2) vs (9.2±3.7) mmol/L, P<0.05];肌肝[(102.6±27.7) vs (112.4±40.8) μmol/L, P<0.05];肌酐清除率[(82.1±25.5) vs (71.3±44.5)

μmol/L, P<0.05];尿B2微球蛋白[(234.9±108.0) vs (266.2±105.7) mmol/L, P<0.05];尿NAG酶[(20.5±4.1) vs (22.7±5.0) U/L, P<

0.05]。应用造影剂后5d治疗组和对照组比较,除血胱抑素C外,其他指标仍有显著差异:尿素氮[(7.2±2.8) vs (8.1±3.0) mmol/

L, P<0.05];肌肝[(86.4±26.8) vs (96.3±35.7) μmol/L, P<0.05];肌酐清除率[(94.7±31.9) vs (86.2±21.0) ml/min, P<0.05];尿B2微

球蛋白[(199.1±80.9) vs (232.5±92.1) μg/L, P<0.05];尿NAG酶[(16.6±5.0) vs (20.6±6.7) U/L, P<0.05]。治疗组造影剂肾病发生

率明显低于对照组:5/95vs10/94, P<0.05。结论苯磺酸氨氯地平对老年冠心病患者造影剂相关肾损害具有一定的预防保护作用。

Abstract: ObjectiveTo evaluate the protective effect of amlodipine against contrast agent-induced renal injury in elderly patients with coronary heart disease.MethodsA total of189 elderly patients (>60

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years) with coronary heart disease undergoing coronary artery angiography were randomly assigned into amlodipine group and control group to receive amlodipine or placebo, respectively, before and after administration of the contrast agent. At 24h, 48h and 5 days after contrast agent administration, the parameters of renal function were measured including serum cystatin C, urea nitrogen, creatinine, creatinine clearance rate, urine β 2-microglobulin, and urine N-acetyl- β -glucosaminidase. Results In both groups, the contrast agents obviously affected the renal functions of the patients ($P < 0.05$). At 24h after contrast administration, the levels of serum cystatin C, urine β 2-microglobulin and urine NAG were significantly lower in amlodipine group than in the control group, but the other functional parameters showed no significant difference. At 48h after contrast administration, the glomerular and tubular functional parameters were all superior in amlodipine group ($P < 0.05$). At 5 days, the two groups showed significant differences in such glomerular and tubular functional parameters as urea nitrogen, creatinine, creatinine clearance rate, urine β 2-microglobulin, and urine NAG ($P < 0.05$), but not in serum cystatin C level. The incidence of contrast agent-induced nephropathy was significantly lower in amlodipine group than in the control group (5/95 vs 10/94, $P < 0.05$).

Conclusions Amlodipine offers protection against radiographic contrast agent-induced renal injury in elderly patients with coronary heart disease.

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