

INTISARI

SKOR CALL-K UNTUK MEMPREDIKSI KEMATIAN PADA PASIEN SYOK KARDIOGENIK KARENA INFARK MIOKARD AKUT

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Latar Belakang: Angka kematian pasien syok kardiogenik karena infark miokard akut (IMA) masih tinggi. *Renal replacement therapy* (RRT) diperlukan dalam penatalaksanaan syok kardiogenik. Skor CALL-K adalah skor risiko pertama yang dapat memprediksi risiko kebutuhan RRT pada pasien syok kardiogenik. Semakin tinggi skor CALL-K, semakin tinggi kebutuhan RRT dan semakin tinggi juga angka kematian. Skor untuk memprediksi kematian pada kondisi syok kardiogenik khususnya karena IMA belum ada.

Tujuan Penelitian: Mengetahui peran skor CALL-K dalam memprediksi kematian pada pasien syok kardiogenik karena infark miokard akut di RSUP Dr. Sardjito.

Metode Penelitian: Penelitian ini merupakan studi observasional analitik dengan desain kohort retrospektif. Penelitian ini dilakukan pada pasien syok kardiogenik karena IMA di RSUP Dr. Sardjito Yogyakarta periode Januari 2022-Desember 2022.

Hasil: Terdapat 146 pasien yang memenuhi kriteria inklusi dan eksklusi, dengan 63 subjek (43,1%) mengalami kematian. Sebanyak 76% (n=111) subjek merupakan laki-laki. Rerata usia subjek penelitian 61 ± 11.7 tahun. Berdasarkan analisis multivariat, skor CALL-K (OR 3,02, IK95% 1,19-7,67, $p=0,02$), klasifikasi SCAI D syok kardiogenik (OR 17,49, IK95% 2,53-120,98, $p<0,01$), klasifikasi SCAI E syok kardiogenik (OR 11,64, IK95% 1,04-130,14, $p=0,04$), RRT (OR 3,56, IK95% 1,20-10,54, $p=0,02$), dan bantuan ventilasi mekanis (OR 5,91, IK95% 2,39-14,59, $p<0,01$), merupakan prediktor kematian. Jenis IMA, intervensi koroner perkutan (IKP), leasi 3VD/LM disease, *left ventricle ejection fraction* (LVEF), infeksi, dan bantuan sirkulasi mekanis tidak bermakna secara statistik ($p>0,05$).

Simpulan: Skor CALL-K bukan variabel independent sebagai prediktor kematian pada pasien syok kardiogenik karena infark miokard akut.

Kata kunci: infark miokard akut, syok kardiogenik, skor CALL-K, kematian

ABSTRACT

CALL-K Score to Predict Mortality In Patients with Cardiogenic Shock due to Acute Myocardial Infraction

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Background: The mortality rate among patients with cardiogenic shock due to acute myocardial infarction (AMI) remains high. Renal replacement therapy (RRT) is necessary in managing cardiogenic shock. CALL-K score is the first risk score that can predict the risk of requiring RRT in patients with cardiogenic shock. The higher CALL-K score, higher need for RRT and higher the mortality rate. However, there is no existing score to predict mortality specifically in cardiogenic shock conditions, especially due to AMI.

Objective: To determine the role of CALL-K score in predicting mortality in patients with cardiogenic shock due to AMI at Dr. Sardjito General Hospital.

Methods: The study was an analytical observational study with a retrospective cohort design. It was conducted on patients with cardiogenic shock due to AMI at Dr. Sardjito General Hospital, Yogyakarta, from January 2022 to December 2022.

Results: There were 146 patients who met the inclusion and exclusion criteria, with 63 subjects (43.1%) experiencing mortality. Of these, 76% (n=111) were male. The mean age of the subjects was 61 ± 11.7 years. Multivariate analysis revealed that the CALL-K score (OR 3.02, 95% CI 1.19-7.67, $p=0.02$), SCAI D classification of cardiogenic shock (OR 17.49, 95% CI 2.53-120.98, $p<0.01$), SCAI E classification of cardiogenic shock (OR 11.64, 95% CI 1.04-130.14, $p=0.04$), RRT (OR 3.56, 95% CI 1.20-10.54, $p=0.02$), and mechanical ventilation support (OR 5.91, 95% CI 2.39-14.59, $p<0.01$) were predictors of mortality. The type of AMI, percutaneous coronary intervention (PCI), 3VD/LM disease, left ventricle ejection fraction (LVEF), infection, and mechanical circulatory support were not statistically significant ($p>0.05$).

Conclusion: CALL-K score is not an independent variable as a predictor of mortality in patients with cardiogenic shock due to acute myocardial infarction.

Keywords: acute myocardial infarction, cardiogenic shock, CALL-K score, mortalit