MONOCYTE CHEMOATTRACTANT PROTEIN-1 AS A PROGNOSTIC MARKER BEFORE AND AFTER REVASCULARIZATION

Thesis

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> By *Mahmoud Mohamed Adel Abd El Aziz* (M.B.B.Ch.)

Supervisors

Prof. Dr. Ahmed El-Sherif

Professor of Critical Care Medicine Critical Care Medicine Department Cairo University

Mohamed Khaled

Lecturer of Critical Care Medicine Critical Care Medicine Department Cairo University

Hazem El Akabawy

Lecturer of Critical Care Medicine Critical Care Medicine Department Cairo University

Faculty of Medicine Cairo University

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Abstract

Introduction: Inflammation is an important feature of CAD, during which elevated levels of several pro-inflammatory cytokines may be detected in the peripheral circulation; MCP-1 has been implicated in plaque progression and rupture.

Aim of the work: to determine the level of MCP-1 & size of myocardial perfusion defect, the relation between level of MCP-1 & size of defect, the number & severity of stenosed vessels & the effect of revascularization on the defect size & the MCP-1 level

Methods: the study was conducted on 50 patients with established CAD, MCP-1 & total defect size were determined before & 6 months after revascularization

Results: There was a significant decline in MCP-1 & total defect size after PCI [P 0.0001], there was a positive correlation between MCP level & the total defect size before & after PCI, Diabetics had a higher MCP level compared to non-diabetics [P 0.039] while total defect size wasn't significant between both groups. On the contrary, smokers had a larger defect size after PCI [P 0.028] compared to non smokers while MCP level wasn't significant between both groups, Patients maintained on statins had a significantly lower MCP & smaller defect size before & after PCI [P 0.0001], LAD group was associated with significantly higher MCP compared to non LAD group before PCI [P 0.005] & this significance increases as the severity of LAD lesion increases or was associated with other vessel affection, the multi-vessel group had a significantly higher MCP levels before PCI compared to single vessel group [P 0.0001] and MCP persisted higher after PCI, the total defect size was higher in the multi-vessel group compared to single vessel group but this had lacked statistical significance, the stent type [BMS or DES] wasn't associated with significant difference regarding MCP levels and defect size before or after PCI

Conclusion: MCP can be used as a prognostic marker before & after revascularization.

Key Words:

Monocyte Chemoattractant Protien-1, Percutaneous Coronary Intervention (PCI), Cardiac Biomarkers.