

عنوان مقاله:

Does Baseline BUN Have an Additive Effect on the Prediction of Mortality in Patients with Acute Pulmonary Embolism

محل انتشار:

سومین کنگره بین المللی بیماری های عروقی ریه (سال: 1398)

تعداد صفحات اصل مقاله: 1

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خلاصه مقاله:

Background: It has been previously confirmed that an elevated level of blood urea nitrogen (BUN) is a prognostic factor in patients with heart failure. In this study, we investigated the prognostic value of elevated baseline BUN in short-term mortality among patients with acute pulmonary embolism (PE). **Methods:** Between January 2007 and October 2014, totally 492 consecutive patients were diagnosed with acute PE. The primary end point was 30-day mortality, evaluated based on the baseline BUN level in 4 groups of patients according to the European Society of Cardiology's risk stratification. **Results:** Totally 492 patients with a diagnosis of acute PE (mean age of 60.58 ± 16.81 years) was enrolled in our study. The overall 1-month mortality rate was 6.9% (34 patients). Among all the patients, 316 (64%) had elevated BUN levels. Our multivariable analysis showed that a high simplified pulmonary embolism severity index (sPESI) score (OR: 5.23, 95% CI: 1.43 to 19.11; $P = 0.012$), thrombolytic or thrombectomy therapy (OR: 2.42, 95% CI: 1.014 to 5.13; $P = 0.021$), and elevated baseline BUN level (OR: 1.04, 95% CI: 1.01 to 1.03; $P = 0.029$) were the independent predictors of 30-day mortality. According to our receiver-operating characteristics analysis for 30-day mortality, a baseline BUN level greater than 14.8 mg/dL was considered elevated. In the intermediate-low-risk patients, mortality occurred only in those with elevated baseline BUN levels (7.2% vs 0; $P=0.008$). **Conclusions:** Our results showed that an elevated baseline BUN level in the patients with PE was an independent predictor of short-term mortality, especially among those in the intermediate-risk group

کلمات کلیدی:

Blood urea nitrogen; Mortality; Pulmonary embolism

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