Value of 3-dimensional speckle tracking echocardiography in the prediction of cardiovascular events in patients with hypertension complicated by acute myocardial infarction: a long-term follow-up study

Xiaoyan Chen¹, Qingmei Yang¹, Jianxiu Fang¹, and Haifeng Guo¹

¹Affiliation not available

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Abstract

Background Patients with hypertension complicated by acute myocardial infarction (AMI) have a poor prognosis. Identification of powerful predictors of recurring cardiovascular events (RCEs) is very important. This study sought to evaluate the predictive value of three-dimensional (3D) strain parameters for RCEs in patients with hypertension complicated by AMI. Methods We successfully followed up 62 patients with hypertension and AMI. Participants underwent three-dimensional echocardiography before, one week after, and one month after percutaneous coronary intervention (PCI). Left ventricular (LV) structural function parameters and three-dimensional strain parameters (3-dimensional global longitudinal strain (3D-GLS), 3-dimensional global circumferential strain (3D-GCS), 3-dimensional global radial strain (3D-GRS), and 3-dimensional global area strain (3D-GAS)) were acquired. We used a Cox model to determine the relationships between these parameters and RCEs. Results During follow-up $(41.27\pm20.45 \text{ months})$, 20 patients (32.8%) had RCEs, which were independently predicted one month after PCI by 3D-GLS (HR: 1.481, 95%CI: 1.202-1.824) and 3D-GAS (HR: 1.254, 95%CI: 1.093-1.440). The optimal 3D-GLS and 3D-GAS cutoffs for predicting cardiac events were >-12.5% [area under the receiver operating characteristic curve (AUC) 0.736, 95%CI 0.611-0.862, P=0.003)] and >20.5% (AUC 0.685, 95%CI 0.551-0.818, P=0.020), respectively. Using logistic regression analysis, we constructed joint predictor=(3D-GLS)+(3D-GAS)×0.303/0.558, and its cutoff point was -22.36% (AUC 0.829, 95%CI 0.722-0.937, P<0.001). Conclusions 3D-GLS and 3D-GAS assessed one month after PCI can predict RCEs in patients with hypertension complicated by AMI. Additionally, the predicted value of $(3D-GLS)+(3D-GAS)\times 0.303/0.558$ was higher than the predicted value of either parameter alone.

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