中文題目:腹膜透析患者血中 A-FABP 濃度和罹患周邊動脈疾病風險的關係 英文題目: Serum Adipocyte Fatty Acid Binding Protein Levels and Risk of Peripheral Artery Disease in Patients on Peritoneal Dialysis

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Background: Patients with end-stage renal disease (ESRD) are at increased risk for atherosclerotic diseases. Peripheral artery disease (PAD) is a vascular presentation of atherosclerosis characterizing with arterial obstruction of vessels causing peripheral ischemia. Acting as a chaperone in integrating lipid signals and an inflammation mediator, adipocyte fatty acid binding protein (A-FABP) has been found to be involved in the pathogenesis of atherosclerosis, which suggests that A-FABP might be a potential biomarker and predictor of PAD. We embarked on this study to evaluate the relationship between serum A-FABP level and PAD in patients on peritoneal dialysis (PD).

Materials and Methods Fasting blood samples were obtained from 66 PD patients. Their ankle-brachial index (ABI) values were calculated and their serum A-FABP levels were measured using a commercial enzyme immunoassay kit. The patients were divided into 2 groups. Patients with left or right ABI values < 0.9 are included in the low ABI group, while the others in control group.

Results Compared with patients in the control group, patients in the low ABI group had higher prevalence of diabetes (P = 0.045), higher serum C-reactive protein (P < 0.001), and A-FABP level (P < 0.001), but lower weekly Kt/V values (P = 0.014), and lower nPNA values (P = 0.034). Multivariate logistic regression analysis of the factors significantly associated with PAD revealed that A-FABP (Odds ratio: 1.038, 95% confidence interval (CI): 1.004-1.074, P = 0.030) was an independent predictor of PAD in PD patients. Patients in the low ABI group had significantly higher serum A-FABP level. The receiver-operating characteristic (ROC) curve analysis was applied to estimate the optimal level of A-FABP predicting the PAD of PD patients. The AUC for A-FABP was 0.757 (95% CI: 0.636-0.854, P = 0.0004).

Conclusion A-FABP is useful in predicting PAD in ESRD patients on PD.