

doi: 10.13241/j.cnki.pmb.2017.26.029

hs-CRP、D- 二聚体和 Lp-PLA2 与冠心病患者冠状动脉粥样硬化易损斑块的相关性

庄德荣¹ 何胜虎² 蔡定华¹ 王文苑¹ 田 龙¹

(1 江苏省扬州市江都人民医院心血管内科 江苏扬州 225200;

2 江苏省苏北人民医院(扬州大学医学院附属医院)心脏科 江苏扬州 225001)

摘要 目的:研究超敏 C 反应蛋白(hs-CRP)、D- 二聚体和脂蛋白相关磷脂酶 A2(Lp-PLA2)与冠心病患者冠状动脉粥样硬化易损斑块的相关性。**方法:**选择 2014 年 1 月~2016 年 12 月在我院进行冠状动脉造影和血管内超声检查的患者 106 例,按照检查结果分为易损斑块组、稳定斑块组和对照组。检测和比较三组患者的血清 hs-CRP、D- 二聚体和 Lp-PLA2 水平,并采用 Pearson 相关分析探讨其与纤维帽厚度、斑块偏心指数和血管重构指数的相关性。**结果:**易损斑块组和稳定斑块组的血清 hs-CRP、D- 二聚体和 Lp-PLA2 水平明显高于对照组($P<0.05$),且易损斑块组的血清 hs-CRP、D- 二聚体和 Lp-PLA2 水平明显高于稳定斑块组($P<0.05$)。hs-CRP 与纤维帽厚度呈负相关($r=-0.712, P<0.05$),与斑块偏心指数和血管重构指数呈正相关($r=0.813, 0.756, P<0.05$);D- 二聚体与纤维帽厚度呈负相关($r=-0.654, P<0.05$),与斑块偏心指数和血管重构指数呈正相关($r=0.912, 0.853, P<0.05$);Lp-PLA2 与纤维帽厚度呈负相关 ($r=-0.796, P<0.05$), 与斑块偏心指数和血管重构指数呈正相关 ($r=0.836, 0.729, P<0.05$)。**结论:**hs-CRP、D- 二聚体和 Lp-PLA2 与冠心病患者冠状动脉粥样硬化易损斑块具有较高的相关性,可作为评估冠状动脉粥样斑块不稳定性的参考指标。

关键词:超敏 C 反应蛋白;D- 二聚体;脂蛋白相关磷脂酶;冠心病

中图分类号:R541.4 文献标识码:A 文章编号:1673-6273(2017)26-5131-03

Correlation of Serum Hs-CRP, D-dimmer and Lp-PLA2 Levels with Vulnerable Plaque of Coronary Artery Atherosclerosis in Patients with Coronary Heart Disease

ZHUANG De-rong¹, HE Sheng-hu², CAI Ding-hua¹, WANG Wen-yuan¹, TIAN Long¹

(1 Department of Cardiovascular Medicine, Jiangdu People's Hospital of Yangzhou, Yangzhou, Jiangsu, 225200, China;

2 Department of Cardiology, Subei People's Hospital (Affiliated Hospital of Medical College of Yangzhou University), Yangzhou, Jiangsu, 225001, China)

ABSTRACT Objective: To investigate the correlation of serum hs-CRP, D- dimmer and Lp-PLA2 with vulnerable plaque of coronary artery atherosclerosis in patients with coronary heart disease. **Methods:** Selected 106 cases of patients in our hospital from January 2014 to December 2015, all taken coronary angiography and intravascular ultrasound. Divided into three groups according to the results of the examination, the levels of serum hs-CRP, D- dimmer and Lp-PLA2 were examined and compared, and the correlation with fiber cap thickness, plaque eccentricity index, and vascular remodeling index were tested by Pearson correlation analysis. **Results:** Serum levels of hs-CRP, D- dimmer and Lp-PLA2 of vulnerable plaque group and stable plaque group were significantly higher than that of the control group ($P<0.05$), and the serum levels of hs-CRP, D- dimmer and Lp-PLA2 of vulnerable plaque group were significantly higher than that of stable plaque group ($P<0.05$); hs-CRP was negative correlated with the thickness of fibrous cap ($r = -0.712, P<0.05$), and positive correlated with eccentric plaque index and vascular remodeling index ($r=0.813, 0.756$; D-, $P<0.05$), D- dimmer was negative correlated with the thickness of fibrous cap ($r=-0.654, P<0.05$), and positive correlated with eccentric plaque index and vascular remodeling index ($r=0.912, 0.853, P<0.05$); Lp-PLA2 was negative correlated with the thickness of fibrous cap ($r=-0.796, P<0.05$), and positive correlated with eccentric plaque index and vascular remodeling index ($r=0.836, 0.729, P<0.05$). **Conclusion:** Hs-CRP, D-dimmer and Lp-PLA2 have high correlation with vulnerable plaque in coronary artery disease, can be used as reference indexes for assessing the instability of coronary atherosclerotic plaque.

Key words: Hs-CRP; D-dimmer; Lp-PLA2; Coronary heart disease

Chinese Library Classification(CLC): R541.4 **Document code:** A

Article ID: 1673-6273(2017)26-5131-03

作者简介:庄德荣(1978-),男,本科,副主任医师,研究方向:心血管内科,E-mail: zhuangderong_1079@medicinepaper.com.cn,

电话:18952531079

(收稿日期:2016-10-26 接受日期:2016-11-20)

前言

冠心病是一种临幊上常见的由于冠状动脉粥样硬化而导致的冠状动脉病变^[1,2]。研究显示炎性反应和冠状动脉粥样硬化的形成之间关系紧密^[3]。超敏 C 反应蛋白(hs-CRP)、D- 二聚体和脂蛋白相关磷脂酶 A2(Lp-PLA2)均为临幊判断机体有无发生炎性反应的重要指标^[4,5],但其与冠心病患者冠状动脉粥样硬化斑块稳定性相关性尚不明确。因此,本研究探讨对 hs-CRP、D- 二聚体和 Lp-PLA2 与冠心病患者冠状动脉粥样硬化易损斑块的相关性,现报道如下。

1 资料和方法

1.1 一般资料

选择 2014 年 1 月~2016 年 12 月在我院进行冠状动脉造影和血管内超声检查的患者 106 例,按照检查的结果分为易损斑块组、稳定斑块组和对照组。易损斑块组 35 例,冠状动脉造影检查发现一处或多处血栓和斑块破裂,并且血管内超声检查发现斑块偏心指数 >0.5,斑块出现破裂、糜烂及溃疡;男 19 例,女 16 例;年龄 61~83 岁,平均(72.36± 2.13)岁。稳定斑块组 51 例,冠状动脉造影检查发现病变狭窄处 ≤70%,并且血管内超声检查发现斑块并无偏心和破裂;男 28 例,女 23 例;年龄 60~82 岁,平均(71.42± 1.93)岁。对照组 20 例,冠状动脉造影和

血管内超声检查均为阴性;男 11 例,女 9 例;年龄 6~83 岁,平均(70.46± 2.54)岁。本研究获得我院伦理委员会的批准,所有患者均签署知情同意书。三组的基线资料具有可比性。

1.2 研究方法

所有研究对象均于清晨空腹采集 5 mL 静脉血,采用北京奥普森 AMS-300 全自动生化分析仪检测血清 hs-CRP 水平;采用赛默飞 Varioskan LUX 多功能微孔板读数仪检测血清 Lp-PLA2 水平;采用贝克曼 ACL7000 全自动凝血分析仪检测血清 D- 二聚体水平;采用 Pearson 相关性分析对其相关性进行检验。

1.3 统计学分析

采用 SPSS15.00 软件,计量资料以 $\bar{x}\pm s$ 表示,组间对比用 t 检验,采用 Pearson 相关性分析对其相关性进行检验,以 P<0.05 表示差异有统计学意义。

2 结果

2.1 三组血清 hs-CRP、D- 二聚体和 Lp-PLA2 水平的比较

易损斑块组和稳定斑块组的血清 hs-CRP、D- 二聚体和 Lp-PLA2 水平明显高于对照组(P<0.05),且易损斑块组的血清 hs-CRP、D- 二聚体和 Lp-PLA2 水平明显高于稳定斑块组(P<0.05),见表 1。

表 1 三组血清 hs-CRP、D- 二聚体和 Lp-PLA2 水平对比($\bar{x}\pm s$)

Table 1 Comparison of the serum levels of hs-CRP, D-dimmer and Lp-PLA2 between three groups($\bar{x}\pm s$)

Groups	n	hs-CRP(μg/L)	D-dimmer (μg/L)	Lp-PLA2(μg/L)
Control group	20	4.32± 0.87	63.12± 25.18	126.79± 11.46
Stable plaque group	51	6.58± 1.12*	129.76± 29.38*	325.89± 23.74*
Vulnerable plaque group	35	13.96± 2.33**	296.42± 33.17**	393.82± 25.13**

Note: Compared with control group, *P<0.05; compared with stable plaque group, **P<0.05.

2.2 相关性分析

以易损斑块组和稳定斑块组的斑块偏心指数、纤维帽厚度和血管重构指数为因变量,以血清 hs-CRP、D- 二聚体和 Lp-PLA2 为自变量,Pearson 相关性分析显示血清 hs-CRP 水平与纤维帽厚度呈显著负相关($r=-0.712, P<0.05$),与斑块偏心指数和血管重构指数呈显著正相关($r=0.813, 0.756, P<0.05$);血清 D- 二聚体水平与纤维帽厚度呈显著负相关($r=-0.654, P<0.05$),与斑块偏心指数和血管重构指数呈显著正相关($r=0.912, 0.853, P<0.05$);血清 Lp-PLA2 水平与纤维帽厚度呈显著负相关($r=-0.796, P<0.05$),与斑块偏心指数和血管重构指数呈显著正相关($r=0.836, 0.729, P<0.05$)。

3 讨论

冠心病是临幊最为常见的一种慢性心血管疾病,主要由血管慢性炎症硬斑块的形成所致^[6,7]。近年来的研究表明炎症介质参与了动脉粥样硬化的形成全过程,炎性反应和冠心病的发生、发展和预后之间有着紧密的相关性^[8-10]。hs-CRP 是急性时相反应蛋白,当组织受损后,在白介素 -1β 和白介素 -6 等炎性细胞因子的诱导下迅速产生,并且 hs-CRP 水平升高的程度和阻

止发生炎性反应的程度之间呈正比^[11,12]。盖丽^[13]等的研究表明 hs-CRP 水平与急性冠状动脉综合征的病变程度呈正相关,稳定型心绞痛患者的 hs-CRP 水平显著低于不稳定型心绞痛患者,并且不稳定型心绞痛患者的 hs-CRP 水平显著低于急性心肌梗死患者。D- 二聚体水平升高则提示纤溶的发生和纤维蛋白血栓的形成,可作为临幊判断机体纤溶亢进、凝血状态和血栓形成的一种生物标志物^[14-16]。Lp-PLA2 作为一种临幊常见的血管特异性的炎症标志物,主要由 T 细胞、巨噬细胞和肥大细胞分泌,能诱发血栓和血管内皮损伤,也是引起缺血性脑卒中和冠心病的独立风险因素^[17-19]。

本研究结果显示易损斑块组和稳定斑块组的血清 hs-CRP、D- 二聚体和 Lp-PLA2 水平明显高于对照组,且易损斑块组的血清 hs-CRP、D- 二聚体和 Lp-PLA2 水平明显高于稳定斑块组,提示 hs-CRP、D- 二聚体和 Lp-PLA2 与冠心病患者冠状动脉粥样硬斑块稳定性有一定的相关性。易损斑块具有纤维帽厚度较薄的特征,斑块偏心指数越高斑块偏心程度越严重,血管重构指数小于 1.05 表明血管无重构或负性重构,超过 1.05 表明血管正性重构^[20]。本研究结果显示 hs-CRP、D- 二聚

体和 Lp-PLA2 均与纤维帽厚度呈明显负相关($P<0.05$)，与斑块偏心指数和血管重构指数呈明显正相关，证实 hs-CRP、D- 二聚体和 Lp-PLA2 与动脉粥样硬化易损斑块之间存在相关性，具有一定的临床应用价值。

综上所述，hs-CRP、D- 二聚体和 Lp-PLA2 与冠心病患者冠状动脉粥样硬化易损斑块具有较高的相关性，可作为评估冠状动脉粥样斑块不稳定性的参考指标。

参 考 文 献(References)

- [1] Puymirat E. Fractional Flow Reserve-Guided PCI for Stable Coronary Artery Disease- NEJM [J]. New England Journal of Medicine, 2014, 371(13): 1208-1217
- [2] Heusch G, Libby P, Gersh B, et al. Cardiovascular remodelling in coronary artery disease and heart failure[J]. Lancet, 2014, 383(9932): 1933-1943
- [3] Christodoulidis G, Vittorio T J, Fudim M, et al. Inflammation in coronary artery disease[J]. Cardiology in Review, 2014, 22(6): 279-288
- [4] Ikonomidis I, Kadoglou N N P, Tritakis V, et al. Association of Lp-PLA2 with digital reactive hyperemia, coronary flow reserve, carotid atherosclerosis and arterial stiffness in coronary artery disease [J]. Atherosclerosis, 2014, 234(1): 34-41
- [5] Ajmal M R, Yaccha M, Malik M A, et al. Prevalence of nonalcoholic fatty liver disease (NAFLD) in patients of cardiovascular diseases and its association with hs-CRP and TNF- α [J]. Indian Heart Journal, 2014, 66(6): 574-579
- [6] Bertrand M E, Ferrari R, Remme W J, et al. Perindopril and β -blocker for the prevention of cardiac events and mortality in stable coronary artery disease patients: A EUropean trial on Reduction Of cardiac events with Perindopril in stable coronary Artery disease (EUROPA) subanalysis[J]. American Heart Journal, 2015, 170(6):189-199
- [7] Fox K, Ford I, Steg P G, et al. Ivabradine in Stable Coronary Artery Disease without Clinical Heart Failure [J]. New England Journal of Medicine, 2014, 371(12): 1091-1099
- [8] Duivis H E, De J P, Penninx B W, et al. Depressive symptoms, health behaviors, and subsequent inflammation in patients with coronary heart disease: prospective findings from the heart and soul study[J]. American Journal of Psychiatry, 2011, 168(9): 913-920
- [9] Ikonomidis I, Michalakeas C A, Parissis J, et al. Inflammatory markers in coronary artery disease[J]. Biofactors, 2012, 38(5): 320-328
- [10] Yuan Z, Wei Y, Lei W, et al. Decreased adiponectin and increased inflammation expression in epicardial adipose tissue in coronary artery disease[J]. Cardiovascular Diabetology, 2011, 10(10): 1-9
- [11] Mi J K, Hwang J H, Ko H J, et al. Lemon detox diet reduced body fat, insulin resistance, and serum hs-CRP level without hematological changes in overweight Korean women [J]. Nutrition Research, 2015, 35(5): 409-420
- [12] Vaucher J, Marques-Vidal P, Waeber G, et al. Cytokines and hs-CRP levels in individuals treated with low-dose aspirin for cardiovascular prevention: A population-based study (CoLaus Study) [J]. Cytokine, 2014, 66(2): 95-100
- [13] 盖丽, 李会玲, 李会娟, 等. 胆固醇与高密度脂蛋白胆固醇比值与超敏 C 反应蛋白在冠心病治疗中的应用价值[J]. 临床合理用药杂志, 2015, 4(2): 3-4
Gai Li, Li Hui-ling, Li Hui-juan, et al. The application value of the ratio of cholesterol to high density lipoprotein cholesterol and high sensitive C reactive protein in the treatment of coronary heart disease [J]. Journal of clinical rational drug use, 2015, 4(2): 3-4
- [14] Nazerian P, Morello F, Vanni S, et al. Combined use of aortic dissection detection risk score and D-dimer in the diagnostic workup of suspected acute aortic dissection [J]. International Journal of Cardiology, 2014, 175(1): 78-82
- [15] Kim Y D, Song D, Nam H S, et al. D-dimer for prediction of long-term outcome in cryptogenic stroke patients with patent foramen ovale[J]. Thrombosis & Haemostasis, 2015, 114(3): 614-622
- [16] Turak O, Canpolat U, Özcan F, et al. D-dimer level predicts in-hospital mortality in patients with infective endocarditis: A prospective single-centre study [J]. Thrombosis Research, 2014, 134 (3): 587-592
- [17] Hassan M. STABILITY and SOLID-TIMI 52: Lipoprotein associated phospholipase A2 (Lp-PLA2) as a biomarker or risk factor for cardiovascular diseases [J]. Global Cardiology Science & Practice, 2015, 2015(1)
- [18] Kim M, Jeung S R, Jeong T S, et al. Replacing with whole grains and legumes reduces Lp-PLA2 activities in plasma and PBMCs in patients with prediabetes or T2D [J]. Journal of Lipid Research, 2014, 55(8): 448-456
- [19] Rosenbaum D, Mattina A, Bittar R, et al. Lp-PLA2 levels are independant of statin treatment in dyslipidemic patients [J]. Atherosclerosis, 2015, 241(1): e109-e109
- [20] Abdeldayem E H, Ibrahim A S, Ahmed A M, et al. Positive remodeling index by MSCT coronary angiography: A prognostic factor for early detection of plaque rupture and vulnerability [J]. Egyptian Journal of Radiology & Nuclear Medicine, 2014, 46(1): 10