

# Association of Serum Anion Gap and Risk of Long-term Mortality in Patients Following Coronary Artery Bypass Grafting: A Propensity Score Matching Study

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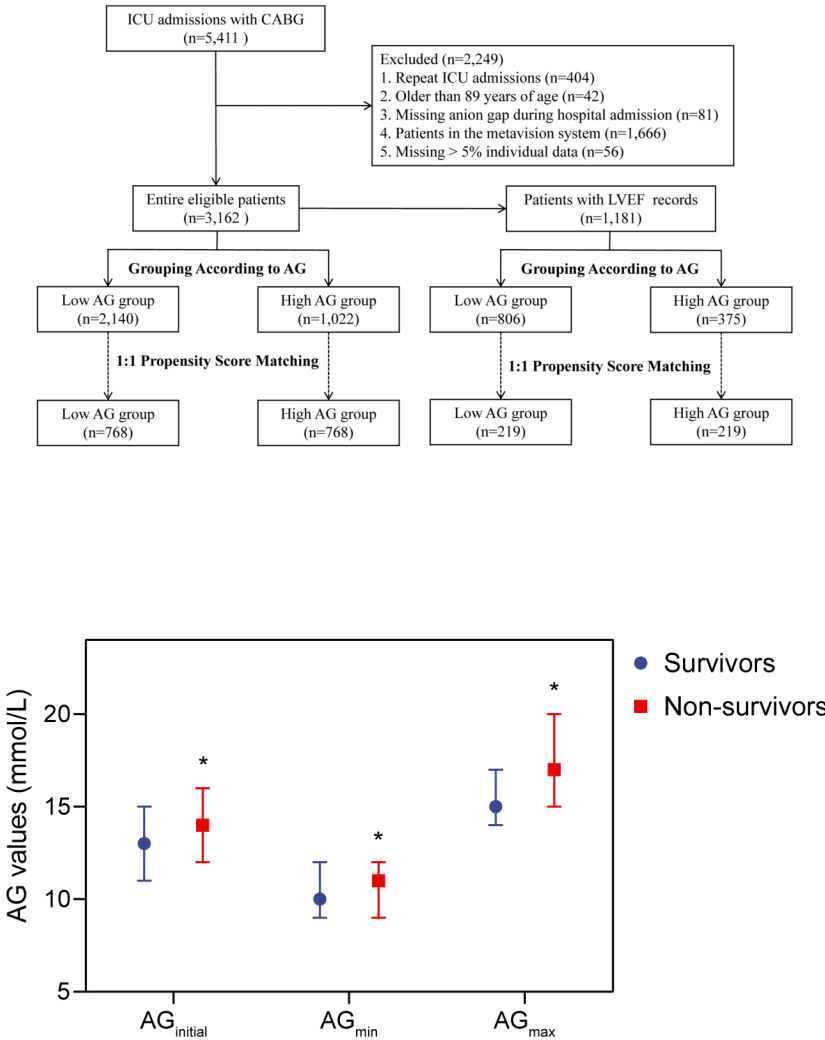
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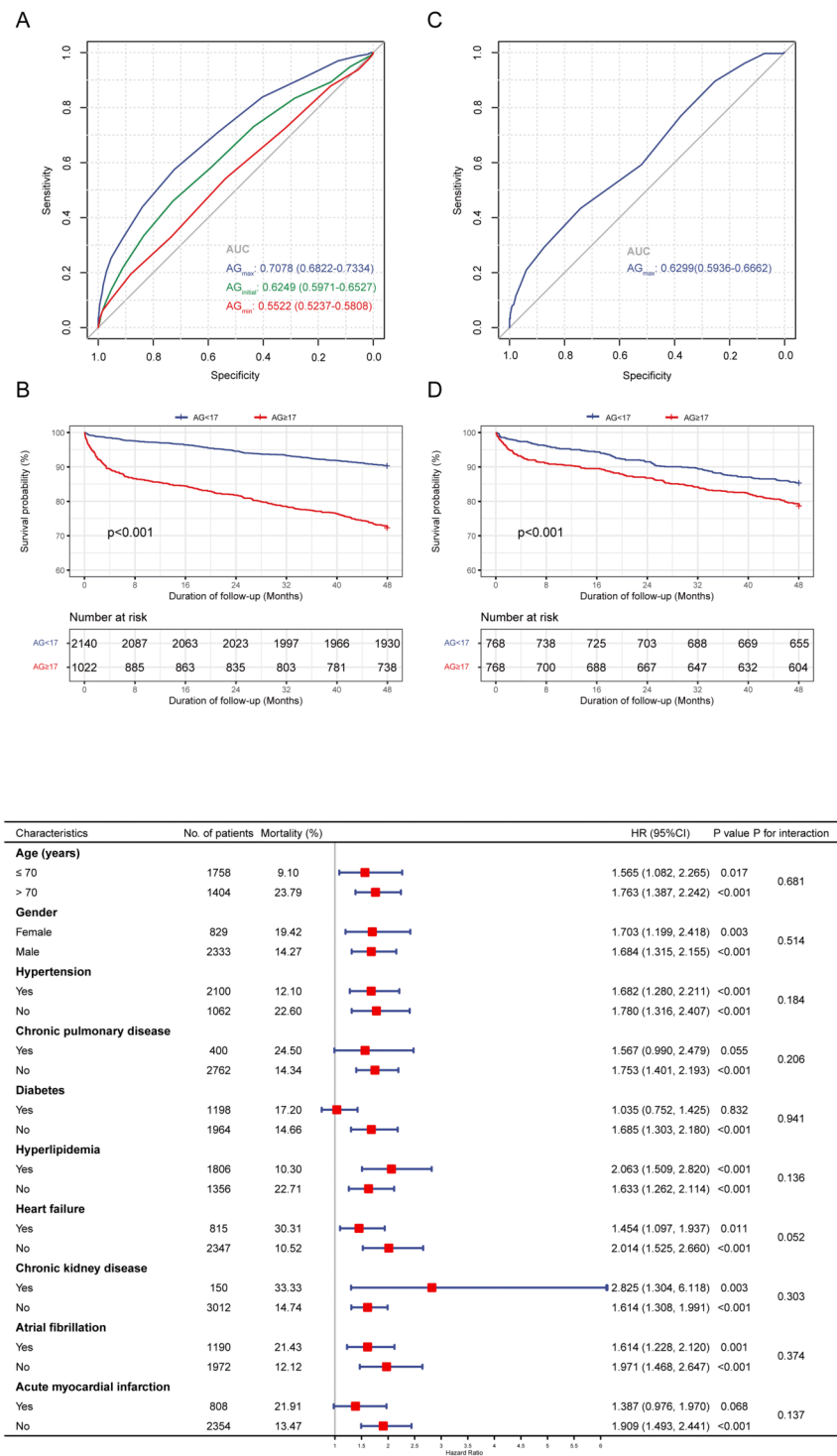
## Abstract

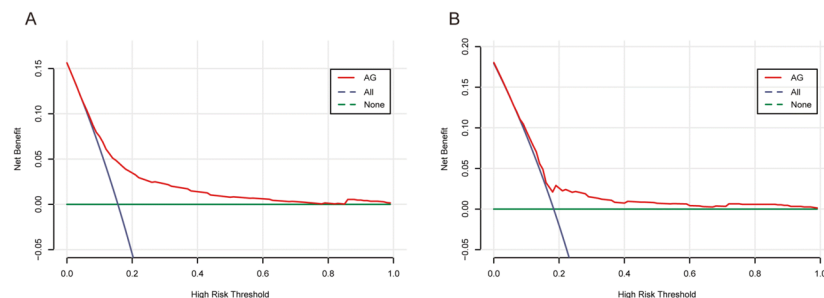
**Background:** The present study aimed to explore the relationship between serum anion gap (AG) and long-term mortality in patients undergoing coronary artery bypass grafting (CABG). **Methods:** Clinical variables were extracted among patients undergoing CABG from Medical Information Mart for Intensive Care III (MIMIC III) database. The primary outcome was four-year mortality following CABG. An optimal cut-off value of AG was determined by receiver operating characteristic (ROC) curve. The Kaplan-Meier (K-M) analysis and multivariate Cox hazard analysis were performed to investigate the prognostic value of AG in long-term mortality after CABG. In order to eliminate the bias between different groups, propensity score matching (PSM) was conducted to validate the findings. **Results:** The optimal cut-off value of AG was 17.00 mmol/L. Then a total of 3,162 eligible patients enrolled in this study were divided into a high AG group ( $\geq 17.00$ ,  $n=1,022$ ) and a low AG group ( $<17.00$ ,  $n=2,140$ ). A lower survival rate was identified in the high AG group based on K-M curve ( $p<0.001$ ). Compared with patients in the low AG group, patients in the high AG group had an increased risk of long-term mortality [One-year: HR 2.309, 95% CI (1.672-3.187),  $P<0.001$ ; two-year: HR 1.813, 95% CI (1.401-2.346),  $P<0.001$ ; three-year: HR 1.667, 95% CI (1.341-2.097),  $P<0.001$ ; four-year: HR 1.710, 95% CI (1.401-2.087),  $P<0.001$ ] according to multivariate Cox hazard analysis. And further validation of above results were consistent in the matched cohort after PSM. **Conclusions:** The AG is an independent predictive factor for long-term all-cause mortality in patients following CABG, where a high AG value is associated with an increased mortality.

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