

## ■ S-215 ■

### Relation between increased carotid intima media thickness and recurrent vascular events in patients with first-ever ischemic stroke survivors

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**Background:** Carotid atherosclerosis has been regard to a source of ischemic stroke. Common carotid artery intima-media thickness (IMT) and carotid plaque are established vascular risk factors and are considered to be an early marker of carotid atherosclerosis. In this study, we explore the potential value of CCA-IMT and plaques in predicting recurrences in the patients with first-ever ischemic stroke survivors. **Methods:** A total 584 consecutive patients with first-ever ischemic stroke were recruited. Diagnosis was according to neurologic sign and brain imaging by neurologist. Recurrent vascular event contained newly developed brain infarction or transient ischemic attack, confirmed peripheral vascular disease and coronary artery disease. We measured carotid IMT and plaques in initial admission period, we compared the incidence of recurrent vascular event during follow-up 40 months. **Results:** The incidences of recurrent vascular event were 16.6% in restroke, 11.3% in other vascular event, 29.9% in readmission and 39.5% in total event during 40 months. Kaplan-Meier Survival analysis, recurrent ischemic stroke, other peripheral artery disease or coronary artery disease were significantly developed in high IMT group respectively (log rank  $p<0.005$ ). Mean event free survival duration was short in highest IMT group ( $25.94\pm1.34$  months in Rt,  $27.66\pm1.37$  months in Lt), was long in lowest IMT group ( $33.63\pm1.70$  months in Rt,  $34.10\pm1.67$  months in Lt). Recurrent vascular events also more frequently developed in the patients with carotid plaques than in without plaque ( $p<0.05$ ). The events were not significantly concerned about plaque size, location and character. **Conclusions:** Recurrent vascular event were closely related with increased carotid IMT in the patients with ischemic stroke.

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### A case of myocardial metastasis from small bowel

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Myocardial metastases without inferior vena caval or atrial involvement are rare. We discuss a 56-year-old man who presented with abdominal pain and vomiting with a diagnosis of small bowel adenocarcinoma. He performed small bowel segmental resection with adjuvant chemotherapy 3 years ago and received palliative chemotherapy due to the recurrence. Despite of these therapies, a follow-up computed tomography (CT) scan of abdomen demonstrated increased size of multiple metastatic peritoneal masses with a newly developed low attenuated mass in the right ventricle (Figure 1). Transthoracic echocardiography clearly revealed 5cm×4cm sized irregular-surfaced myocardial mass infiltrating into the right ventricular apex without any evidence of thrombus in the IVC and right atrium (Figure 2). He had been receiving a palliative therapy without cardiac symptom so far even though follow-up echo after 2 months showed increased the size of right ventricular mass.



Figure 1. abdomen CT



Figure 2. transthoracic echocardiography

Figure 1,2 shows 5cm x 4cm sized irregular-surfaced myocardial mass infiltrating into the right ventricular apex.