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Middle aortic syndrome with bilateral renal artery involvement: Unusual type of aortic coarctation.

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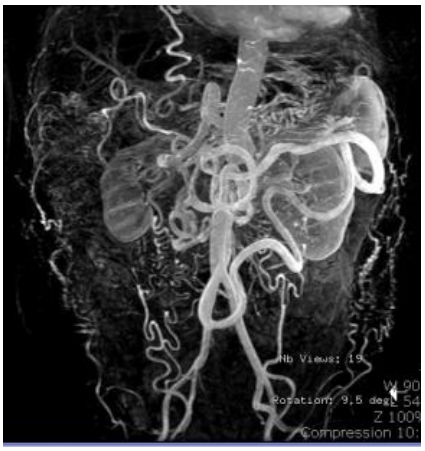
Coarctation of the abdominal aorta, also known as middle aortic syndrome(MAS), is very uncommon vascular pathology caused by a long segment narrowing of the abdominal aorta presenting variably with physical signs of coarctation of the aorta, hypertension, renal insufficiency and/or mesenteric ischemia. Etiology of MAS may be acquired or congenital. Here we report the case of a 64-year-old man with severe hypertension. The diagnosis of hypoplasia of abdominal aorta associated with both renal artery stenosis was made using with computed tomography(CT) and magnetic resonance(MR) angiography. To our knowledge, this atypical type of aortic coarctation has not been previously described in Korea.



■ S-234 ■

A patient with missed Kawasaki disease presented with ST- elevation Myocardial infarction

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Kawasaki disease (KD) is a vasculitis syndrome of unspecified etiology that usually occurs in childhood. Although KD is self-limited disease, KD patients can have coronary artery aneurysms, which can develop to myocardial infarction and myocardial infarction is the main cause of KD mortality. But treatment strategy is controversial. A 21-year-old man with no preivious medical history presented with chest pain that were ongoing for 3 hours. On presentation, he was stable hemodynamically, afebrile, and had a benign physical exam. Initial ECG showed ST elevation in II,III, aVF leads. Initial laboratory data revealed a CK-MB of 1.25 mg/dL and a Troponin-T of 0.010 mg/dL, and a normal complete blood count (CBC) and coagulation study. The patient was taken for emergent cardiac angiography within 1 hour of presentation, which revealed marked aneurysmal dilatation (17×34mm) of the proximal RCA with eggshell calcification and total occlusion with much thrombi in the aneurysm. We decided to inject intravenous tenecteplase (tPA) 0.5 mg/kg bolus because of thrombus burden. Follow up coronay angiography after 7 days showed TIMI 3 flow(+) and proximal aneurysmal dilatation(+). He was discharged from the hospital on warfarin therapy. At follow-up, the patient had returned to full activities and had remained asymptomatic. Missed `Kawasaki disease' in childhood can present with ST elevation myocardial infarction in adulthood. For these patients with large thrombus burden, systemic tenecteplase can be effect to revasculize occluded coronay arteries.