■ S-237 ■

Prognostic Implication of Anemia on Clinical Outcomes After Percutaneous Coronary Intervention with Drug-Eluting Stent

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Background: Anemia has been shown to be an independent predictor of long-term outcomes after percutaneous coronary intervention (PCI). The purpose of this study was to assess the impact of anemia on long-term clinical outcome of "real-world" patients reated by percutaneous coronary intervention (PCI) using drug-eluting stents (DES). **Methods:** Clinical and outcome data on 2,849 patients who received DES implantation were prospectively collected between March 2006 and December 2009. Patients were classified as anemic status using the World Health Organization definition (<12.0 g/dL in women and <13.0 g/dL in men). We compared clinical outcomes of patients with anemia (n=679) vs, without anemia (n=2170). **Result:** Median follow-up duration was 2.2 years. When compared with non-anemic patients, anemic patients had higher 2-year all-cause mortality (5.0% versus 1.8%; p<0.001) and combined major cardiovascular event (MACE; all-cause death, myocardial infarction, stent thrombosis and cerebrovascular event; 6.5% versus 2.4%; p<0.001). After adjustment for baseline clinical and procedural characteristics, anemia showed an independent association with higher incidence of 2-year MACE (adjusted hazard ratio (HR) 1.78, 95% confidence interval (CI) 1.14 - 2.78, p=0.012), and also higher trend of long-term mortality (adjusted HR 1.52, 95% CI 0.90 - 2.56, p=0.12). **Conclusion:** Status of preprocedural anemia was associated with increased mid-term MACE and mortality after PCI using DES in real-world patients. Key words: Anemia, Asian, Percutaneous coronary intervention, Drug-eluting stents

■ S-238 ■

A Case of Successful Treatment of an Iatrogenic Giant Femoral Artery Pseudoaneurysm with Percutaneous Thrombin Injection

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Iatrogenic femoral pseudoaneurysm(IPA) is a troublesome complication related to the femoral arterial access site used for invasive cardiovascular procedures. Several therapeutic strategies have been developed to treat these complications. They include ultrasound-guided compression repair(UGCR), surgical repair, and minimally invasive percutaneous treatments(thrombin injection, coil embolization and insertion of covered stents). Traditionally, surgical repair has been the main treatment for FAP, especially when pseudoaneurysm larger than 4 cm is indicated or when anticoagulation or GP-IIb/IIIa inhibitors are extensively used during the procedure. Recently, UGCR has become the first-line treatment of pseudoaneursms at many institutions. However, the procedure may be very painful, and has a relatively high recurrence rate in patients receiving anticoagulant therapy. Ultrasound-guided thrombin injection has gained populality because of high success rate and minimal complication. Here, We report a case of a giant pseudoaneurysm in a deep femoral artery, which had developed as a complication of endovascular intervention for peripheral arterial occlusive disease via deep femoral artery, was successfully obliterated using ultrasound-guided thrombin injection.