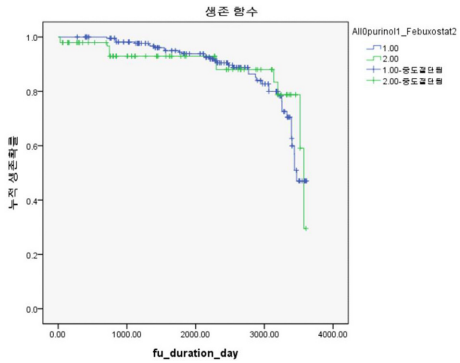
## ■ Sat-195 ■

# A comparison of the prognosis of heart failure with Febuxostat and Allopurinol in patient with CKD

고신대학교복음병원

*전민지, 김봉준, 박한수, 임성일, 조경임, 김현수, 허정호, 차태준

**Background/Aims:** Recently, it has been reported that febuxostat was noninferior to allopurinol with respect to rate of adverse cardiovascular events in patients with gout and cardiovascular diseases. We aimed to determine the effect of these agents on the prognosis of patients with heart failure and chronic kidney disease **Methods:** We selected patients who were diagnosed with heart failure and chronic kidney disease (stage ≥ 3) using these agents at Kosin University Gospel Hospital from January 1, 2010 to January 1, 2018. We divided the patients into two groups (allopurinol and febuxostat group), analyzed their baseline characteristics, echocardiography, laboratory data and prognosis retrospectively. **Results:** Total 341 patients (mean age 64.84 years old, 66.5 % of male) were included, 240 patients were allopurinol group and 101 patients were febuxostat group. In terms of baseline characteristics, there were no differences in age, sex, hypertension, diabetes, history of angina or myocardial infarction, hemodialysis and baseline left ventricular ejection fraction (LVEF). In laboratory test, allopurinol group showed higher serum uric acid (6.4±2.4 vs. 5.4±2.6 mg/dL, $p$=0.001) and NT pro-BNP level (9041.3±8298.0 vs. 4464.7±6750.8 pg/mL, $p$<0.001) than febuxostat group. There was no significant differences in admission for heart failure between groups (48.7% for allopurinol group vs. 37.8% for febuxostat group, $p$=0.071). During follow up period (median 2101 days), total 51 patients were died, Kaphlan-Meier survival curve showed similar mortality between groups ($p$=0.921). Multivariate regression analysis revealed that age (ß=1.034, $p$=0.025), a history of myocardial infarction (ß=2.898, $p$=0.009) and LVEF (ß=0.976, $p$=0.045) were associated with death when controlled for other confounding factors. **Conclusions:** Our results showed that there was no significant difference between allopurinol and febuxostat in prognosis of heart failure patients with chronic kidney disease, further study is needed.




## ■ Sat-196 ■

# A case of Paget-Schroetter syndrome in a young male

부산성모병원

*박해든, 권용섭, 박주현, 김준형

**Introduction:** Paget-Schroetter syndrome is spontaneous thrombosis of the subclavian vein. Typically it occurs in individuals who perform vigorous repetitive exertion of the upper extremities, also known as venous thoracic outlet syndrome. Clinical manifestations can include upper extremity swelling, pain, weakness, and discoloration. Collateral vein may be seen in skin overlying the ipsilateral shoulder, neck, and chest wall and indicates compensatory superficial venous flow due to subclavian vein stenosis or occlusion. Although first rib resection with anticoagulation is commonly advocated for its treatment, standard management is controversial. **Case:** A 37-year-old man visited our hospital with 3 days of swelling and pain from his left chest to left upper arm. Patient was previously healthy and he had no history of intravenous catheterization before. He worked at interior company usually carrying heavy furniture. On physical examination, his left upper arm showed swelling and engorged vein. Laboratory tests, including tests for inherited thrombotic disease, were unremarkable except mild elevation of D-dimer level (0.7㎍/㎖, reference 0-0.5㎍/㎖). Obstruction of left subclavian vein was seen on chest computed tomography(A). From the first day of hospitalization, we prescribed subcutaneous enoxaparin. On subclavian venography, it showed total occlusion due to thrombus at left subclavian vein and multiple collaterals around left subclavian vein(B). We performed catheter-directed thrombolysis with balloon dilatation (10mm×4cm for 60 seconds) to treat acute thrombotic lesion(C). Two days later, patient's swelling was improved. we changed enoxaparin to rivaroxaban and discharged him. Four months later, he had no recurrent symptoms and no restenosis on venography(D). **Conclusion:** Patients without thrombosis risk factors who presented upper extremity edema, it is necessary to suspect Paget-Schroetter syndrome. Some guidelines suggest the rib resection for primary management, combination of anticoagulation with endovascular intervention can be chosen instead of immediate surgery.