

# A case of acute severe coronary artery spasm associated with 5-Fluorouracil chemotherapy

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The authors present a case of coronary artery spasm induced by 5-fluorouracil. A 83-year-old man who had been diagnosed with stage IIIC adenocarcinoma of the ascending colon and undergone right hemicolectomy was admitted to begin adjuvant chemotherapy and was given oxaliplatin plus 3-day continuous infusion of 5-fluorouracil/leucovorin. He was treated with 950 mg (1,000 mg/m<sup>2</sup>) per day. The patient's history was unremarkable for any cardiopulmonary disease and for any cardiovascular risk factors. On the morning of the third day, he developed severe, substernal, crushing chest pain during continuous intravenous infusion of the drug, which was partially relieved by sublingual nitroglycerin (NTG). The patient had mild ST elevation with tall T wave in V4-V6 and reciprocal ST depression V1, V2. Chest pain and ECG changes resolved at 20 minute of the NTG infusion with the dose of 20 mcg per minute. He was taken emergently for cardiac catheterization, which revealed that he had significant ostial narrowing of the left circumflex artery (LCX) and intracoronary NTG (200 mcg) was injected to exclude the coronary vasospasm, but there was no change. The IVUS for LCX showed heavy concentric plaque in ostium of LCX with minimum lumen diameter of 1.0 mm. A diagnosis of coronary artery spasm with fixed lesion was made. After administration of loading dose of plavix (300mg), percutaneous coronary intervention of ostial lesion of LCX was successfully performed by implantation of 3.5x16 mm TAXUS stent. 10 hr later after PCI, he had a recurrence of severe anterior chest pain associated with ST elevation. The patient had similar ST elevation in leads V4-V6 and reciprocal ST depression on V1, V2. To rule out acute stent thrombosis, the patient was taken emergently for cardiac catheterization which also revealed patency of stent of the left circumflex artery. The Troponin-I and CK-MB levels peaked at 0.013U/L and 6.13 ng/mL, respectively. He was discharged with medication of oral nitrate and calcium channel blocker in stable condition.

## Long-Term Clinical Outcomes in Patients with In-Stent Restenosis : Comparison Between Drug Eluting Stent and Bare Metal Stent

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**Background :** There were few data of the patients which have ISR of drug eluting stent(DES). **Method :** We analyzed 72 patients of ISR with more than 50% diameter stenosis(DS) and 120 patients of 30%-50% DS(67 patients with BMS 53 patients with DES).We divided into 4groups(GroupI 30%-50% DS of BMS,II:30%-50% DS of DES,III:>50% DS ISR of BMS with medical treatment,IV:>50% DS ISR of DES with medical treatment)and compared with major adverse cardiac events(MACE). **Results :** There are no significant differences among 4 groups in baseline clinical demographics.6,12,24 months MACE are similar between compared groups. Average DS of patients with ISR that were managed with medical treatment is 60%. We can't detect delayed catch-up phenomom of ISR of DES like brachytherapy. There are no significant differences of long term clinical results between patients with ISR which was managed with cutting balloon(CB) and with DES(24 month MACE :CB-2/18,11.2 %, DES-2/20,10%,p=0.42) **Conclusion :** Long-term clinical outcome of the patients which have ISR of DES is equivalent to that of BMS. There is no increment of MACE and delayed progression of neointimal proliferation during 2 years in ISR of DES compared with BMS.

Group	I (n=67)	II (n=70)	p value	III (n=13)	IV(n=11)	p value
6M	0	0		0	0	
MACE	3(4.5%)	1(1.4%)	0.36	0	0	
12M						
MACE	0	1		0	0	
TVR	1					
TLR	1					
Death	1					
CVA	1					
24M	5(7.5%)	2(2.9%)	0.27	2(15.4%)	1(9.1%)	0.57
MACE						
MI	2			0	1	
TVR	1	1		1	0	
TLR	1	1		1	0	
Death	1					
CVA	1					