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Percutaneous catheter thrombectomy in massive pulmonary thromboembolism

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Background : Acute pulmonary thromboembolism(PTE) is a life threatening disease resulting in hemodynamically unstable state. Therefore, prompt diagnosis and rapid recovery of pulmonary flow is needed for treatment of the patient. However, symptoms of PTE may not be specific, and accurate diagnosis and treatment was difficult. We report a case of a 68-year old woman who attempted a percutaneous catheter thrombectomy for the treatment of acute massive PTE. Case: A 68-year old woman was admitted with sacral bone fracture. During hospitalization, she complained sudden onset dyspnea. The ECG showed sinus tachycardia, ST segment elevation in precordial leads. The transthoracic echocardiography showed no definite RV loading sign. She underwent a cardiac catheterization for suspected acute myocardial infarction, but coronary angiography revealed normal arteries. We performed a right side cardiac catheterization and showed a massive left pulmonary artery thromboembolism(Fig A). We tried to percutaneous catheter thrombectomy to recovery of pulmonary artery blood flow. Although a large amount of thrombus was aspirated by catheter thrombectomy(Fig B), and improved pulmonary flow(Fig C), the patient was deteriorated. Unfortunately, she died 5 hours later in the intensive care unit.



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Epicardial adipose tissue as a predictor of vascular event at patient with drug eluting stent

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Background : Inflammation play important role in atherosclerosis. Several studies have been showed the evidences of epicardial adipose tissue as inflammatory role in coronary artery disease, and supposed epicardial adipose tissue could be more related with coronary artery disease than other visceral adipose tissue. This study aimed to define that epicardial adipose tissue related with the occurrence of MACE, cerebral event, and peripheral artery event. **Methods :** We observed 250 patients who had had coronary intervention with drug eluting stents and measured epicardial adipose tissue in routine examination from January, 2005 to September, 2005. We investigated incidence of MACE, Cerebrovascular events, and peripheral artery obstructive disease for 12months after intervention. We obtained recording of 6 cycles of two-dimensional parasternal long-axis view and parasternal short-axis view at mitral valve level. EAT was measured on the free wall of the right ventricle in the still image of 2-D echocardiogram at end diastole from both parasternal long-axis and short-axis views. The average value of EAT thickness measured in 2 images was calculated. **Results :** Total patients were 236(Female: 97, Male: 139, Mean age: 61±10, follow up loss: 14). The range of measured EAT thickness was from 0 to 112mm(mean 44.3±25.5 mm, median 40mm). There were 1 patents who had MACE at 1 month, 3 patients at 6 month, 11 patients at 12 month. During follow-up periods, peripheral artery obstructive disease was newly developed in three patients, and cerebrovascular events were two. Logistic regression showed EAT was not related to MACE($p=0.27$), but to occurrence of peripheral artery obstructive disease($p=0.03$) or noncoronary artery events($p=0.03$). Through ROC curves, cut-off values was 65mm(67% sensitivity, 82% specificity) for peripheral artery obstructive disease and 55mm(80% sensitivity, 82% Specificity) for noncoronary artery events. **Conclusion :** EAT could be related atherosclerosis process as a inflammatory burden. EAT was not associated with coronary artery event, but was significantly related with noncoronary artery event including cerebrovascular and peripheral artery in DES patients.