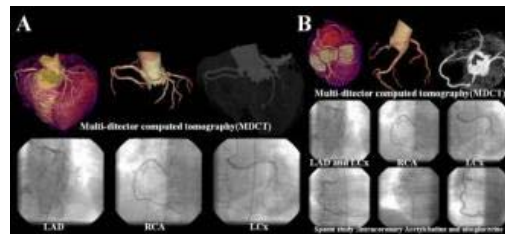


## 좌회선 관상 동맥이 우측 valsalva 동에서 기시한 2 예

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관상동맥기형은 관상동맥조영술 시행환자의 1%이하에서 발견되며 그 형태와 임상적인 의미는 다양하다. 1예는 56세 여자환자가 운동시 흉통으로 입원하였다. 1년전 심방세동 치료병력있었다. 내원시 생체징후, 심음 및 호흡음, 흉부X선검사 정상, 심전도검사서 정상동율동 소견 관찰되었다. MDCT에서 좌회선관상동맥이 우관상정맥동에서 기시하며 우관상동맥과 좌전하행관상동맥은 정상기시를 보였다. 관상동맥조영술에서도 동일소견 보였다.(fig A) 다른 1예에서는 39세 남자환자가 안정시흉통으로 입원하였다. 발작성 심방세동으로 추적관찰중이었다. 내원시 생체징후, 심음 및 호흡음, 흉부X선검사 정상, 심전도검사서 정상동율동 소견 관찰되었다. MDCT에서 좌회선관상동맥이 우관상정맥동에서 기시하며 우관상동맥과 좌전하행관상동맥은 정상기시를 보였다. 관상동맥조영술에서도 동일소견을 보였다. 가슴통증이 주로 새벽에, 20갑년 흡연력있어 관상동맥 연축유발검사에서 아세틸콜린10ug 우관상동맥 내 주입시 우관상동맥 협착, 심전도II,III,aVF유도에서 ST분절상승과 흉통호소하였다.(fig B) 흉통을 주소로 내원했던 2명의 환자에서 MDCT에서 좌회선관상동맥이 우관상정맥동에서 기시한 관상동맥기형을 진단하고 관상동맥조영술로 확진한 2예있어 보고하는 바이다.



## Changes of intraventricular dyssynchrony with dobutamine can predict the response to medical therapy in patients with dilated cardiomyopathy

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**Background :** It is well known that intraventricular dyssynchrony is prevalent and badly affects clinical outcome in patients with dilated cardiomyopathy. The extent of intraventricular dyssynchrony may change with exercise or pharmacological stress as left ventricular (LV) systolic function changes. However, the clinical significance of these changes is not clear. We investigated the impact of dyssynchrony changes with dobutamine infusion on the prognosis after medical therapy in these patients. **Methods :** Thirty six patients (20 men, age: 57±13 years) with the diagnosis of idiopathic dilated cardiomyopathy were enrolled in the study. Ischemic heart disease was excluded by coronary angiography or myocardial SPECT. Comprehensive echocardiographic examination was performed at baseline and repeated 6 months after intensive medical therapy. Time from R wave on ECG to peak systolic velocity (Ts) was measured in 12 segments of LV using tissue synchronization imaging. The standard deviation of Ts (Ts-SD) was an indicator of systolic dyssynchrony. The measurements were repeated with dobutamine infusion at 10mcg/kg/min. **Results :** After 6 months of medical therapy, LV ejection fraction (EF) (34.6±10.7 vs 40.7±11.3%, p<0.05) and Ts-SD (44±17 vs 34±18 msec, p<0.05) improved significantly. With dobutamine infusion, LVEF and Ts-SD improved by more than 5% in 47 % and 53% of patients, respectively. Dobutamine induced improvement of Ts-SD were significantly related with dobutamine induced increase of LVEF (r=0.566, p<0.05). Improvement of Ts-SD with dobutamine was significantly correlated with improvement of LVEF at 6 month follow up (r=0.448, p<0.05). Patients who showed Ts-SD improvement with dobutamine by more than 5% had greater increase of LVEF at 6 months follow-up than those who did not (8.5 vs 0.5%, p=0.039). **Conclusion :** Intraventricular dyssynchrony was significantly improved with dobutamine in substantial proportion of patients with dilated cardiomyopathy and this improvement was closely associated with the favorable response to medical therapy. Dobutamine induced changes of dyssynchrony may need to be in consideration for selecting candidates for cardiac resynchronization therapy.