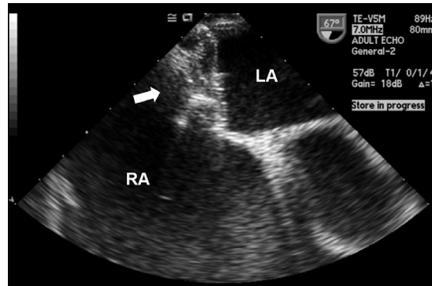


A Case of Successful Transcatheter Closure of Inferior Sinus Venus Type Atrial Septal Defect

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Atrial septal defect (ASD) is frequently observed in adult patients. Transcatheter closure has become a standard treatment of ostium secundum ASD, but surgical repair is still standard treatment option for the other types of ASD. To our knowledge, there was no report of successful transcatheter closure of inferior sinus venus type ASD. We describe a 76-year old woman with inferior sinus venus type ASD, who was treated with transcatheter closure because her medical condition was not suitable for general anesthesia and she did not want to undergo surgery. Fortunately, unlike typical inferior sinus venus type ASD, the patient's septal defect located away from tricuspid valve and there was a small ridge on the posterior side of the septal defect. Transcatheter closure procedure was successfully done. Transcatheter closure might be helpful for ASD patients who cannot receive surgical repair due to medical condition or other causes. In our case, the patient had atypical anatomical features of inferior sinus venus type ASD. So if the patient with sinus venus type ASD have a rim or ridge toward the caval vein, transcatheter closure could be considered as an alternative therapeutic option.



The Association between HS C-Reactive Protein and Myocardial Fibrosis as Biomarkers in Mild AS

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Background: Aortic stenosis (AS) is a gradually progressive disease and it is well known that the patients (pts) with asymptomatic mild to moderate AS have a good prognosis. Nevertheless, a considerable number of these patients develop symptoms and require surgery within a short time period. We evaluated the impact of smoking on adverse clinical outcomes in pts with mild to moderate AS. **Methods:** A total of 221 consecutive pts who had mild to moderate AS were enrolled from January to December 2009. The patients were divided into two groups according to smoking (smoking group: n=21, non smoking group: n=200). Baseline clinical and echocardiographic characteristics were compared between two groups. **Results:** Baseline clinical characteristics showed that male (71.4% vs. 28.0%, $p<0.001$) and previous coronary artery disease (CAD, 66.7% vs. 38.5%, $p=0.018$) were higher in smoking group. Baseline echocardiographic characteristics including aortic valve peak velocity and mean pressure were similar between two groups. Two years clinical outcomes showed that coronary artery revascularization (CAR, 33.3% vs. 6.5%, $p=0.001$) and myocardial infarction (MI, 9.5% vs. 1.0%, $p=0.046$) were higher in smoking group. But aortic valve surgery and progression to severe AS similar between two groups. But, multivariate analysis showed that smoking was not an independent risk factor of clinical adverse events (OR 2.34, 95% CI: 0.69-7.8, $p=0.167$). **Conclusions:** In this study, smoking was associated with MI and CAR in pts with mild to moderate AS, but smoking was not associated with progression to severe AS. We assumed that smoking is conventional cardiovascular disease, but two years is short period to observe the degree of valvular progress. Therefore, long term follow up should be needed.