

쇼크를 동반한 가역적 중증 폐동맥고혈압 소견을 보인 Beriberi heart disease 1예

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Because of rare incidence of beriberi heart disease in the developed countries and lack of available tests in the emergency situation, Diagnosis of cardiac beriberi is always difficult. This disease can lead to high output heart failure that is totally different from the situation observed in alcoholic patients. We report a case of cardiac beriberi with clinical feature mimicking pulmonary thromboembolism and with reversible right heart failure and severe pulmonary hypertension. A 73 years old man in sanatorium was referred to our Emergency department for acute severe resting dyspnea with shocked. With elevation of serum D-dimer level, Echocardiography showed marked right ventricular dysfunction and severe pulmonary hypertension. To rule out pulmonary thromboembolism, Contrast enhanced chest CT was done, and it revealed no evidence of pulmonary arteries embolism. His symptom was markedly improved and right ventricular dysfunction was normalized after therapeutic use of intravenous thiamine. In clinically, Cardiac beriberi was confirmed by therapeutic testing with thiamine and reverse of right ventricular failure. Because of severity of potential outcomes if it is left untreated, We should still take into account beriberi heart disease as a potential diagnosis in patients with RV dysfunction and severe pulmonary hypertension.

Single Center Experience of Endovascular Aneurysm Repair for Abdominal or Iliac Artery Aneurysm

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Background: Recently, endovascular aneurysm repair (EVAR) was considered as first line treatment option for abdominal aortic aneurysm (AAA) or common iliac artery aneurysm (CIAA). This study is review of experience of patients who underwent EVAR for AAA or CIAA at Gwangju Veterans Hospital. **Methods:** We performed EVAR for 20 patients from Nov 2009 to Jul 2015. We analyzed the baseline characteristics, procedure related characteristics and complications. **Results:** All patients were male and mean age was 73.8 (55 to 88) years old. There were 4 patients of isolated AAA, 1 patient of isolated CIAA and 5 patients of combined AAA and CIAA. The maximal size of AAA and CIAA were 6.3 ± 1.5 cm and 3.2 ± 0.3 cm, respectively. They had 80% of hypertension, 70% of diabetes mellitus, 15% of dyslipidemia, 70% of smoking, 65% of coronary artery disease, and 10% of chronic kidney disease. Endurant[®] (Medtronic) stent graft were used in all patients. Total procedure time was 112 ± 20 minutes. After EVAR, 2 patients were suspected type 2 endoleak. The decrease of hemoglobin by procedure was 2.1 ± 1.6 g/dL, and one patient needed transfusion. During follow-up one patient had a endoleak on CT angiography after 1 month and it was disappeared at 6 months follow-up. Two patient had renal artery occlusion and performed renal artery stenting. One patient fully recovered renal artrophy after renal artery stenting. There was no procedure related mortality. **Conclusions:** We thought that EVAR can be performed safely in selected patients at non-university hospital. **Keyword:** Endovascular aneurysm repair