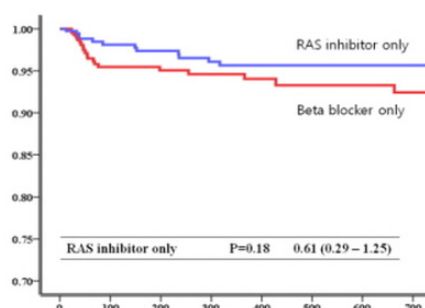


Comparison of renin-angiotensin inhibitors versus beta blockers in patients at primary intervention

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Background: The latest guidelines for acute myocardial infarction (AMI), beta-blockers (BB) and renin-angiotensin system (RAS) inhibitors should be initiated to reduce recurrent ischemic cardiovascular events. In the real clinical setting, dual BB and RAS inhibitor could not be started during hospitalization even successful revascularization was performed. The purpose was to examine prescription patterns of secondary prevention drugs after AMI and to compare the effects of BB only and RAS inhibitors only at discharge medications in patients with AMI. **Methods:** From the Korean Working Group in Myocardial Infarction (KorMI) Registry, 20799 patients were discharged after percutaneous coronary intervention (PCI). Missing data on discharge medications (n=4599) and clinical follow-up (n=3257) were excluded. Major adverse cardiac events (MACEs) including death, nonfatal MI, repeated revascularization at 12-month were evaluated. **Results:** Most patients (n=10730) were discharged with BB and RAS inhibitors and 437 patients were discharge without BB nor RAS inhibitors. The other 1776 patients were divided into two groups: BB only (n=905, group A) and RAS inhibitor only (n=871, group B). Group B were older, more female, higher portion of Killip class more than II. The 12-month MACEs were not significantly different between group A and group B. Instead, old age, Killip class more than II, and low EF (<40%) were independent factors for 12-month MACEs. **Conclusions:** In AMI patients after PCI, the 12-month MACEs were similar between group B and group A.



Successful catheter ablation of ventricular ectopic beats in patient with Brugada syndrome

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Background: The Brugada syndrome (BrS) has drawn attention as an important clinical entity that causes premature death in healthy young adults. Some of the symptomatic patients with BrS who receive ICD implantation experience ICD shocks. Identification of the arrhythmogenic substrate in BrS patients would enable ablation as a potential treatment option in patients with recurrent ventricular arrhythmias. **Case Report:** A 51-year-old man presented with sudden cardiac arrest and unprovoked and consistent electrocardiographic (ECG) features of Brugada syndrome. Accordingly, ICD was inserted. Two months after the implantation of a defibrillator, he experienced recurrent shocks triggered by frequent episodes of ventricular fibrillation (VF). The ECG recorded between the episodes showed sinus rhythm and frequent isolated left bundle branch block (LBBB) morphology ventricular ectopic beats with inferior axis and QRS transition in lead V4. After the events, he took amiodarone for suppression of VF. But recurrent shocks due to VF could not be suppressed. Therefore, we performed electrophysiologic study (EPS). During the EPS, VF was induced by spontaneous ventricular ectopics showing LBBB. Neither activation mapping nor entrainment mapping could be done because of instability of the haemodynamics. Therefore, we performed substrate mapping with electroanatomical mapping with voltage. Epicardial substrate mapping showed no scar but delayed potentials (DPs) which were targeted for ablation. Furthermore, endocardial pace mapping performed for perfect matching for the triggering PVC which also target for ablation. After 34 radiofrequency applications, the VF was eliminated and could not be induced with programmed stimuli. No ventricular arrhythmia on ICD interrogation was recognized during 32 month follow-up. **Conclusions:** BrS patients rarely have frequent PVCs to be mapped, making this approach impractical, as evidenced by the fact that an insignificant number of patients are being treated by this ablative approach. The arrhythmogenic substrate that serves very well as target sites for catheter ablation and thus can expect a good clinical outcome.