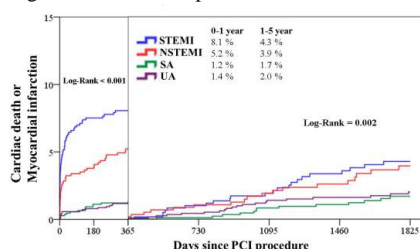


## Comparison of 5-year Clinical Outcomes between Stabilized Myocardial Infarction and Angina Pectoris

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**Backgrounds:** Clinical impact of stabilized myocardial infarction (MI) following successful percutaneous coronary intervention (PCI) after 1 year is not clearly elucidated yet. **Methods:** We pooled 3,583 patients underwent PCI with drug-eluting stents (DESs). Of them, 658 was ST-elevation MI (STEMI), 632 non-ST segment elevation MI (NSTEMI), 1,297 unstable angina (UA), and 996 stable angina (SA). We compared 0-1 year and 1-5 years composite of cardiac death (CD) and MI among 4 groups. **Results:** With survival analysis of 0-1 year clinical follow up, a stepwise increase of the composite of CD and MI was observed in the transition from SA to STEMI. (SA; 1.2% vs. UA; 1.4% vs. NSTEMI; 5.2% vs. STEMI; 8.1%; Log-Rank <0.001). Even in the comparison of 1-5 year clinical outcomes between 4 groups, there was the same pattern of transition (SA; 1.7% vs. UA; 2.0% vs. NSTEMI; 3.9% vs. STEMI; 4.3%; Log-Rank = 0.002, Figure). After Unadjusted cox-proportional analysis, STEMI and NSTEMI were independently associated with greater risk of 1-5 year CD or MI rather than SA (HR 2.70; 95% CI 1.361 to 5.364;  $p=0.004$ , HR 2.45; 95% CI 1.201 to 5.001;  $p=0.014$ ), whereas UA were not significantly influential on CD or MI. **Conclusions:** Across the clinical spectrum of different coronary artery disease, STEMI and NSTEMI were associated with a greater risk of long-term CD or MI at 1 year. Even after stabilized by PCI in STEMI and NSTEMI patients beyond 1 year, the incidence of CD or MI was still higher than that of the patients with UA and SA



## Severe MR from the fistula from LV pseudoaneurysm to LA; a rare complication of cardiac trauma

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Severe mitral regurgitation from the fistula from left ventricular pseudoaneurysm to left atrium; a rare complication of cardiac trauma Abstract Abnormalities of the mitral valvular leaflets are the etiology of primary mitral regurgitation (MR), and mitral annular dilatation is the most common cause of secondary MR. However, abnormalities of mitral apparatus can cause significant MR. We experienced one case with severe MR from the fistula from left ventricle (LV) to left atrium (LA) as a complication of previous cardiac trauma. A 66-years old man was admitted to our cardiology clinic with complaint of exertional dyspnea and orthopnea. He had a history of blunt chest trauma by an automobile accident about 30 years ago. He survived asymptotically since that event. However, the patient had developed exertional dyspnea for 3 months ago, and the symptom was getting worse. On his physical examination, pansystolic murmurs with grade IV/VI was heard on the apex. Transthoracic echocardiogram showed a LV pseudoaneurysm combined with LV to LA fistula and sufficient amount of MR was found through the fistula. Because he had obstructive coronary artery disease too, the patient underwent open heart surgery to closure the fistula and coronary artery bypass graft surgery. To our best of our knowledge, this is the first case of severe MR from the fistula from LV to LA as a sequela of a cardiac trauma. Key words Left ventricular pseudoaneurysm, Left ventricular to atrial fistula, Mitral Valve regurgitation, Tricuspid valve regurgitation,

