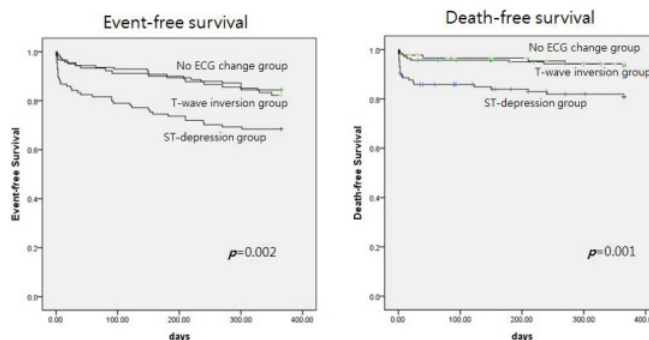# ST 분절의 상승이 없는 심근경색증 환자들의 임상결과

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배경: ST 분절 상승을 동반하지 않는 심근경색 환자(NSTEMI)의 심전도(ECG)는 다양하게 나타난다. 방법 : 2006년 부터 2013년 까지 본원에 입원하여 관상동맥조영술(coronary angiogram)을 시행받은 345명의 NSTEMI 환자의 인구통계학, 시술특성, 임상결과를 분석하였다. 결과 : 심전도상에서 ST 분절 하강군은 114 명, T-wave inversion 군은 90 명, 변화가 없는 군은 141 명이었다. ST 분절 하강 군은 변화가 없는 군에 비해 나이가 더 많았으며 비흡연자이고 신체질량지수(BMI)가 적게 나가는 여성, 공존질환이 더 많은 양상을 보였다. 또한 높은 Killip class, 낮은 좌심실 구혈률(left ventricular ejection fraction), 높은 벽운동지수(regional wall motion score index), 혈관조영술 상에서 혈관 근위부, 3개 혈관질환(3-vessel coronary artery disease) 발생 비율이 더 높았다. 반면 T-wave inversion 군은 변화가 없는 군과 비슷한 양상을 보였다. 임상결과에서는 심전도상에 변화가 없었던 군에 비해 ST분절 하강군이 시술 후 30일, 12개월 사망율이 더 높았던 반면 T-wave inversion군은 비슷한 양상을 보였다. **결론:** 심전도상에서 변화가 없었던 군에 비해 ST분절 하강군은 공존질환이 더 많았으며 원내 및 12개월 사망율이 더 높았으나 T-wave inversion 군은 비슷한 양상을 보임을 확인할 수 있었다.

Event-free survival / Death-free survival

Causes and treatment response of atrial fibrillation in ROK army patients

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Background: It is known that the prevalence of atrial fibrillation (AF) increases with age. But, studies about AF in ROK army patients are insufficiency. From the Armed Forces Capital Hospital, we could evaluate all the aspects of AF of all ages in ROK army patients. **Methods:** We analyzed patients who visited or were admitted to the hospital from March 2011 to February 2016. All patients were confirmed to have AF by ECG or 24hr holter ECG. The patients were classified into two age groups: Group A: Patients below the age of 40 years (n = 51) and Group B: patients over the age of 40 years (n = 63). **Results:** 114 patients were enrolled and all patients were men. Average age was 37.69 years old (±13.56). Patients showed bimodal distribution with peaks in the twenties and forties. 73 patients (64.0%) had paroxysmal AF, 38 patients (33.3%) had persistent AF and 3 patients (2.6%) had permanent AF. Paroxysmal AF and persistent AF were more prevalent in group A and in group B respectively. The percentage of underlying disease were higher in group B : HTN (26.2%[16pts], $p < 0.001$), DM (9.8%[6pts], $p = 0.032$), Hyperlipidemia (11.5%[7pts], $p = 0.015$). And the percentage of heavy alcoholics were higher in group B (27.5% vs. 44.4%, $p = 0.026$). AF caused by exercise and AF followed by vasovagal syncope were more common in younger patients (15.7% vs 1.6%, $p = 0.010$, $p = 0.041$). Comparing to group B, mean heart rate at diagnosis of AF was faster in younger patients (100.52/minutes vs 82.46/minutes, $p = 0.001$). And the patients with symptom were higher in younger patients, too. The rate of spontaneous conversion of AF to sinus rhythm was higher in group A (64.7% vs 19.0%, $p < 0.001$), though more patients needed medical treatment or DC cardioversion to obtain sinus rhythm in group B (25.5% vs 57.1%, $p < 0.001$). In cardiac echo study, left atrium diameter and E/E' were higher in group B : LA diameter (33.53mm[±4.19] vs 40.68mm[±9.85], $p < 0.001$), E/E' (7.22[±2.35] vs 9.71[±3.72], $p = 0.002$). **Conclusions:** Age distribution of AF shows a bimodal pattern which is respectively increase in twenties and forties. Because paroxysmal AF and persistent AF occurred frequently from each group by other underlying causes.