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Long-term impact of high-intensity versus moderate-intensity statin in Asian acute MI patients

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Introduction: High-intensity statin is recommend in atherosclerotic cardiovascular disease (ASCVD), but moderate-intensity statin therapy is considered in a particular group of patients, especially in Asians due to safety concern. The objective of the present study was to assess the long term clinical impact of intensity of statin therapy in Asian present with acute myocardial infarction (AMI). **Methods:** A total of 3,790 of AMI patients who were under moderate or high-intensity statin were selected from the COREA-AMI (CONvergent Registry of cATHolic and chonnAm university of Acute MI) Registry. The definition of intensity of statin therapy was according to 2014 ACC/AHA guideline on the treatment of blood cholesterol to reduce atherosclerotic cardiovascular risk in adults. The primary outcome was a composite of cardiac death (CD), recurrent myocardial infarction (RMI), target lesion revascularization (TLR) and target vessel revascularization (TVR). Kaplan-Meier analysis with land mark analysis at 6 months and 2 years and Cox-proportional hazard modelling were used to evaluate the impact of intensity of statin therapy on long term clinical outcome. **Results:** Among the 3,790 patients, high-intensity group was 293 and moderate-intensity group was 3497. The mean follow-up duration was 3.52 years. The primary outcome occurred 18 (6.1%) and 45 (15.4%) in high-intensity group and 310 (8.9%) and 456 (14.1%) in moderate intensity group at 6 months at 2 years. There was significant less primary outcome in high-intensity group at 6 months (log rank $p=0.012$) but no significant difference between the two group at two year (log rank $p=0.090$). Cox proportional hazard analysis showed that intensity of stain therapy was not significant predictor of primary outcome after adjustment (hazard ratio [HR] [95% confidence interval (CI)]: 1.243 [0.889; 1.738], $p=0.203$). **Conclusions:** High or moderate-intensity statin therapy showed better clinical outcome at 6 months but did not show significant difference in primary outcome at two year after PCI in Asian AMI patients.

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A case of percutaneous embolization for giant bronchial artery aneurysm

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Introduction: Bronchial artery aneurysm (BAA) is very rare at mediastinum, but when it ruptures, it can cause a fatal event with massive bleeding. We report a case of percutaneous embolization for giant bronchial artery aneurysm. Case: A 73-year-old man with a history of pulmonary tuberculosis was admitted for enlarged mediastinal mass on chest X-ray (Fig A). He was already diagnosed BAA 6 years ago and the maximum diameter of BAA was 45mm at that time. Computed tomography (CT) scan showed saccular type BAA (60mm in diameter) from proximal site of bronchial artery which is originated from descending thoracic aorta and feed the left lower lobe of lung (Fig B, C). The BAA seems like to compress the trachea and esophagus but he had no respiratory symptom and swallowing difficulty. Although there was no symptoms related to BAA, percutaneous embolization was planned for reducing the risk of rupture. 6-Fr Judkin left 4.0 guiding catheter using Rt. Femoral approach was engaged at the ostium of left BAA (Fig D). To occlude the distal feeding vessel, three interlock-coils 6mm/20mm, 6mm/20mm, and 3 mm/12 mm were deployed at distal bronchial a. (Fig E). To occlude the proximal feeding vessel, AMPLATZER® vascular plug II was deployed at the ostium of bronchial artery aneurysm (Fig E). At 1-year of follow-up, patient was stable and CT scan showed no enhancement and no enlargement of BAA (Fig F). **Conclusions:** The huge mediastinal bronchial artery aneurysm was easily and safely treated by endovascular approach with coil and Amplatzer vascular plug

