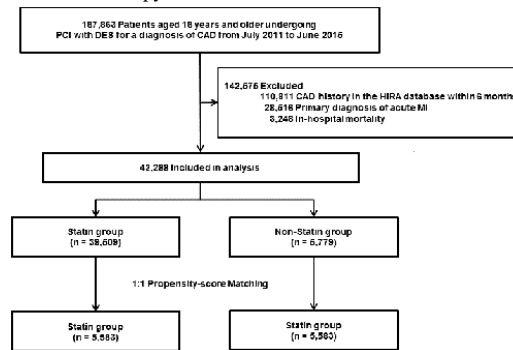


Impact of Statin Therapy on Patients with Angina Undergoing PCI with DES

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Background: When taking the entire clinical practice into account, there are limited data to evaluate the clinical implications of postdischarge non-statin versus statin therapy in patients with angina undergoing percutaneous coronary intervention (PCI) with drug-eluting stents. **Methods:** From national health insurance claims data in South Korea, 42,288 patients aged 18 years or older without known history of coronary artery disease, who underwent PCI with drug-eluting stents as a diagnosis of angina between 2011 and 2015, were enrolled. According to the postdischarge statin therapy, patients were categorized into non-statin ($n=5,779$) and statin ($n=39,509$) therapy groups. The primary endpoint, defined as a composite of all-cause death and myocardial infarction (MI), was compared by a propensity-score matching analysis between the two groups. **Results:** The average age of study participants was 64.9 ± 11.4 years and 30,171 (66.6 %) were men. Diabetes mellitus, hyperlipidemia, and hypertension were observed in 14,557 (32.1%), 19,790 (43.7%), and 26,619 (58.8%) patients, respectively. After propensity-score matching, there were 5,583 matched pairs. During the follow-up period (median, 2.1 years; interquartile range, 1.2-3.2), the adjusted incidence of primary endpoint defined as a composite of death and MI was significantly lower in the statin therapy group (adjusted hazard ratio [aHR] of statin therapy, 0.844; 95% confidence interval [CI]: 0.726-0.982; $p=0.028$). In addition, the occurrence of a composite of death, MI, and recurrent coronary revascularization marginally lower in the statin therapy group (aHR, 0.907; 95% CI: 0.822-1.001; $p=0.053$). **Conclusions:** In Korean patients with angina undergoing PCI with drug-eluting stents, postdischarge statin therapy provided clinical benefits over non-statin therapy.



A case of pericardial effusion combined with psychosis, hypercholesterolemia, and edema

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A 40-year-old woman was referred to our hospital due to cardiomegaly. She complained of no symptom, had generalized edema which had lasted for 7 years before admission. Laboratory findings revealed extremely high total cholesterol 438 mg/dL and LDL-cholesterol 347 mg/dL. Transthoracic echocardiogram showed large amount of pericardial effusion encircling heart. Diagnostic pericardiocentesis revealed exudates with negative for tuberculosis or malignancy. With closed drainage of pericardial effusion, high potency LDL-lowering agent was started. She showed visual hallucination during hospital stay. We discovered that the patient had been treated with schizophrenia for 7 years ago and discontinued 3 months prior to admission. Subsequent laboratory tests discovered TSH 187 uIU and freeT4 <0.2. Thyroid sonogram revealed marked decreased size and heterogenous echogenicity. Elevated level of anti-thyroid peroxidase antibodies 260 U/mL confirmed the diagnosis of Hashimoto's thyroiditis. The patient started taking levothyroxine 75 mcg. Thyroid function has returned to normal after 3 months. The level of hyperlipidemia remained normal without medication in 9 months. Pericardial effusion did not recur for 3 years after pericardiocentesis. The neuropsychiatric medicine has been minimized.