■ S-265 ■

The Effect of Delayed Diagnosis on Survival Rates in Patients with AL Cardiac Amyloidosis

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Backgrounds: Amyloidosis is a systemic disease involving multiple organs, and especially, cardiac involvement is a major determinant on the poor prognosis of the disease. Meanwhile, the diagnosis is often delayed because amyloidosis has low incidence and initial symptoms are nonspecific. **Objectives:** The aim of this study is to investigate the effect of delayed diagnosis on survival rates in patients with AL type cardiac amyloidosis. **Methods:** A total of 158 patients (55.1% male, mean age 59.4±10.5 years) were diagnosed AL type cardiac amyloidosis from April 1995 to December 2016 at Samsung Medical Center. The patients were divided into two groups based on the time interval from symptom onset to diagnosis. And survival rates were compared between two groups. **Results:** Thirty five (22.2 %) patients were diagnosed as amyloidosis after one year from the first symptoms. Two groups did not show significant differences in age, renal involvement, the level of NT-proBNP, or the proportion of higher Mayo 2012 staging (3 or 4). In median follow-up duration of 10 months, survival rates were lower in the delayed diagnosis group (p value = 0.04). In multivariate Cox regression analysis, high NT-proBNP (≥1800 pg/ml);(Hazard ratio, HR, 2.70;95% confidence interval, CI, 1.45 to 5.03; p value = 0.002) and delayed diagnosis over 1 year (HR, 1.69;95% CI, 1.04 to 2.76; p value = 0.035) were independent survival prognostic factors. **Conclusion:** The timing of disease diagnosis showed a prognostic value in AL type cardiac amyloidosis. Earlier diagnosis for appropriate management may improve the outcomes of AL type cardiac amyloidosis

■ S-266 ■

Antithrombotic Therapy after Percutaneous Coronary Intervention in Patients with Atrial Fibrillation

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Background: Chronic oral anticoagulation (OAC) is recommended in patients with atrial fibrillation according to CHA2DS2-VASc score. When these patients have to undergo percutaneous coronary intervention (PCI), dual antiplatelet therapy (DAPT) is also recommended to prevent stent thrombosis. There was a limited data regarding optimal antithrombotic strategy after PCI in patients requiring OAC. **Objectives:** The aim of this study was to compare the efficacy and safety between guideline adherent group and guideline non-adherent group according to current guideline after PCI. **Methods:** A total of 210 patients (70.5 % male, mean age 71.6±8.8 years) who had treated OAC before PCI or required OAC with PCI were analyzed from January 2003 and November 2016 at Samsung Medical Center. The efficacy outcome was a composite of death, myocardial infarction, or stroke and the primary safety outcome was total bleeding events, defined as Bleeding Academic Research Consortium (BARC) grade 2 or more in the first 6 months after PCI. **Results:** Guideline adherent group was 48 patients (22.9%) and guideline non-adherent group was 162 patients (77.1%). The efficacy outcome occurred in 3 patients (6.3%) in guideline adherent group and in 18 patients (11.1%) in guideline non-adherent group (Hazard ratio, 0.55;95% confidence interval, 0.16 to 1.86; p value = 0.328). The safety outcome occurred in 1 patients (2.1%) in guideline adherent group and in 12 patients (7.4%) in guideline non-adherent group (Hazard ratio, 0.27;95% confidence interval, 0.04 to 2.09; p value = 0.179). **Conclusions:** In patients who underwent guideline adherent treatment was numerically lower in the risk of efficacy and safety in the first 6 months after administration of PCI, but no significant differences between guideline adherent group and guideline non-adherent group.