

흉부둔외상후 발생한 급성심근경색증과 동반된 관상동맥루 1례

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= Abstract =

A Case of Acute Inferior Wall Myocardial Infarction and Coronary Artery Fistula Secondary to Blunt Chest Trauma

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Blunt trauma to the chest may result in various cardiac injuries. But traumatic myocardial infarction with coronary artery fistula as a complication of chest trauma has been reported in very few cases. The etiology of myocardial infarction is not entirely clear.

A 40 years old male was admitted after a traffic accident. He complained of acute retrosternal pain of about one hours duration. There was an area of contusion over the right sternal border. The ECG showed deep Q wave and elevated ST segments in leads II , III and aVF. There was a considerable increase in creatine kinase(CK) peak level and a CK-MB fraction. Echocardiography demonstrated decreased motion of the posterior wall of left ventricle. Coronary angiography revealed a total proximal occlusion of the right coronary that communicated directly with the right atrium. The left ventriculogram showed hypokinesia of the inferior wall. He was managed with conservative treatments and has remained well subsequently.

We reported a middle aged man who developed an acute transmural inferior wall myocardial infarction associated with coronary artery fistula secondary to blunt chest trauma in an automobile accident.

KEY WORDS : Myocardial infarction · Coronary artery fistula · Chest trauma.

서 론

^{1,2)} (stab wound), (blunt) 가 .

가 (crepitation)

3). Sutherland 4)

55%

가

: 14.

가 7gm/dl, 14600/mm³, 398000/mm³
가 1). AST 329.3IU/L, ALT 351.3IU/L, alkaline phosphatase 57IU/L, 1.1mg/dl,
가 LDH 1124.8 IU/L, CK 2281 IU/L, CK - MB 180 pg/ml (15pg/ml)

98.3mg/dl,

128.7mg/dl, HDL 35mg/dl

1 2 AST 643.3IU/dl, LDH 2123 IU/dl, CK 1950 IU/L, CK - MB 111pg/ml

3 가 4
CK 840 IU/L, CK - MB 23pg/ml

증 례

: ○ , 40 ,
:
:

, , aVF ST
(Fig. 1), 7
Q T

X - : X -
가 (CP angle)

가 :

3, 4, 5, 6

: 1 1/2 ,

(Fig. 2).

: 110/70mmHg,

100 / , 36.6

4 99mTc Sesta - MIBI

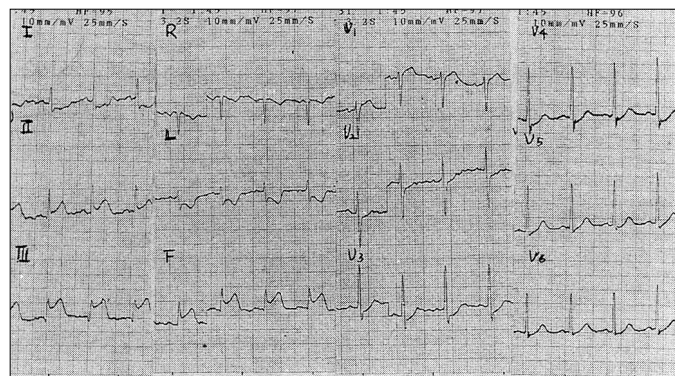


Fig. 1. The electrocardiogram demonstrates ST elevation in leads , and aVF.

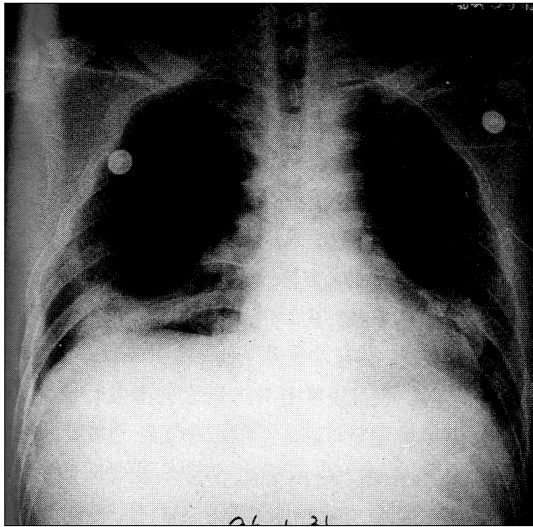


Fig. 2. Chest radiograph shows multiple rib fracture and haziness in right lower lung field due to hemothorax.

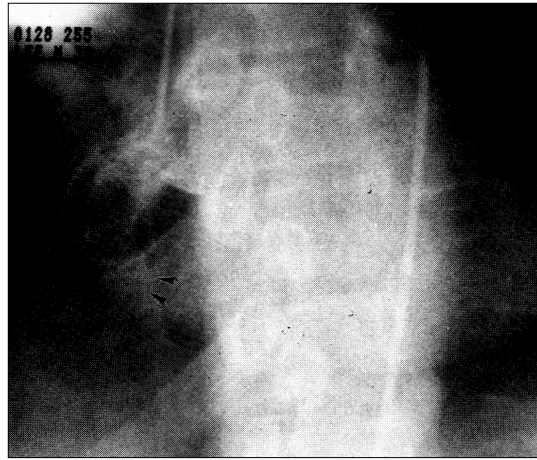


Fig. 4. Coronary angiogram(RAO 30°)shows total proximal occlusion of right coronary artery(large arrowhead) that communicated directly with the right atrium(small arrowheads).

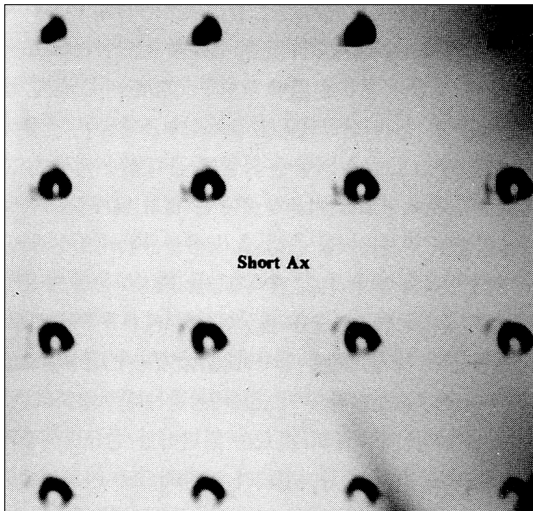


Fig. 3. Technetium-99m SestaMIBI images at rest shows inferior myocardial perfusion defect.

치료 및 경과

2

3

고 안

가

가

(Fig. 3).

5

가

가

(concussion force)

1).

가

가

가

(Fig. 4).

가

가¹⁾.

, . Sutherland⁴⁾ 가

55% , 26% 가 가¹¹⁾. Vlay

5) 16 가 10 ,

6) 가 4 , 가 2 , Anto

7) 9 가 5 ,

가 2 .

(elastic compre- ssion)

가 5) .

가 48 1/3¹⁾

ST , T 가

7) ,

5) .

3) . CK - MB,

AST, LDH가

가

5,8) . Moritz⁹⁾ 가 ,

가

16 . Vlay⁵⁾ 7) .

8

1,3,12) .

가

12) .

6) .

8) . Parmley¹⁰⁾ 가

564 9 , 3) .

10 가

2) .

가

13) . Lowe 14)

26 가 25 17)

15 , 가

6 14)

가 54%,

가 46% , 가 14,18)

50%, 35%, 4.1% . Aa - 18)

ron 15) 8 7 20 3 . Brave

가

16)

15) . Lowe 14)

가 31

가

가 가

(cha - 가

mber) . 가 steal

가 steal

14)

가

17)

steal 가 14)

가 26

20

6 19 3 3

7 , 5 ,

1 6

15)

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