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가 정정조·김종진·김희열·윤인재·정욱성·승기배 노태호·채장성·김재형·홍순조·최규보

= Abstract =

A Case of Acute Myocardial Infarction in Patients with Dextrocardia with Situs Inversus Treated by Percutaneous Translumnal Coronary Angioplasty

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Dextrocardia with situs inversus is a rare congenital anomaly of development involving a left-handed malrotation of the visceral organs which affects approximately 1: 10,000 patients. It is known that the prevalence of coronary atherosclerosis i patients with dextrocardia is similar to that of the general population.

Successful coronary angiography and coronary angioplasty have previously been reported in patients with dextrocardia, but to our knowledge no report exist of a successful coronary angioplasty in a patient with dextrocardia with situs inversus in Korea.

We performed a successful percutaneous transluminaal coronary angioplasty of aninfarct-related vessel in a acute myocardial infarction patient with dextrocardia with situs inversus.

KEY WORDS: Percutaneous transluminal coronary angioplasty · Dextrocardia · Situs inversus.

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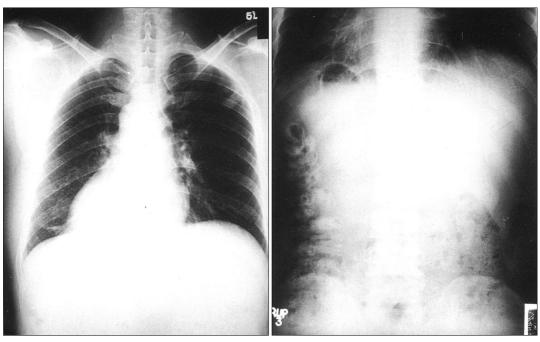


Fig. 1. Chest PA(left), flat abdomen(right).

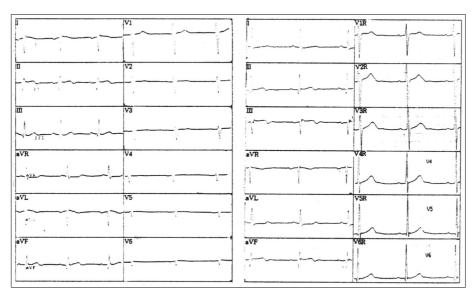
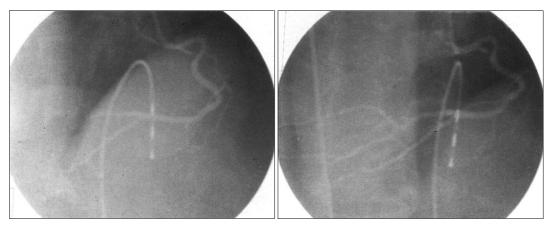


Fig. 2. Left: ECG at admission. Right: ECG tracing taken with reversed limb electrodes between left and right arms and right precordial leads.



 $\textbf{Fig. 3.} \ \, \textbf{Right coronary angiogram(Left: pre-PTCA, right: post-PTCA)}.$

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		References
	mirror image angiogra -	1) Paranhara HN Paranhara IN : Cimultanaana
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	가	hernia. Ann Intern Med 30: 851-859, 1949 2) Blankenship JC, Ramires JA: Coronary arteriogrphy in
	·	, 1 ,

- patients with dextrocardia. Cath Cardiovasc Diagn 23: 103-106, 1991
- 3) Hymes KM, Gan GT, Titus JL: Coronary heart diease in situs inversus totalis. Am J Cardiol 31: 666-669, 1973
- 4) Ptashkin D, Stein E, Warbasse IR: Congenital dextrocardia with anterior wall myocardial infarction. Am Heart J 74: 263-267, 1967
- 5) Richardson RL, Yousufuddin M, Eubanks DR: Ventricular aneurysm, arrhythmia, and open heart operation in a patient with dextrocardia. Am Surg 40: 666-670, 1974
- 6) Irvin RG, Ballenger JF: Coronary artery bypass surery in a patient with situs inversus. Chset 81: 380-381, 1982
- 7) Abensur H, Ramires JA, Dallan LA, Jatene A: Right mammary-coronary artery anastomosis in a patient with situs inversus. Chest 94: 886-887, 1988
- 8) Moreyra AE, Saviano GJ, Kostis JB: Percutaneous tra-

- nsluminal coronary angioplasty in situs inversus. Cathet Cardiovasc Diagn 13: 114-116, 1987
- 9) Gaglani R, Gabos DK, Sangani BH: Coronary angioplaty in a patient with dextrocardia. Cathet Cardiovasc Diagn 17: 45-47, 1989
- 10) Lewis BE, Leya FS, Joines P, Grassman ED, Stasior C, Haryani V, McKiernan TL, Johnson SA, Scanlon PJ: Succesful directonal coronary artherectomy in a patient with dextrocardia and situs inversus. Cathet Cardiovasc Diagn 29: 47-51, 1993
- 11) Yabe Y, Tsukahara R: Percutaneous transluminal coronary angioplasty for culprit lesions in patients with post-myocardial infarction angina based on dextrocardia and anomalous coronary arteries. The Journal of Vascular Diseases 46: 431-440, 1995