# 좌관상동맥 개구부 혈관성형술의 성적

문건식 · 김연중 · 김재성 · 홍석근 · 황흥곤

#### Outcome of Surgical Angioplasty for Isolated Coronary Ostial Stenosis

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#### **ABSTRACT**

Background: Although surgical angioplasty for isolated coronary ostial stenosis is assumed as an alternative approach to CABG, the clinical features of isolated coronary ostial stenosis, postoperative complications and follow-up angiographic results would have not been well studied. Methods: We retrospectively studied 24 patients (female: male = 20:4, mean age 50.0 ±12.3 yr) who underwent surgical angioplasty for isolated coronary ostial stenosis using patch (22 fresh autologous pericardium, 2 saphenous vein) during the period of March 1990 through February 1998. Repeat coronary angiography (16 patients) and echocardiography (24 patients) were performed. Aortic regurgitation was evaluated semiquantitatively (Grade -Grade ). Results: There were 3 deaths after surgical angioplasty. One death was due to acute coronary dissection perioperatively, the second due to low cardiac output syndrome 2 weeks post-surgery, and the third due to traumatic panperitonitis 10 months post-procedure. Angina recurred in 4 patients and the remaning 18 patients were symptom-free. Repeat angiography (19.3 ±20.7 Mo) showed widely patent ostium with excellent run-off except 2 patients (1 distal patch stenosis, 1 ostial restenosis in Takayasu's arteritis). The third symptomatic patient was proven to have coronary spasm by ergonovine test. AR increased in the fourth patient (Grade Conclusion: Surgical angioplasty may be feasible and alternative operative method to CABG for isolated coronary ostial stenosis. It should however be noted that postop AR can develop and/or increase. Further investigation is needed to evaluate the clinical significance of the AR. (Korean Circulation J 1999;29(1):46-54)

**KEY WORDS**: Surgical angioplasty · Coronary artery disease · Aortic regurgitation.

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# 대상 및 방법

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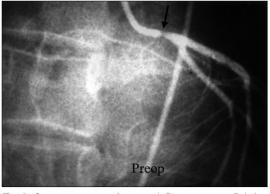


Fig. 1. On coronary angiogram, left coronary ostial stenosis is demonstrated.

Table 1. Clinical charateristics of 24 patients with Isolated LM ostial stenosis

Case No	Age (yr)	Sex	Symptom duration (Mo)	CCS class	Angina	EKG	TMT	Ostial stenosis(%)
1	41	F	2	4	UA	NSR	NA	90
2	45	F	6	3	SA	NSST-T	Р	90
3	53	F	18	3	SA	NSR	Р	90
4	63	F	1	3	SA	NSST-T	NA	80
5	37	F	2	3	SA	NSR	Р	90
6	61	Μ	3	3	SA	NSR	SP	90
7	48	F	1	3	UA	NSST-T	NA	70
8	33	F	2	3	SA	NSR	Р	50
9	61	F	8	2	SA	IRBBB	NA	50(LCA), 50(RCA)
10	48	F	6	3	UA	NSST-T	NA	90
11	31	F	5	2	SA	NSR	SP	50
12	48	F	1	2	UA	NSST-T	NA	75
13	48	Μ	1	3	SA	Q in $V_{1-3}$	NA	70
14	40	F	24	2	SA	NSR	Р	80(LCA), 50(RCA)
15	43	Μ	5	2	SA	NSR	SP	70
16	79	Μ	6	3	UA	NSST-T	NA	70
17	46	F	7	2	SA	NSR	Р	50
18	36	F	1	2	SA	NSR	SP	50
19	53	F	3	2	SA	NSR	NA	90
20	63	F	19	2	SA	LVH	NA	90
21	74	F	1	3	UA	NSR	NA	80
22	48	F	59	3	SA	NSR	Р	95
23	42	F	42	2	SA	NSR	Р	75
24	61	F	1	3	UA	NSR	NA	50

CCS class = Canadian cardiovascular society angina classification

UA = unstable angina; SA = stable angina; NSR = normal sinus rhythm; NSST-T = Nonspecific ST-T change

IRBBB = incomplete right bundle branch block; TMT = treadmill test by Bruce protocol; NA = not available

P = positive; SP = suggestive positive; LCA = left coronary artery; RCA = right coronary artery

좌관상동맥 개구부협착의 빈도 1990 3 1998 2

5611 24 가 0.43% .

# 연령분포 및 성별

( 2 ) 24 ( 4 , 20 ) 31 79 50.0±12.3 . 16 ( 3 , 13 ) 33 74 48.9±11.9 (Table 1).

### 임상증상

 $\begin{array}{cccc} 24 & \text{Canadian cardiovas-} \\ \text{cular angina classification class} \\ , & 17 & , & 7 \\ & . & 24 & 9.3 \pm 14.3 \\ \text{(Table 2)}. \end{array}$ 

Table 2. Clinical feature of 24 patients

	Men	Women			
Number	4	20			
Age (years)	57.8 ± 16.0	48.6 ± 11.4			
Angina					
Stable	3	14			
Unstable	1	6			
Duration of Symptom	3.8 ± 2.2	3.1 ± 2.5*			
CCS class					
Class	1	9			
Class	3	10			
Class	0	1			

\*Excluded 5 cases (case No.3,14,20,22,23)

#### 이학적소견 및 심전도

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## 위험인자

8 가 , 2 , 1 15 1 . 4 , 7 가 , 가 11 (Table 3).

#### 운동부하 검사

7
, 12 (trea dmill exercise test by Bruce protocol)
8 7 , 2 (warming up phase), 5 stage , 1 stage
. 4 (suggestive positive)

**Table 3.** Risk factors of 24 patients

	Men (n=4)	Women (n=20)
Smoking	4	1
Family history	0	1
Hypertension	1	7
Hyperlipidemia	0	2
Diabetes	0	1
Radiation therapy	0	1
Previous infarction	1	0
No risk factor	0	11

**Table 4.** Treadmill exercise test

	Men (n=4)	Women (n=20)
Positive	0	8
Warming-up phase		2
Stage		5
Stage		0
Stage		1
Stage IV		0
Suggestive positive	2	2
Negative	0	0
Not available	2	10



**Fig. 2.** Postoperative follow-up angiogram shows widely patent ostium with excellent run-off.

Table 5. Operation and result

Case No	Cause	Date of op	Date of Op name		Recath	Restenosis	AR Preop Postop		Follow-up	
1	Atheroscl		ostioplasty+ CABG	SV	5 / 90		-	- 1	Asymptomatic	103 Mo
2	Atheroscl	8 / 90 Left	, ,	AP	11 / 94	_	_		Asymptomatic	
3	Atheroscl	10 / 90 Left	' '	AP	NA	NA	_		Expired	70 1410
4	Atheroscl	7/91 Left		AP	8/96	-	_		Asymptomatic	87 Mo
5	Fibrinomyxoid	7 / 93 Left		AP	3/94	-			Asymptomatic and expired	6 Mo,
6	Atheroscl	9/3 Left	ostioplasty	AP	8 / 98	-	-		Asymptomatic .	62 Mo
7	Atheroscl	6 / 94 Left	ostioplasty	AP	NA	NA	-	-	Asymptomatic	52 Mo
8	Atheroscl	1 / 95 Left	ostioplasty+ CABG	AP	12 / 97	-	-	-	Asymptomatic	45 Mo
9	Atheroscl	3 / 95 Bilate	eral ostioplasty	SV	NA	NA	-	-	Expired	
10	Atheroscl	5 / 95 Left	ostioplasty	AP	5/96	+	-	-	Successful PTCA months for rec LCO stenosis	
11	Atheroscl	8 / 95 Left	ostioplasty	AP	NA	NA	-	-	Asymptomatic	38 Mo
12	Atheroscl	11 / 95 Left	ostioplasty	AP	NA	NA	-	-	Asymptomatic	35 Mo
13	Atheroscl	8 / 96 Left	ostioplasty+ CABG	AP	1 / 98	-	-	-	Asymptomatic	26 Mo
14	Takayasus arteritis	1 / 97 Bilate	eral ostioplasty	AP	8 / 97	+	-		Restenosis at 7 steroid medical	
15	Atheroscl	2/97 Left	ostioplasty+ CABG	AP	8 / 98	-	-		Asymptomatic	20 Mo
16	Atheroscl	2/97 Left	ostioplasty+ CABG	AP	NA	NA	-	-	Asymptomatic	20 Mo
17	Atheroscl	6 / 97 Left	ostioplasty	AP	NA	NA	-	-	Asymptomatic	16 Mo
18	Atheroscl	7 / 97 Left	ostioplasty+ CABG	AP	8 / 98	-	-		Asymptomatic	15 Mo
19	Atheroscl	8 / 97 Left	ostioplasty	AP	NA	NA	-		Asymptomatic	14 Mo
20	Atheroscl	11 / 97 Left	ostioplasty+CABG	AP	8 / 98	-			Asymptomatic	11 Mo
21	Atheroscl	12 / 97 Left	ostioplasty+VVI	AP	8 / 98	-	-		Asymptomatic	10 Mo
22	Atheroscl	1 / 98 Left	ostioplasty	AP	8 / 98	-	-	-	Asymptomatic	9 Mo
23	Atheroscl	3 / 98 Left	ostioplasty	AP	5/98	-	-		Asymptomatic	7 Mo
24	Atheroscl	6 / 98 Left	ostioplasty	AP	7 / 98	-	-	-	Recurrent ches at 1 month ergonovine te	

Atheroscl=athrosclerosis; CABG=coronary artery bypass graft, LIMA to LAD bypass VVI=permanent pacemaker VVI type; PTCA=percutaneous transluminal coronary angioplasty SV=saphenous vein; AP=autologous pericardium; NA=not available; LCO=left coronary ostium

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가  $57.8 \pm 16.0$ (Table 6).<sup>1)9)11)18-23)</sup> 10 가 2  $(3.8 \pm 2.2)$ 가 20 11 가 Tanaka Takayasus 가 1 15 가 24 가 가 17) 가 Topaz 12 5, 가 14 7 , 12 (left main ostial stenosis) 1 4 (33%) (left main artery) 가 (CABG) 24 15 ST-T , 6 ,8) Briffa ,<sup>24)</sup> Bortolotii <sup>9)</sup> 7 가 8 Dion (warming - up & stage I) ST ,<sup>25)</sup> Lee Koh Yoon 가 가 가 가

**Table 6.** Review of the literature of surgery for bilateral coronary ostial stenosis

Case	Reference	Year	Age/Sex	Cause	Operation	Outcome	Follow-up
1	Beck et al	1965	60/F	Syphilictic aortitis	Endartectomy	OK	Not available
2	Hutter et al	1985	29/F	Not specified	Saphenous vein CABG to LAD and RCA	OK	Patent grafts at 8 months
3	Thompson et al	1986	41/F	Not specified	Saphenous vein CABG to RCA; LIMA to LAD	OK	LIMA occlusion at 2 weeks; successful reoperation
4	Tanaka et al	1990	17/F	Takayasu's aortitis	Saphenous vein CABG to LMCA and RCA	OK	Asymptomatic and patent grafts at 18 months
5	Eng et al	1991	32/F	Not specified	Triple CABG	OK	Not available
6	Eng et al	1991	32/M	Not specified	Saphenous vein patch angioplasty of RCA; LCO dilatation with	OK	Not available
7	Dion et al	1991	38/F	Atherosclerosis?	RCO and LCO ostioplasty with fresh autologous pericardial patches	OK	Patent ostia at 10 months
8	Frierson et al	1993	61/M	Not specified	Saphenous vein CABG to LCX and RCA; RIMA TO LAD	OK	Aymptomatic at 6 Months
9	Van Doorn et al	1994	35/M	Not specified	LCO and RCO dilatation*	OK	Patent ostia at 2 years
10	Bortolotti et al	1997	47/F	Aortitis	Bilateral ostioplasty with tanned autologous pericardium	OK	Patent ostia at 1 year; Aymptomatic at 2 years

<sup>\*</sup>Surgical technique not specified

LAD=left anterior descending artery; RCA=right coronary artery; LIMA=left internal mammary artery LMCA=left main coronary artery; LCO=left coronary ostium; RCO=right coronary ostium LCX=left circumflex artery; RIMA=right internal mammary artery

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Valsalva

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중심 단어 :

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