

좌Valsalva동에서 비정상 기시한 우관상동맥에 대한 요골접근법에 의한 스텐트 시술

차광수 · 금동주 · 박형렬 · 김봉근 · 김무현 · 김영대 · 김종성

Transradial Stenting of an Anomalous Right Coronary Artery Originating from the Left Sinus of Valsalva

Kwang Soo Cha, MD, Dong Joo Keum, MD, Hyung Ryul Park, MD, Bong Keun Kim, MD,
Moo Hyun Kim, MD, Young Dae Kim, MD and Jong Seong Kim, MD

Cardiology Division, Department of Internal Medicine, Dong-A University Hospital, Pusan, Korea

ABSTRACT

Anomalous right coronary artery arising from the left sinus of Valsalva is rare, but not protected from atherosclerotic disease. Major factor determining successful angioplasty is the selection of the appropriate guiding catheter to provide optimal coaxial backup support. We report the first case of successful transradial stenting of an anomalous right coronary artery originating from the left sinus of Valsalva. (**Korean Circulation J 1998;28(12):2056-2060**)

KEY WORDS : Anomalous right coronary artery · Stents · Transradial approach.

서 론

8-14)

15)16)

1%)¹⁾

Valsalva

2-4)가 가

Valsalva

1

가 0.17%

5)

26%,⁶⁾ 22%¹⁾

증 례

7) 79% 가

: 1998 11 20

62

가

: 1999 2 5

가

: , 602 - 715

3가 1

2

: (051) 240 - 5620, 21 : (051) 242 - 1449

E - mail : kwangsoo@damc.dauhosp.or.kr

edipine

nif -

aVF ST Q 가 , , aVL Valsalva
ST . CK CK - MB (Fig. 1B, C and D).
238 U/L, 16 U/L . 90%
2 . Multipurpose Amplatz Left 1 (guiding catheter ; 6 Fre -
(5 French MPA - 1, USCI, USA) nch, Cordis, USA) 가
(cannulation) (Fig. 2A). Over - The -
Valsalva Wire Bandit balloon(1.5 × 20 mm, Scimed, USA)
, 60% 0.014 Supersoft Wisdom wire(Cordis,
Valsalva USA)가 , 3 (6, 8, 8 ,
(Fig. 1A). Amp - 110) NIR Primo stent(3.0 × 16 mm, Scimed,
latz Left 1 (5 French, USCI, USA) USA) 12 .
90% (hazness) (Fig. 2B)
Am - 가 (5 , 20) 가
platz Right 2 (5 French, USCI, USA) (Fig. 2C). Jo stent(16 mm, JoMED, Germany) Wo -

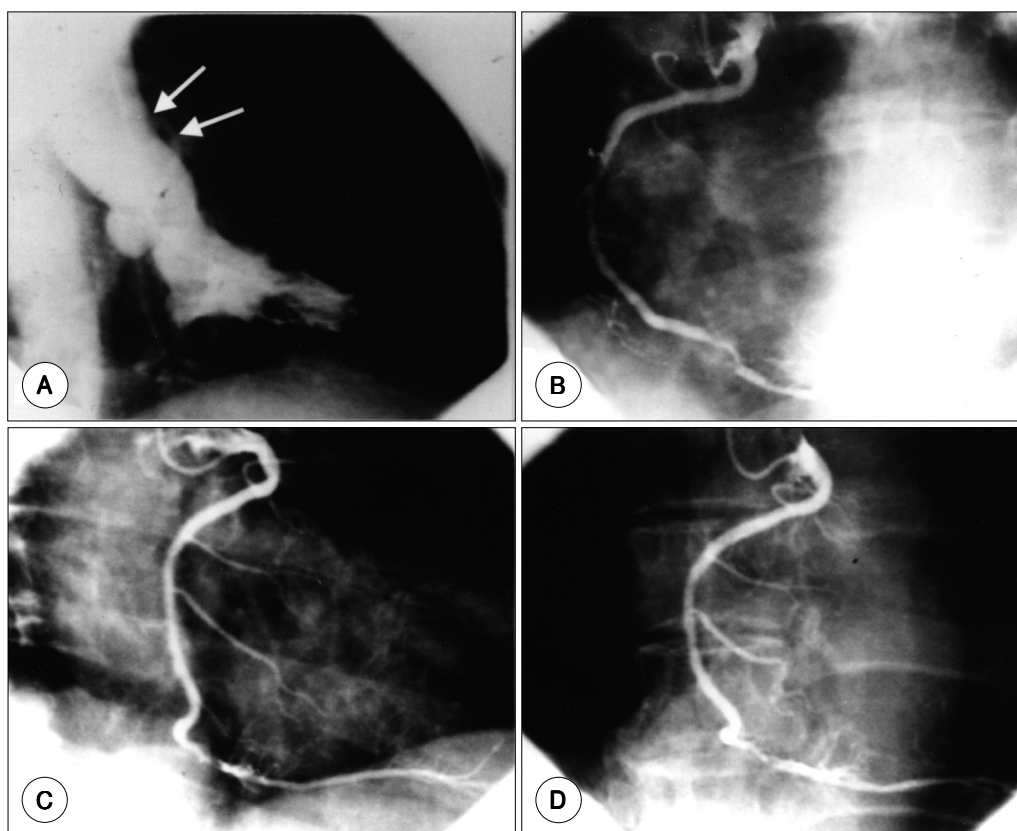


Fig. 1. A (Right anterior oblique view of left ventriculogram) : Origin of aberrant vessel (arrows) is visualized just above the left sinus of Valsalva. B (Left anterior oblique view), C (Right anterior oblique view), D (Anteroposterior view with cranial angulation) : The contour of the left sinus of Valsalva is opacified by the dye reflux. Ectopic vessel is opacified through 6 French Amplatz right 1 diagnostic catheter. Note the direction of the catheter to the left sinus and the presence of critical stenosis in the distal segment.

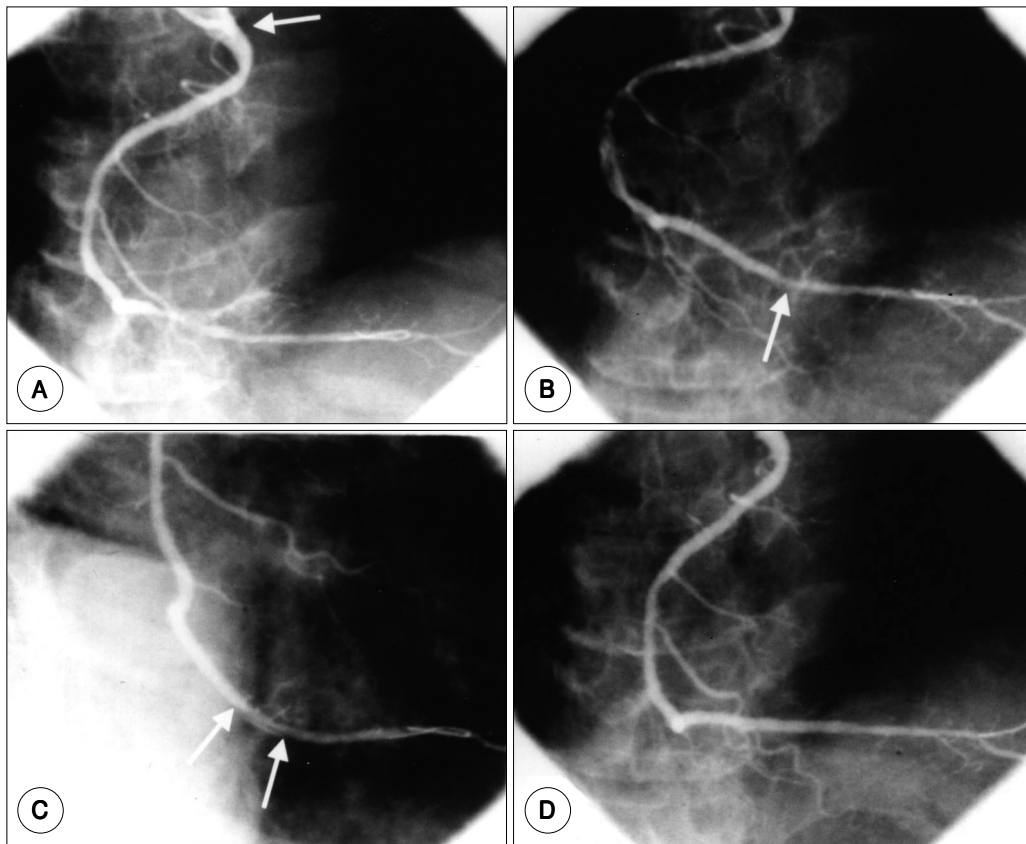


Fig. 2. A (Anteroposterior view with cranial angulation) : Stable guiding catheter position and good coaxial alignment (arrow) was achieved with 6 French AL1, B (Anteroposterior view with cranial angulation) : After initial stent deployment, residual haziness (arrow) was seen near distal margin of stent, C (Anteroposterior view with caudal angulation) : After additional balloon inflation, nonocclusive dissection was developed (arrows), D (Anteroposterior view with cranial angulation) : After second stent deployment, good final result was achieved.

rldpass balloon(2.5 × 20 mm, Cordis, USA)

(13 , 25)

가가

3.0 mm NIR stent balloon

가

(12 , 10)

(

- 5%)

(

Valsalva

(Fig. 2D).

(10%)

as -

pirin(100 mg/day) ticlopidine(500 mg/day), capt -
opril(25 mg/day), dinitrate isosorbide(80 mg/day),
tenormin(50 mg/day)

(kinking)

가

고 찰

Valsalva

. 가

Topaz

²⁾

(Ilia³⁾

(optimal coaxial backup support)

ulation)

9 1

AL1(5),²⁾⁹⁾¹²⁾¹³⁾¹⁵⁾ FLG4(3

),⁸⁾¹¹⁾ JL(1),¹⁴⁾ Williams LR(1)¹⁰⁾

AL1 가

Bass ²¹⁾

1.75 2.15 mm bur

(rotational atherectomy)

, Olympios ¹⁵⁾

(nonocclusive dissection)

3.5 mm MICRO

. Wong ¹⁶⁾ Multi - Link stent

8 7 French

8 - 14)16)21)

가

가 slit

Amplatz

6 French

요 약

Valsalva

Valsalva

중심 단어 :

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