## Diltiazem이 심근기절 및 미세혈관기절에 미치는 영향에 대한 실험적 연구

임도선 · 김병회 · 김현철 · 이승진 · 박상원 · 안정천 · 송우혁 박창규 · 김영훈 · 서홍석 · 심완주 · 오동주 · 노영무

## Effect of Diltiazem on Myocardial and Microvascular Stunning in Open Chest Dog

Do Sun Lim, MD, Byung Hoe Kim, MD, Hyun Chul Kim, MD, Seong Jin Lee, MD, Sang Won Park, MD, Jeong Cheon Ahn, MD, Woo Hyuk Song, MD, Chang Gyu Park, MD, Young Hoon Kim, MD, Hong Seog Seo, MD, Wan Joo Shim, MD, Dong Joo Oh, MD and Young Moo Ro, MD

Department of Internal Medicine, College of Medicine, Korea University, Seoul, Korea

## ABSTRACT

Background: Post-ischemic myocardial dysfunction (myocardial stunning) is known to be associated with low reflow phenomenon or the reduction of coronary vasodilatory reserve. However, it remains controversial whether a relationship between myocardial stunning and post-ischemic impairment of coronary flow reserve exists. With increased influx of calcium into myocardial cells precipitated by ischemia and reperfusion known to be involved not only in the progression of myocardial tissue damage but also in the pathogenesis of postischemic myocardial dysfunction and impaired coronary vasodilatory reserve, it has been hypothesized that calcium channel blockers exert protective effects on post-ischemic myocardial dysfunction and microvascular dysfunction. Purpose: To investigate the effects of diltiazem, a calcium channel blocker, on post-ischemic myocardial dysfunction and coronary vasodilatory reserve, vehicle or diltiazem was administered before brief coronary artery occlusion in open chest dogs. Peak coronary flow and myocardial contractile function were measured after intracoronary infusion of endothelium-dependent vasodilator acetylcholine and endotheliumindependent vasodilator adenosine. The parameters measured before and after reperfusion in control dogs and diltiazem-treated dogs were compared. Method: Open chest dogs (n = 17) underwent 20 minutes occlusion of left circumflex artery followed by reperfusion for 60 minutes; the subjects were divided into two groups (n = 10 in control group and n = 7 in diltiazem group). Diltiazem dogs received diltiazem (0.2 mg/kg) intravenuously 15 minutes before coronary occlusion. Control dogs received vehicle-a saline solution. Coronary blood flow was measured with electromagnetic flow probe. Coronary flow reserve was determined by peak coronary flow after intracoronary infusion of acetylcholine (ACH, 0.01 ug/kg) and adenosine (ADE, 1.5 mg/kg); it was also determined by reactive hyperemia (RH) measured after coronary occlusion for 20 seconds at baseline and 30 and 60 minutes after reperfusion. Segmental left ventricular function was assessed by 2-D echocardiography at the level of mid-papillary muscle, and changes of left ventricular function was

```
: 1998 2 23

: 1998 4 27

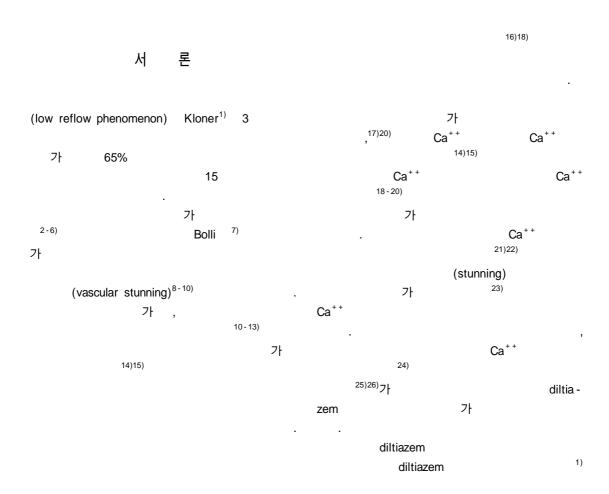
: , 136 - 705 57\ 126 - 1

: (02) 920 - 5445 · : (02) 927 - 1478
```

E - mail : dslimmd@unitel.co.kr

expressed as % change of myocardial thickening and % change of endocardial thickening. Results: Peak coronary flow and minimal coronary vascular resistance with ACH, ADE and RH were maintained at 30 and 60 minutes after reperfusion in the diltiazem group, but those in the control group were significantly impaired. There was no difference in reduction of % change of peak flow with ACH in both groups (p = 0.44), but the reduction of % change of peak flow with ADE was attenuated in the diltiazem group when compared with the control group (p = 0.03) 60 minutes after reperfusion. Total myocardial thickening and endocardial wall motion at 30 and 60 minutes after reperfusion were significantly reduced than those assessed before coronary occlusion in both groups, but the endocardial wall motion was less depressed in the diltiazem group than that in the control group. There was no correlation between % change of peak flow in response to ACH and to ADE and % change of myocardial thickening; there was also no correlation between % change of endocardial wall motion in the control group and % change of myocardial thickening in the diltiazem group. There was however good correlation between % change of peak flow and % change of endocardial wall motion in the diltiazem group. Conclusion: The findings that changes in peak coronary flow and minimal coronary vascular resistance do not correlate with the change in myocardial contractile function in the dog model with reperfusion after 20 minutes coronary occlusion suggest that microvascular and myocardial stunning develop independent of each other. The protective effect of diltiazem on impaired coronary flow reserve and contractile dysfunction following reperfusion after brief ischemia also suggests that calcium overloading plays a role in the pathogenesis of microvascular stunning as well as myocardial stunning. (Korean Circulation J 1998;28(4):592-605)

**KEY WORDS**: Ca<sup>++</sup>blocker microvascular stunning · Ischemia-reperfusion.



		cc 0.2 cc
acetylch	oline	acetylcholine ,
adenosine		가 3
		·
20	2)	adenosine(1.5 μg/kg)
	•	•
	diltia -	20
zem		
	방법 및 재료	반동성 충혈(Reactive hyperemia)의 측정
	06 × M±	
UNICON THE		30 60
실험동물의 준비		20
(15	25 kg) sodium pentobarbital	1) 2)
(30 mg/kg)	Ha -	(peak/baseline flow ratio) 3)
rvard Respirator		
•		
		국소적 심근기능의 측정
		국도의 심근기증의 특성
	(electromagnetic flow probe,	,
Corolina Medical	Electronics, Cliniflow Model FM	Hewlett - Packard
701D)		(SONOS 1000A, 5MHZ)
30 gauge		, , 30 60
0.5 cc	heparin	NOVA MICROSONICS cent -
0.0		erline
•		
	•	%
	•	실험 계획(Protocol)(Fig. 1)
실험군의 구분		심근 손상의 확인
		20
(n = 10)		
(11 – 10)		Diltiazem/IV (0.20 ml/kg) <b>20 min Occlusion</b>
20	•	pre-Occ Occ Rep 30 min 60 min
		ACH, ADE ACH, ADE ACH, ADE RH <sub>20</sub> RH <sub>20</sub>
Diltiazem (n = 7)		측정사항
	diltiazem 0.20 mg/kg 1	
	15 20	CBF CBF
	.0 20	%TH, %EM         %TH, %EM         %TH, %EM           BP, HR         BP, HR         BP, HR
	•	
		Fig. 1. Experimental protocol.  ACH: acetylcholine, ADE: adenosine
약물의 투여		Occ: occlusion, Rep: Reperfusion
		RH 20 : reactive hyperemia for 20 seconds occlusion CBF : coronary blood flow
	, 30 60	%TM: % myocardial thickening
	acetylcholine(0.01 µg/kg) 1	%EM: % endocardial wall motion
	, , , , , , , , , , , , , , , , , , , ,	BP: blood pressure, HR: heart rate

TTC  $32.6 \pm$ (triphenyl tetrazolium chloride) 15.4 ml/min  $26.9 \pm 7.9$  ml/min 가 (p=0.98) diltiazem  $42.8 \pm 18.5$ 자료의 처리 ml/min  $37.7 \pm 15.8$  ml/min 가 (p =0.84)60 (co ntinuous variables) (p = 0.13, p = 0.81, Table 2).Student's t-test, Chi - square test, Pearson Ρ 관동맥 혈류와 관동맥 최저 저항의 변화 0.05

Р

0.06 0.09

곀 과

Diltiazem 투여군에서의 혈역학적 변화

Diltiazem 60 (Table

60 1). Table 1. Hemodynamic data at baseline and reperfusion

1)Baseline				
	Control	Diltiazem	p value	
Systolic	135.8 ± 14.2	134.3 ± 8.3	0.728	
Diastolic	84.1 ± 11.8	$78.7 \pm 7.4$	0.206	
HR	165.1 ± 44	147.8 ± 37.1	0.379	
2) Reperfusion 60 minutes				
	Control	Diltiazem	p value	
Systolic	135.8 ± 14.2	128.0 ± 16.1	0.34	

84.1 ± 11.8 75.7 ± 13.4

 $165.1 \pm 44$   $165.3 \pm 37.0$ 

p: control group vs. diltiazem group

HR: Heart rate

Diastolic

HR

60 minutes

30,60 30 , 60 acetylcholine  $58.1 \pm 12.4$ ,  $59.2 \pm 12.0$ 

ml/min 82.1 ± 14.6 ml/min

(p = 0.006, p = 0.037, Table 3,Fig. 2) diltiazem 30 , 60 etylcholine  $113.0 \pm 58.1$ ,

 $114.6 \pm 14.4$  ml/min 125.4 ± 17.5 ml/min 가 (p =

0.781, p=0.578, Table 3, Fig. 3) diltiazem acetylcholine 30,60

Table 2. Baseline and reperfusion 60 minutes coronary flow and coronary vascular resistance

Flow	Baseline Rep.60		p value
Control	32.6 ± 15.4	26.9 ± 7.9	0.98
Diltiazem	$42.8 \pm 18.5$	37.7 ± 15.8	0.84
CVR	Baseline	Rep.60	p value
CVR Control	1.41 ± 0.05	Rep.60 1.79 ± 0.59	p value 0.13

p: baseline vs. reperfusion 60

Rep: reperfusion

Table 3. Baseline, reperfusion 30 minutes and 60 minutes peak flow on acetylcholine, adenosine and reactive hyperemia

0.07

0.98

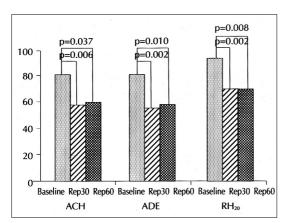
					71
	Baseline	Rep 30	р	Rep 60	p value
ACH					
Control	82.1 ± 14.6	38.1 ± 12.4	0.006	59.2 ± 12.0	0.037*
Diltiazem	125.4 ± 17.5	$113.0 \pm 58.1$	0.781	114.6 ± 14.4	0.578
ADE					
Control	83.2 ± 0.084	53.1 ± 5.11	0.002	57.4 ± 4.8	0.010*
Diltiazem	113.2 ± 9.7	109.6 ± 7.28	0.158	115.6 ± 6.8	0.469
RH <sub>20</sub>					
Control	94.9 ± 6.1	67.6 ± 10.4	0.002	67.9 ± 9.0	0.008*
Diltiazem	117.5 ± 9.6	$146.8 \pm 13.3$	0.375	135.0 ± 11.6	0.156

ACH: Acetylcholine

RH<sub>20</sub>: Reactive hyperemia after 20 seconds occlusion

ADE: Adenosine

p: baseline vs. rep.30, rep 60



**Fig. 2.** Peak flow at baseline, reperfusion 30 minutes and 60 minutes in control group.

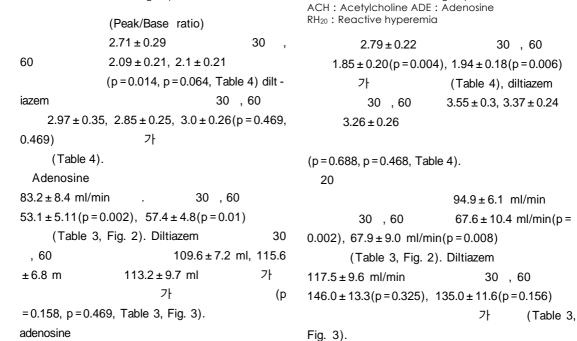


Table 4. Peak/baseline flow ratio at baseline and reperfusion 30 minutes and 60 minutes

	Baseline	Baseline Rep 30		Rep 60	р
ACH					
Control	$2.71 \pm 0.29$	$2.09 \pm 0.21$	0.014	2.1 ± 0.21	0.064
Diltiazem	$2.97 \pm 0.35$	$2.85 \pm 0.25$	0.469	$3.0 \pm 0.26$	0.469
ADE					
Control	$2.79 \pm 0.22$	$1.85 \pm 0.20$	0.004	$1.94 \pm 0.18$	0.006
Diltiazem	$3.26 \pm 0.26$	$3.55 \pm 0.31$	0.688	$3.37 \pm 0.24$	0.468
RH 20					
Control	$3.28 \pm 0.25$	2.5 ± 0.21	0.002	$2.33 \pm 0.24$	0.008
Dilitizem	$3.8 \pm 0.32$	$3.83 \pm 0.25$	0.812	$3.69 \pm 0.29$	0.297
*p:P value	P : vs. Baseline	P/B Flow: Pe	ak/Baseline Flow		

p=0.469

p=0.158

Baseline Rep30 Rep60 Baseline Rep30 Rep60 Baseline Rep30 Rep60

ADE

Fig. 3. Peak flow at baseline, reperfusion Rep 30 minutes

p=0.578

=0.781

ACH

and 60 minutes in diltiazem group.

140

120

100

80 60

40

20

p=0.156

b=0.375

	ble 5), diltiazem 30 , 60
3.28 ± 0.25 30 , 60 2.5 ±	$0.62 \pm 0.15$ mmHg/ml/min, $0.66 \pm 0.12$ mmHg/
$0.21(p=0.002), 2.33\pm0.24(p=0.008)$	ml/min $0.63 \pm 0.08$
(Table 4), diltiazem $3.8 \pm 0.32$	가 (p=0.66, p=0.34,
30 , 60 $3.83 \pm 0.25 (p = 812)$ ,	Table 5). Diltiazem diltiazem
3.69±0.29(p=0.297) 가 (Table 4).	acetylc - holine
	0.87 ± 0.14 mmHg/ml/min 0.900. 37mm
, 30 , 60	Hg/ml/min(p = 0.89), adenosine $0.72 \pm$
	0.13 mmHg/ml/min 0.770.36mmHg/ml/ min(p
acetylcholine	= 0.37) 가 20
$1.41 \pm 0.17$ mmHg/ml/min	$0.63 \pm 0.08$ mmHg/
30 , 60 $1.73 \pm 0.13$ mmHg/ml/min,	ml/min $0.68 \pm 0.35 \text{ mmHg/ml/min}(p = 0.016)$
$1.79 \pm 0.15 \text{ mmHg/ml/min}(p = 0.039)$	가 (Table 5).
가 (Table 5). dil-	
tiazem acetylcholine 30 ,	60 ,
60 $0.88 \pm 0.16 \text{ mmHg/ml/min},$	1
$0.84 \pm 0.19 \text{ mmHg/ml/min}$ $0.87 \pm 0.14 \text{ mm}$	Acetylcholine
Hg/ml/min 가	60 18.8
(p0.89, p=0.81, Table 5). Adenosine	±35.0% [( 60 - )/
1.28	60 ], diltiazem $6.9 \pm 22.4\%$
$\pm 0.10$ mmHg/ml/min 30 , 60	(p = 0.44),
$1.93 \pm 0.14 \text{ mmHg/ml/min}(p = 0.002), 1.87 \pm$	adenosine
0.18 mmHg/ml/min(p=0.004) 가	29.1 ± 20.3% diltiazem 5.1 ±
(Table 5), diltiazem	20.0% (p = 0.029) adenosine
30 , 60 $0.68 \pm 0.15$ mmHg/	
ml/min, $0.66 \pm 0.22$ mmHg/ml/min $0.72 \pm$	. 20
0.13 mmHg/ml/min $7$ (p = 0.385,	$26.3 \pm 23.5\%$ diltiazem
p=0.50, Table 5). 20	9.1 ± 15.4%
	(p = 0.285, Table 6).
$1.05 \pm 0.07 \text{ mmHg/ml/min}$ 30 60	60
$1.94 \pm 0.12 \text{ mmHg/ml/min}(p = 0.02), 1.51$	(Peak/Baseline ratio) acetyl -
±0.10 mmHg/ml/min(p=0.004) 가 (Ta-	choline, 20

 Table 5. Coronary vascular resistance (CVR) at baseline, reperfusion 30 minutes and 60 minutes

?	Baseline	Pre-occlusion (Diltiazem)	Rep 30	Rep 60
ACH	1.41 ± 0.17		$1.73 \pm 0.13^*$	1.79 ± 0.15*
ADE	$1.28 \pm 0.10$		$1.93 \pm 0.14$ *	$1.87 \pm 0.18$ *
group $RH_{20}$ $1.05 \pm 0.07$			$1.94 \pm 0.12^*$	$1.51 \pm 0.10$ *
ACH	$0.87 \pm 0.14$	$0.90 \pm 0.37$	$0.88 \pm 0.16$	$0.84 \pm 0.19$
ADE	$0.72 \pm 0.13$	$0.77 \pm 0.36$	$0.68 \pm 0.15$	$0.66 \pm 0.22$
RH <sub>20</sub>	$0.63 \pm 0.08$	$0.68 \pm 0.35$ *	$0.62 \pm 0.15$	$0.66 \pm 0.12$
	ACH ADE RH <sub>20</sub> ACH ADE	ACH 1.41 ± 0.17 ADE 1.28 ± 0.10 RH <sub>20</sub> 1.05 ± 0.07 ACH 0.87 ± 0.14 ADE 0.72 ± 0.13	ACH $1.41 \pm 0.17$ ADE $1.28 \pm 0.10$ RH <sub>20</sub> $1.05 \pm 0.07$ ACH $0.87 \pm 0.14$ $0.90 \pm 0.37$ ADE $0.72 \pm 0.13$ $0.77 \pm 0.36$	ACH $1.41 \pm 0.17$ $1.73 \pm 0.13^*$ ADE $1.28 \pm 0.10$ $1.93 \pm 0.14^*$ RH <sub>20</sub> $1.05 \pm 0.07$ $1.94 \pm 0.12^*$ ACH $0.87 \pm 0.14$ $0.90 \pm 0.37$ $0.88 \pm 0.16$ ADE $0.72 \pm 0.13$ $0.77 \pm 0.36$ $0.68 \pm 0.15$

\*: p<0.05 vs. baseline ACH: Acetylcholine ADE: Adenosine RH<sub>20</sub>: Reactive hyperemia

	(p=0.084, p=0.0625),	Itiazem	53.6 ± 10.7% diltiazem
adenosine	27.7 ± 22.8%		42.1 ± 3.5%
, diltiazem	$6.1 \pm 15.5\%$	(p = 0.031),	68.6 ±
가 (p=0.039)		17.3%	55.6 ± 10.0%
diltiazem			(p=0.062, Table 7).
	diltiazem		
가		,	30 , 60
	가		
(Table 6).	60		
acetylchol	line 40.8	62.5 ± 7.1%	, - 19.0 ±
±60.6% 가 d	iltiazem 1.2 ± 20.4%	22.3% 30	, 60 24.4 ± 12.4%, 23.3
	(p =	±5.0 % diltia	azem 53.6 ±
0.10), adenosine		10.7%,	- 10.0 ± 12.2%, 30
44.1 ± 32.5%	가 diltiazem	27.9 ± 10.4%,	60 26.4 ± 12.1%
$6.3 \pm 18.7\%$ (p	=0.002) adenosine		(p = 0.10,
	(Table 6).	0.34, 0.98, 0.82)	,
		diltiazem	
심근수축기능의 변화		(Table 8).	60
			( 60 -
Diltiazem		)	$40.0 \pm 7.5\%$ , dilt -
		iazem 34	.3 ± 5.3% diltiazem
dilf	tiazem		(p=0.0072, Table 8).
	가		
	% di -	관동맥 혈류의 변화	와 심근수축기능의 변화와의 관계
			60 ac -
Table 6. % Change of	peak flow between baseline		

Table 6. % Change of peak flow between baseline and reperfusion 60 minutes in both groups

1. % Change of peak flow						
	Control	Diltiazem	p value			
ACH	- 18.8 ± 35.0	- 6.9 ± 22.4	0.44			
ADE	- 29.1 ± 20.3	- 5.1 ± 20.0	0.029			
RH <sub>20</sub>	- 26.3 ± 23.5	- 9.1 ± 15.4	0.285			
2. % Change of % flow						
	Control	Diltiazem	p value			
ACH	- 18.3 ± 26.8	$4.5 \pm 6.22$	0.084			
ADE	- 27.7 <b>±</b> 22.8	6.1 ± 15.5	0.0039			
RH <sub>20</sub>	- 27.6 <b>±</b> 22.9	- 6.9 ± 18.2	0.0625			
3. % Chang	ge of CVR					
	Control	Diltiazem	p value			
ACH	40.8 ± 60.6	- 1.2 ± 20.4	0.10			
ADE	44.1 ± 32.5	- 6.3 ± 18.7	0.002			
RH <sub>20</sub>	44.9 ± 34.4	10.3 ± 19.3	0.0298			

p: control group vs. diltiazem group

etylcholine, adenosine

)/ ] (acetylcholine: r = 0.33, p = 0.47, adenosine : r = 0.51, p = 0.24),

가 (acetylcholine: r = 0.21, p = 0.65, adenosine: r = 0.14, p = 0.76, Fig. 4).

Diltiazem 60

acetylcholine

Table 7. Endocardial wall motion and total myocardial thickening at baseline and preocclusion in diltiazem group

	Baseline	Pre-occlusion	p value*
EM(%)	53.6 ± 10.7	42.1 ± 3.5	0.031
TM(%)	68.6 ± 17.5	$55.0 \pm 10.0$	0.062

EM: Endocardial wall motion TM: Total myocardial thickening \*: baseline vs. pre-occlusion

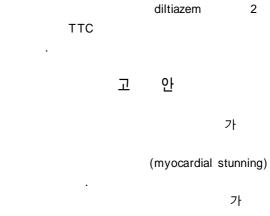
Table 8. Endocardial wall motion and total myocardial

	Control	Diltiazem	p value*
EM			
Baseline	62.5 ± 7.1	53.6 ± 10.7	0.10
Occl	- 19.0 ± 22.3**	- 10.0 ± 12.2**	0.34
Rep30	24.4 ± 12.48**	27.9 ± 10.4**	0.98
Rep60	23.3 ± 5.0**	26.4 ± 12.1**	0.82
Rep60-Base line	40.0 ± 7.5	$34.3 \pm 5.3$	0.0072
TM			
Baseline	82.8 ± 16.0	68.6 ± 17.5	0.08
Occl	- 25.0 ± 16.3***	-15.8 ± 8.0***	0.15
Rep30	33.5 ± 16.2***	39.3 ± 10.2***	0.34
Reo60	31.6 ± 13.0***	34.3 ± 14.8***	0.61
Rep60-Baseline	48.8 ± 19.2	$34.3 \pm 5.3$	0.085

EM: Endocardial wall motion TM: Total myocardial thickening

\*: control group vs. diltiazem group \*\*: vs. baseline of EM, p<0.05

\*\*\* : vs. baseline of TM, p<0.05



27)28) 29 - 32) 가

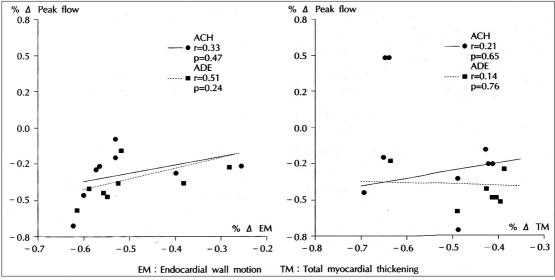
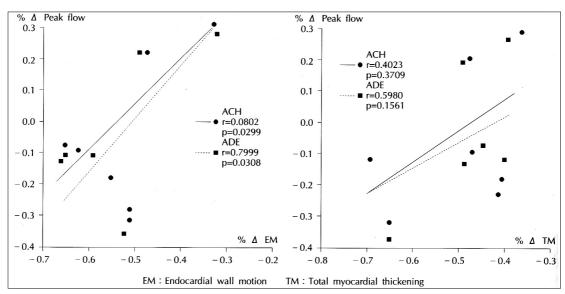
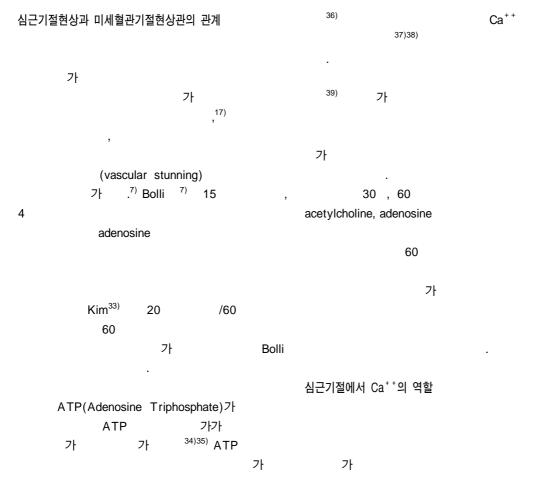


Fig. 4. Relation between % change in segmental % endocardial thickening and peak flow after acetylcholine and adenosine in control group.

(r=



**Fig. 5.** Relation between % change in segmental % endocardial thickening and peak flow after acetylcholine and adenosine in diltiazem group.



40)41)										
Ca <sup>++</sup>			(	Ca <sup>++</sup>	가			Ca <sup>++</sup>	<b>7</b> }	
			Ca	+ +						
Ca	a <sup>++</sup> 가					•		3		
		가								
	(	Ca <sup>++</sup>				50)		54)		
Kusuoka <sup>42)</sup>		15				.53)		Ehring <sup>54)</sup>	15	
Ca <sup>++</sup>			43)	가		4				
Ca <sup>++</sup>	r\	/anodine							10	
	가		a <sup>++</sup>							
가가										
				Ca <sup>++</sup>				가		
						Ca	+ +	가		
,44)										가
		45)			C	a <sup>+ +</sup>			50)55)	
Na <sup>+</sup> - Ca <sup>++</sup>	,	Ca <sup>++</sup>						가 가		
	Ca <sup>++</sup>	5a 가가				Ca	++	•		Ca+
	Oa	가				Oa		56)		Ca <sup>+</sup>
	46 -			10					Ca <sup>++</sup>	Ou
20		Ca <sup>++</sup>	가	10					Ou	
			•						Ca <sup>++</sup>	
Ca <sup>++</sup>	가									
					57)				diltiaze	m
심근기절 및 [	미세혈관 기절(	에서 칼슘 :	하단제의 역	할		15	1			
			Ca⁺⁺						가	
						20				. Dilti -
		Prz	yklenk <sup>49)</sup>		azem			acetylcholine,	adenosi	ne
				vera -						
pamil		30		rapamil			가		60	
	ATP(a	adenosine						diltiazem		
51\			Amend					가		
Tani <sup>51)</sup>			(	Ca <sup>++</sup>		(	diltiaze	m		
가	<b>2</b> · 52)								가	
-	. Opie <sup>52)</sup>					•				
5		71							58)	
		가							,	

```
59)
                                                               60)
                           Ca<sup>+ +</sup>
                                                                                          가
                                                                                      가
                                                                                                        가
                                                                                   diltiazem
                                                .<sup>20)49)</sup> Heusch <sup>31)</sup>
                                                                                                                     가
                                                                                           Ca<sup>++</sup>
                                                                                                                                       \text{Ca}^{\scriptscriptstyle +\, \scriptscriptstyle +}
                                                                                              Ca<sup>++</sup>
                       가
                                                                                                                                               가
                                      가
                                             가
   61 - 63)
                                                                                                                 결
                                                                                                                              론
                                                          가
                                 가
                                                                          가
                                          64)
                               가
                                             가
                                                                                                                                          가
                                               diltiazem
                                                                                                                                    )가
                        60
      가
                                                         가
                                                                                                                               Ca<sup>++</sup>
                                                           60
           가
                       diltiazem
가
                                                                                                                                                  가
                                                                diltiazem
                     60
                                                                                   \text{Ca}^{\scriptscriptstyle +\, \scriptscriptstyle +}
                                                             diltiazem
                                        가
                                                                                                                  가
                                                                  Ca<sup>++</sup>
                                                                                                                              약
                                          Ca<sup>++</sup>
                                                                                                                 요
                                                                                      연구배경 :
본 연구의 제한점
                                                                                   가
                                                                                      (vascular stunning)
                가
                                                                20
                                                                                                   Ca<sup>++</sup>
                  가
                                                                                                                                              (stunning)
                                                                                                                                                가
                                                                                                                                                Ca<sup>++</sup>
```

602

	가
가	(Table 5).
	4) 60
방 법:	(Peak/Base ratio) acetylcholine
(15 25 kg)	(Table 6) adenosine
	diltiazem
. (n = 10) diltia -	가 (Table 6) dilti-
zem (n=7) diltiazem	azem 가
diltiazem 0.20 ml/kg 1	가
15 20	
	5) Diltiazem diltiazem dilt -
, 30 60	iazem
acetylcholine(0.01 μg/kg), adenosine(1.5 μ	% (p = 0.03.
a/ka) acatylcholina	n=0.06)
20	30 , 60
20	% 가 (Table 8).
·	6) Acetylcholine adenosine
30 60	60
%	60
	(2224) John Jing v v = 0.22, p = 0.47
% . 	(acetylcholine: r = 0.33, p = 0.47,
결 과:	adenosine : $r = 0.52$ , $p = 0.24$ , acetylcholine : $r = 0.04$
1) Diltiazem diltiazem	0.21, p=0.65, adenosine r=0.14, p=0.76, Fig. 4)
60	가
, (Ta-ble	. Diltiazem
1) 60	(acetylcholine: r=0.40, p=
	0.37, adenosine : r = 0.59, p = 0.16)
(Table 2).	(acetylcholine : r
2) 30 , 60 acetylch -	=0.80, p=0.30, adenosine: r=0.79, p=0.03, Fig. 5).
oline, adenosine 20	결 론:
(Table 3, Fig. 2) diltiazem	
가 (Table 3, Fig.	Ca <sup>++</sup>
3).	
30 , 60	가
(Table 4) diltiazem	Ca <sup>++</sup>
30 , 60 가	
(Table 4).	
3) Acetylcholine, adenosine	중심 단어 : · Diltiazem · ·
30 , 60	0-++
가 (Table 5), diltiazem	Ca

## REFERENCES

- Kolner RA, Alker KJ. The effect of streptokinase on the intramyocardial hemorrhage, infarct size, and the no-reflow phenomenon during coronary reperfusion. Circulation 1984:70:513.
- Heyndrickx GR, Millard RW, McRitchie RJ, Maroko PR, Vatner SF. Regional myocardial functional and electrophysiological alterations after brief coronary artery occlusion in conscious dogs. J Clin Invest 1975;56:978.
- Weiner JM, Apstein CS, Arthur JH, Pirzada FA, Hood WB Jr. Persistence of myocardial injury following brief periods of coronary occlusion. Cardiovasc Res 1976;10:678.
- 4) Therpux P, Ross J Jr, Franklin D, Kemper WS, Sasayama S. Coronary arterial Reperfusion. III Early and late effects on regional myocardial function and dimensions in conscious dogs. Am J Cardiol 1976;38:599.
- 5) Kolner RA, Ellis SG, Lange R, Braunwald E. Studies of Experimental coronary artery reperfusion: effects on infarct size, myocardial function, biochemistry, ultrastrucure and microvascular damage. Circulation 1983;68 (suppl 1):I-8.
- Braunwald E, Kloner RA. The stunned myocardium: prolonged, postischemc ventricular dysfunction. Circulation 1982:66:1146.
- 7) Bolli R, Triana JF, Jeroudi MO. Prolonged impairment of coronary vasodilation after reversible ischemia. Evidence for microvascular stunning. Circ Res 1990;67:332.
- 8) Nicklas JM, Gips SJ. Decreased coronary flow reserve after transient myocardial ischemia in dogs. J Am Coll Cardiol 1989;13:195.
- 9) Vanhaecke J, Flameng W, Boregens M, Jang I-K, Vande-werf F, DeGeest H. Evidence for decreased coronary flow reserve in viable postischemic myocardium. Circ Res 1990;67:120.1.
- 10) Kim YD, Fomsgaard JS, Heim KF, Ramwell RW, Thomas G, Kagan E, Moore SP, Coughlin SS, Kuwahara M, Analouei A, Myers AK. Brief ischemia-reperfusion induces stunning of endothelium in canine coronary artery. Circulation 1992;85:1473.
- VanBenthuysen KM, McMurty IF, Horwitz LD. Reperfusion after acute coronary occlsuion in dogs impairs endothelium-dependent relaxation to acetylcholine and augments contractile reactivity in vitro. J Clin Invest 1987; 79:265
- Mehta JL, Nichols WW, Donnelly WH, Lawson DL, Saldeen TGP. Impaired canine coronary vasodilator reponse to acetylcholine and bradykinin after occlusion-reperfusion. Circ Res 1989;64:43.
- 13) Quillen JE, Selke FW, Brooks LA, Harrison DG. Ischemia-reperfusion impairs endothelium-dependent relaxation of coronary microvessels but does not affect large arteries. Circulation 1990;82:586.
- 14) Tsao PS, Aoki N, Lefer DJ, Johnson G, Lefer AM. Time course of endothelial dysfunction and myocardial injury during myocardial ischemia and reperfusion in the cat.

- Circulation 1990;82:1402.
- 15) Dauber IM, VanBenthytsen KM, McMurty IF, Wheller GS, Lesnefsky EJ, Horwitz LD, Weil JV. Functional coronary microvascular injury evident as increased permeability due to brief ischemia and reperfusion. Circ Res 1990:66:986.
- Ku DD. Coronary vascular reactivity after acute myocardial ischemia. Science Waist. DC 1982;218:576.
- 17) Heyndrickx GR, Baig H, Nellens P, Leusen I, Fishbein MC, Vatner SF. Depression of regional blood flow and wall thickening after brief coronary occlsusions. Am J Physiol 1978:234:H653
- 18) Jeremy RW, Stahl L, Gillinvov M, Litt M, Aversano TR, Becker LC. Preservation of coronary flow reserve in stunned myocardium. Am J Physiol 1989;256:H303.
- 19) Laxson DD, Homans DC, Dai XZ, Sublett E, Bach RJ. Oxygen consumption and coronary reactivity in postischemic myocardium. Circ Res 1989;64:9.
- Stahl LD, Aversano TR, Secker LC. Selective enhancement of function of stunned myocardium by increased flow. Circulation 1987;74:843.
- Jennings RB, Ganote GE. Structural changes in myocardium during acute ischemia. Circ Res 1974;34-35 (suppl 3):156.
- 22) Kloner RA, Ganote GE, Jennings RB. The 'no-reflow' phenomenon after temporary coronary occlsion in the dog. J Clin Invest 1974;54:1496.
- 23) Kim YM, Kim HD, Rah BJ. Changes of the ultrastructure and Ca<sup>2+</sup> distribution after ischemia and after reperfusion in the myocardial cells of isolated perfused guinea pig heart. Korean J Electr Microsc 1989;19:1.
- 24) Dargie H, Rowland E, Krikler D. Role of calcium antagonists in cardiovascular therapy. Br Heart J 1981;46:8.
- 25) Nayler WG, Ferrari R, Williams A. Protective effect of pretreatment with verapamil, nifedipine and propranolol on mitochondrial function in the ischemic and reperfused myocardium. Am J Cardiol 1980;46:242.
- 26) Ichihara K, Abiko Y. Effects of diltiazem and propranolol on irreversibility of ischemic cardiac function and metabolism in the isolated perfused rat heart. J Cardiovasc Pharmacol 1983;5:745.
- 27) Charlat ML, O'Neill PG, Hartley CJ, Roberts R, Bolli R. Prolonged abnormalities of left ventricular diastolic wall thinning in the "stunned" myocardium in conscious dogs: time course and relation to systolic function. J Am Coll Cardiol 1989;13:185-94.
- Ehring T, Schulz R, Schipke JD, Heusch G. Diastolic dysfunction of stunned myocardium. Am J Cardiovasc Pathol 1993;4:358-66.
- Heyndrickx GR, Millard RW, McRitchie RJ, Maroko PR, Vatner SF. Regional myocardial functional and electrophysiological alterations after brief coronary artery occlusion in conscious dogs. J Clin Invest 1975;56:978-85.
- 30) Thaulow E, Guth BD, Heusch G, Gilpin E, Schulz R, Kroger K, Ross J Jr. Characteristics of regional myocardial stunning after exercise in dogs with chronic coronary stenosis. Am J Physiology 1989;257:H113-H9.
- 31) Heusch G. The relationship between regional blood flow and contractile function in normal, ischemicm and reperfused myocardium. Basic Res Cardiol 1991;86:197-218.
- 32) Akaishi M, Weintraub WS, Mercier RJ, Agarwal JB,

- Schneider RM, Helfant RH. The significance of underlying coronary stenosis for recovery of myocardial function after transient ischemia in the dog. Am Heart J 1986; 112:1226-31.
- 33) Kim YH. The effect of reperfusion after brief, reversible myocardial ischemic on coronary vascular function and ultrastructure. Korean Circulation J 1996;26:405-19.
- 34) Swain JL, Sabina RL, McHale PA, Greenfield JC, Holmes EW. Prolonged myocardial nucleotide depletion after brief ischemia in the open-chest dog. Am J Physiol 1982;242;H818-H26.
- 35) DeBoer LWV, Ingwall GS, Kloner RA, Braunwald E. Prolonged derangements of canine myocardial purine metabolism after a brief coronary artery occlusion not associated with anatomic evidence of necrosis. Proc Natl Acad Sci USA 1980;77:5471-5.
- 36) Hoffmeister HM, Mauser M, Schaper W. Effect of adenosine and AICAR of ATP content and regional contractile function in reperfused canine myocardium. Basic Res Cardiol 1985;80:445-8.
- 37) Ellis SG, Wynne J, Braunwald E, Henschke CI, Sandor T, Kloner RA. Response of reperfusion-salvaged, stunned myocardium to inotropic stimulation. Am Heart J 1984; 107:13-9.
- 38) Arnold JMO, Braunwald E, Sandor T, Kloner RA. Inotropic stimulation of reperfused myocardium with dopamine: effects on infarct size and myocardial function. J Am Coll Cardiol 1985;6:1036-44.
- Stahl LD, Weiss HR, Becker LC. Myocardial oxygen consumption, oxygen supply/demand heterogenecity, and microvascular patency in regionally stunned myocardium. Circulation 1988;77:865-72.
- 40) Bolli R. Mechanism of myocardial "stunning". Circulation 1990;82:723-38.
- 41) Bolli R, Patel BS, Jeroudi MO, Lai EK, McCay PB. Demonstration of free radical generation in "stunned" myocardium of intact dogs with the use of the spine tap -phenyl N-tert-butyl nitrone. J Clin Invest 1988;82: 476-85.
- 42) Kusuoka H, Porterfield JK, Weisman HF, Weisfeldt ML, Marban E. Pathophysiology and pathogenesis of stunned myocardium: Depressed Ca<sup>2+</sup> activation of contraction as a consequence of reperfusion-induced cellular calcium overload in ferret hearts. J Clin Invest 1987;79:950-61.
- 43) Porterfield JK, Kusuoka H, Weisman HF, Weisfeldt ML, Marban E. Ryanodine prevents the changes in myocardial function and morphology induced by reperfusion after brief periods of ischemia (abstract). Circ Res 1987;35: 315A.
- 44) Kitakaze M, Weisman HF, Marban E. Contractile dysfunction and ATP depletion after transient calcium overload in perfused ferret hearts Circulation 1988;77:685-95.
- 45) Kitakaze M, Weisfeldt ML, Marban E. Acidosis dring early reperfusion prevents myocardial stunning in perfused ferret hearts. J Clin Invest 1988;82:920-7.
- 46) Hori M, Kitakaze M, Sato H, Iwakura K, Gotoh K, Kuspla H, Kitabatake A. *Transient acidosis by staged reperfusion prevents myocardial stunning (abstract). Circulation 1989;80 (suppl II):II-600.*
- 47) Marban E, Kitakaze M, Kusoka H, Porterfield JK, Yue DT, Chacko VP. Intracellular free calcium concentration

- measured with 19F NMR spectroscopy in intact ferret hearts. Proc Natl Acad Sci USA 1987;84:7793-7.
- 48) Steenbergen C, Murphy E, Levy L, London RE. Elevation in cytosolic free calcium concentration early in myocardial ischemia in perfused rat heart. Circ Res 1987; 60:700-7.
- 49) Przyklenk K, Kloner RA. Effect of verapamil on postischemic "stunned "myocardium: importance of the timing of treatment. J Am Coll Cardiol 1988;11:614-23.
- 50) Amende I, Bentivegna LA, Zeind AJ, Wenzlaff P, Grossman W, Morgan JP. Intracellular calcium and ventricular function. Effects of nisoldipine on global ischemia in the isovolumic, coronary-perfused heart. J Clin Invest 1992;89:2060-5.
- 51) Tani M, Neely JR. Role of intracellular Na<sup>+</sup> in Ca<sup>2+</sup> overload and depressed recovery of ventricular function of reperfused ischemic rat hearts. Circ Res 1989;65:1045-56.
- Opie L. Myocardial stunning: a role for calcium antagonists during reperfusion. Cardiovasc REs 1992;26:19-24.
- 53) Boli R, Jeroudi MO, Patel BS, Aruoma OI, Halliwell B, Lai EK, McCay PB. Marked reduction of free radical generation and contratile dysfunction by antioxidant therapy begun at the time of reperfusion. Evidence that myocardia "stunning "is a manifestation of reperfusion injury. Circ Res 1989;65:607-22.
- 54) Ehring T, Bohm M, Heusch G. The calcium antagonist nisoldipine improve the functional recovery of reperfused myocardium only when given before ischemia. J Cardiovasc Pharmacol 1992:20163-74.
- 55) Nayler WG. Second Generation of Calcium Antagonists. Berlin:Springer-Verlag. 1991:1-226.
- 56) Krause S, Hess ML. Characterization of cardiac sarcoplasmic reticulum dysfunction during short-term, normothermic, global ischemia. Circ Res 1984;55:176-84.
- 57) Kitakaze M, Weisman HF, Marban E. Contractile dysfunction and ATP depletion after transient calcium overload in perfused ferret hearts. Circulation 1988;77:685-95.
- 58) Todd GL, Eliot RS. Cardioprotective effects of diltiazem when given before, during or delayed after infusion of norepinephrine in anesthetized dogs. Am J Cardiol 1988; 62:25G.
- Ashraf M, Rahamathulla PM. Cardiac injury in short duration anoxia and modification by diltiazem, a calcium channel bolcking agent. J Am Coll Cardiol 1984;3:1237.
- Nayler WG. Calcium antagonists and myocardial ischemia. In Calcium antagonists. Edited by Nayler WG. London: Academic Press; 1988, p.157.
- 61) Tani M, Neely JR. Role of intracellular Na<sup>+</sup> in Ca<sup>2+</sup> overload and depressed recovery of ventricular function of reperfused ischemic rat hearts: Possible involvement of H<sup>+</sup>-Na<sup>+</sup> and Na<sup>+</sup>-Ca<sup>2+</sup> exchange. Circ Res 1989;65:1045-56.
- 62) Grinwald PM. Calcium uptake during postischemic reperfusion in the isolated rat heart: Influence of extracellular sodium. J Mol Cell Cardiol 1982;14:359-65.
- Renlund DG, Gerstnblith G, Lakatta EG, Jacobus WE, Kallman CH, Weisfeldt ML. J Mol Cell Cardiol 1984; 16:795-801.
- 64) Zhu WX, Myers ML, Hartley CJ, Roberts R, Bolli R. Validation of a single crystal for measurement of transmural and epicardial thickening. Am J Physiol 1986;251: H1045-H55.