

## 관상동맥 좌주관지 개구부 협착을 보인 Takayasu's 동맥염 환자에서 개구부 성형술 후 장기간 임상 관찰

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### Long-term Clinical Follow-up in a Case of Takayasu's Arteritis Involving the Ostium of Left Coronary Artery after Ostioplasty

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#### ABSTRACT

A 25-year-old woman presented with effort-induced chest pain. Physical examination revealed different blood pressures, 180/100 mmHg in right arm and 100/60 mmHg in left arm. Resting electrocardiogram was normal, but down-slope depression of ST segment more than 3 mm in V<sub>3-6</sub>, II, III, aVF developed at the stage 1 of treadmill exercise test. Stress Thallium-201 scan showed severe ischemia in the anteroseptal and lateral wall of left ventricle. Diagnostic coronary angiogram showed critical stenosis in the ostium of left main coronary artery. The left subclavian artery was occluded totally with well-developed collateral circulation. The patient underwent ostioplasty of left coronary ostium using pericardial patch, and her symptom improved after surgery. Follow-up coronary angiogram one year after surgery showed patent coronary artery ostium with good flow and myocardial perfusion improved on follow-up Thallium-201 SPECT. She has no major cardiac events during 7-year clinical follow-up. (Korean Circulation J 2001;31 (2)246-250)

**KEY WORDS** : Takayasu's arteritis · Left main coronary artery · Stenosis.

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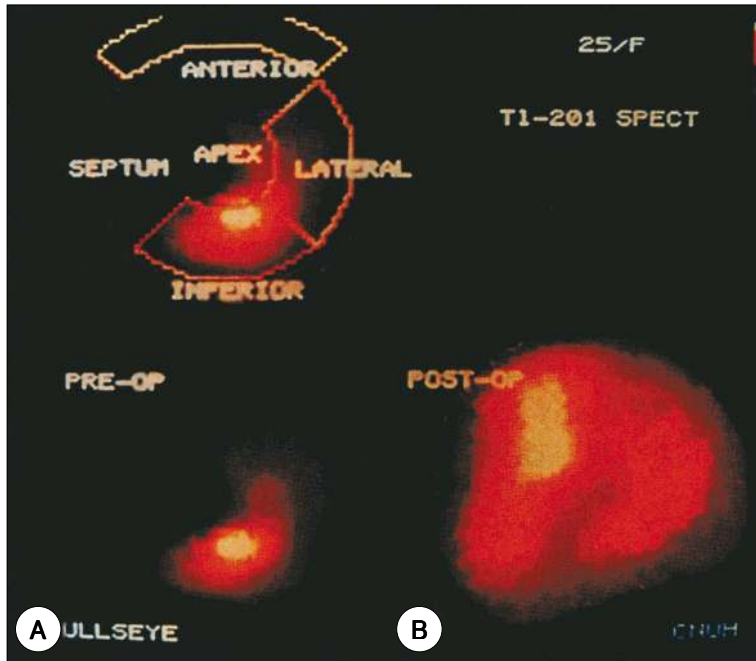
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**Fig. 2.** 99mTc-MIBI scan on admission (A) revealed severe large amount perfusion defect involving anteroseptal and lateral wall. The Stress-induced perfusion defect recovered after left main ostioplasty (B).

295,000/mm<sup>3</sup>, aspartate aminotransferase 18 U/L, alanine aminotransferase 22 U/L, alkaline phosphatase 86 U/L, total protein 8.0 g/dL, albumin 4.5 g/dL, blood urea nitrogen 13.6 mg/dL, creatinine 0.9 mg/dL, sodium 144 mEq/L, potassium 4.1 mEq/L, chloride 106 mEq/L, total cholesterol 157 mg/dL, high density lipoprotein-cholesterol 47 mg/dL, triglyceride 84 mg/dL. prothrombin time 11.70, activated partial thromboplastin time 34. creatine kinase 39 U, creatine kinase-MB 5 U, lactate dehydrogenase 163 U.

erythrocyte sedimentation rate 40 mm/hour, C- Reactive protein 0.92 mg/dL, Antistreptolysin O, rheumatoid arthritis factor, Anti-DNA antibody 2.8 IU/ml, Anti-SM, VDRL. 58%. ST 3 mm. Tl-201 stress perfusion scan,

(Fig. 2A). 95% nitroglycerin. (Fig. 3A). (Fig. 4). Tl-201 stress perfusion scan (Fig. 2B), 10 (Fig. 3B). 70.

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**REFERENCES**

- 1) Trazzera S, Colasacco J, Ong L. *Takayasu's arteritis with unstable angina and aortic insufficiency. Am Heart J* 1995 ; 130 1122-4.
- 2) Koh KK, Hwang HK, Kim PG, Lee SH, Cho SK, Kim SS, et al. *Isolated left main coronary ostial stenosis in oriental people :Operative, histopathologic and clinical findings in six patients. J Am Coll Cardiol* 1993 21 369-73.
- 3) Savory WS. *Case of a young woman in whom the main arteries of both upper extremities and the left side of the neck were throughout completely obliterated. Med Chir Trans Lond* 1856 39 205-19.
- 4) Nasu T. *Takayasu's arteritis in Japan :A statistical observation of 76 autopsy cases. Pathol Microbiol* 1975 73 : 140-6.
- 5) Subramanyan R, Joy J, Balakrishnan KG. *Natural history of aortoarteritis (Takayasu's disease ) Circulation* 1989 ; 80 429-37.
- 6) Lup-Herrear E, Sanchez-Torres G, Marcushamer J, Mispireta Horwitz S, Espino Vela J. *Takayasu's arteritis : Clinical study of 107 cases. Am Heart J* 1977 93 94-103.

- 7) Jun A, Akio S. *Coronary involvement in Takayasu's arteritis. J Thorac Cardiovasc Surg* 1991 102 554-60.
- 8) Saito Y, Hirota K, Ito I, Yamaguchi H, Takeda T. *Clinical and pathological studies of five autopsied cases of aortitis syndrome. Jpn Heart J* 1972 13 107-17.
- 9) Rose AG, Sinclair-Smith CC. *Takayasu's arteritis :A study of 16 autopsy cases. Arch Pathol Lab Med* 1980 104 231-7.
- 10) Hall S, Barr W, Lie JT, Stanson AW, Kazmier FJ, Junder GG. *Takayasu's arteritis. a study of 32 North American patients. Medicine* 1985 64 89-99.
- 11) Nagoka H, Innami R, Yagi K, Sato Y, Sakamoto T, Yamada T. *Aortocoronary bypass graft in coronary arterial stenosis with aortitis syndrome. Nippon Kyobu Geka Gakkai Zasshi* 1984 85 1586-90.
- 12) Thoma D, Dubourg O, Bletry O. *L'atteinte coronarienne dans la maladie de Takyasu. A propos de 3 cas dont 2 operes et revue de la litterature. Arch Mal Coeur* 1984 ; 77 386-96.
- 13) Ohara K, Kasegawa T, Ando T, Kawazoe K, Kosakai Y, Kaku K, et al. *Surgical treatment for coronary artery disease associated with aortitis syndrome. Kyobu Geka* 1986 39 423-8.
- 14) Fujiwara T, Doko S, Motohiro K, Inada H, Sato M, Kiso A, et al. *A case of aortitis syndrome with bilateral coronary ostial stenosis treated by transaortic endarterectomy. Nippon Kyobu Geka Gakkai Zasshi* 1982 30 1179-84.
- 15) Kondoh K, Sasaki S, Oku T, Morita M, Takeuchi A, Satoh H. *A case of coronary artery bypass for bilateral coronary ostial stenosis in aortitis syndrome with occlusion of bilateral subclavian arteries. Kyobu Geka* 1992 45 : 647-50.
- 16) Sakai K, Aoyagi S, Shimada S, Isomura T, Kosuga K, Ooishi K. *A case report of the aortitis syndrome with massive aortic regurgitation, and ostial stenosis of the right coronary artery. Kyobu Geka* 1989 42 486-9.
- 17) Antelmi I, Magalhaes L, Caramelli B, Nakano O, Tranchesi B Jr, Nicolau J, et al. *PTCA in a 16 year old boy with Takayasu's disease and evolving myocardial infarction. Arq Bras Cardiol* 1993 60 37-8.
- 18) Punamiya K, Bates ER, Shea MJ, Muller DW. *Endoluminal stenting for unprotected left main stenosis in Takayasu's arteritis. Cathet Cardiovasc Diagn* 1997 40 272-5.