

대동맥 벽내 혈종환자에서 베타 차단제 사용 후 이형 협심증에 인한 심근 경색증 1예

김중선 · 김병극 · 고영국 · 한승혁 · 서혜선 · 최동훈 · 조승연

A Case of Myocardial Infarction Caused by a Variant Angina during Treatment with β -blocker of Intramural Hematoma

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ABSTRACT

Variant angina is characterized by repeated attack at rest associated with ST-segment elevation on ECG and caused by the spasm of coronary artery. But, the pathogenesis of spasm is not well known. A 44-year old man was transferred for the management of intramural hematoma at descending thoracic aorta and uncontrolled hypertension. We started to control hypertension with nitroprusside, propranolol, amlodipine, and doxazocin. At 4th hospital day, severe chest pain, dizziness, and diaphoresis were developed, and ECG showed not only ST-segment elevation on lead II, III, aVF but also 2° AV block (Mobitz type II). CK-MB revealed 52.3 ng/dl. When coronary angiography performed emergently, it showed total occlusion of right coronary artery (RCA) and diffuse minimal narrowing of left anterior descending coronary artery (LAD). After nitroglycerin was infused via right coronary catheter, the RCA was opened completely, and reperfusion arrhythmia was developed. Medication were changed to nifedipine, diltiazem, nicorandil, isosorbide mononitrate and he had no more chest pain. (Korean Circulation J 2000;30(11):1455-1459)

KEY WORDS : Variant angina · Intramural hematoma · β -blocker.

서 론

(intramural hematoma)

: 2000 7 24

: 2000 12 19

: , 120 - 752

134

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vasa vasorum

1)

가

2)

1959 Prinzmetal 3)

(effort)

ST

(spasm) 가 210/120 mmHg,
 nitrate 가 20 / , 90 / , 36.0
 4)
 5-8) ST 2
 가 ⁹⁾ Robertson ⁷⁾ propranolol 10.5 gm/dL, 29.6%, 12190/
 mm³, 83,000/mm³ 2 +
 1 + BUN/
 Cr 25/2.5 mg/dl total cholesterol
 165 mg/dl(100~220), triglyceride 110 mg/dl
 (44~166), HDL - cholesterol 38 mg/dl(
 30~80), LDL - cholesterol 92 mg/dl(70~169)
 증 례 (Fig. 2) X
 (concentric)
 45 가 6 58%,
 20

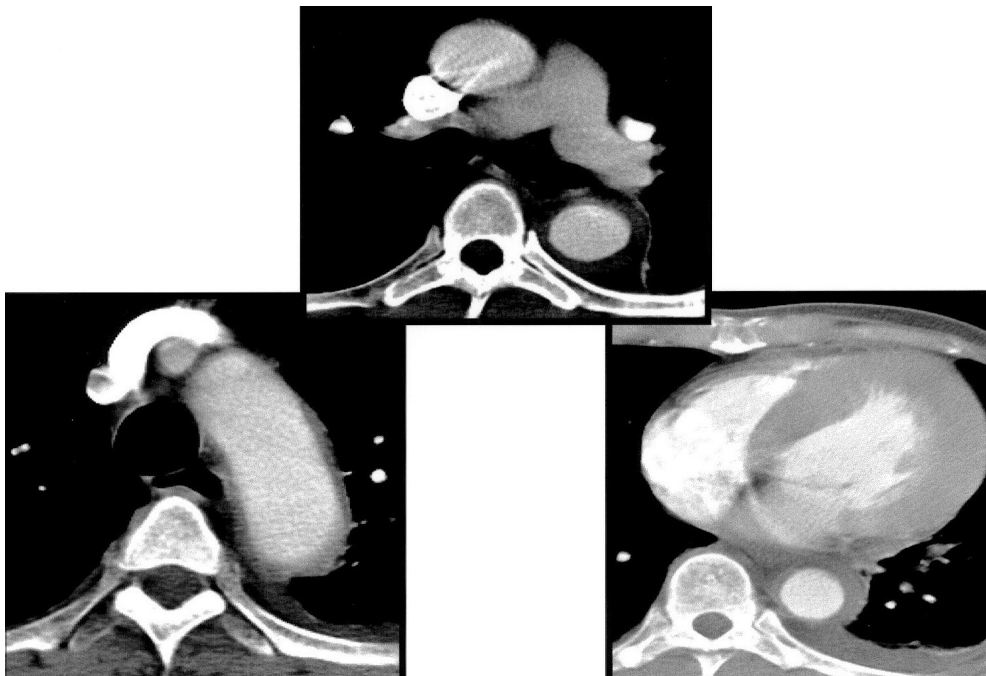


Fig. 1. Computed tomography scan with contrast enhancement demonstrated intramural hematoma extending from aortic arch to thoracic descending aorta.

1.2 cm, 23 cm,
4 cm (Fig. 1) nitroprusside
, propranolol 240 mg, amlodipine 10mg, doxazo-
cin 4 mg
4

, aVF ST nitroglycerin
가 90 mmHg
, aVF ST
2 (Morbitz type II)
CK - MB 52.34 ng/dl

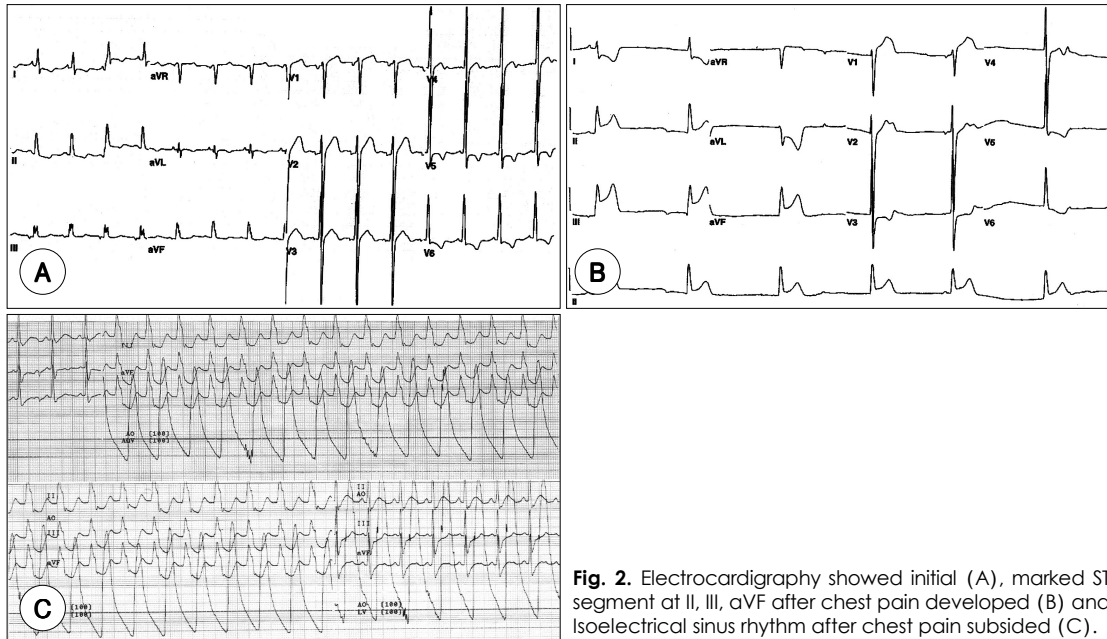


Fig. 2. Electrocardiography showed initial (A), marked ST segment at II, III, aVF after chest pain developed (B) and Isoelectrical sinus rhythm after chest pain subsided (C).

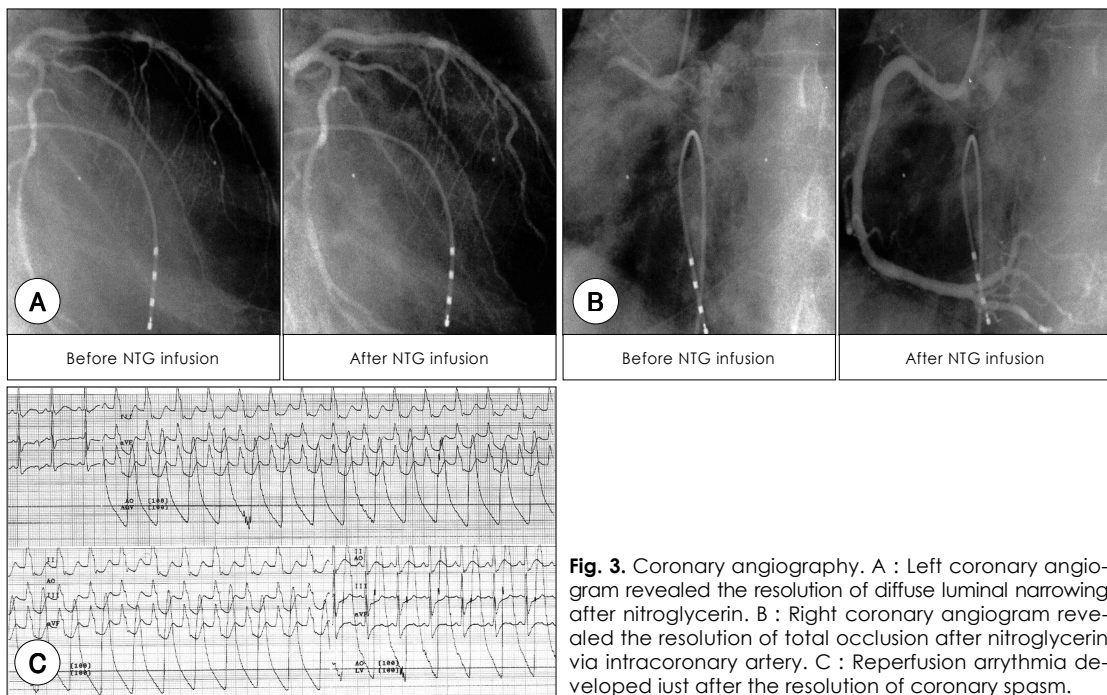


Fig. 3. Coronary angiography. A : Left coronary angiogram revealed the resolution of diffuse luminal narrowing after nitroglycerin. B : Right coronary angiogram revealed the resolution of total occlusion after nitroglycerin via intracoronary artery. C : Reperfusion arrhythmia developed just after the resolution of coronary spasm.

(Fig. 2). 가

가

ergonovine test,
hyperventilation test, cold pressor test, histamine
test

(cartenolol) 24

nitroglycerin 200 μg
가

(Fig. 3).
nicorandil 15 mg, diltiazem 90 mg, nifedipine
30 mg, isosorbide mononitrate 60 mg

15) Nakamura
가 75%

가 308 2

고 찰

Bory 16) 7.4% 50%
1 , Walling 17)

65 17%

1920 Freedman 18) 0% 가

가

1) 12.8%, 가 17 23% 16)
2)10) Type A

Type B 2

2) anolol 7)8) propr -
가 가

가

1959 Prinzmetal 3)
, cocaine,
, Vitamine E nitrate 6)
, nitrate ST

가 Nobuyoshi 13) 가 16)19)

erol 가 가 HDL - cholest -

14) 2.2 10% 4)

ST 16)

가
가
ST
nitroglycerine

가

가

가

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