

中文題目：巨大腹主動脈瘤合併嚴重冠心病

英文題目：**A Huge Unruptured Abdominal Aortic Aneurysm in A Case of Severe Coronary Artery Disease**

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BACKGROUND

Abdominal aortic aneurysm (AAA) is potential for rupture and death. The clinical manifestation may be subtle. In patients with severe coronary artery disease, the prevalence is higher but large AAA is uncommon. We present a case of severe CAD with a large unruptured AAA.

CASE PRESENTATION

A 73 years old male patient had a history of DM. AMI Killip IV developed 12 yrs ago. 3 vessel disease was diagnosed at cath laboratory. Primary PCI for IRA (RCA) was done at that time and the clinical recovery was good. He received medical follow up well. 3 yrs ago he started to have mild abnormal renal function data: serum creatinine 1.5 mg/dl which increased to 2.1 mg/dl this year. The urine protein was negative. His BP history was normal. There was no history of abdominal pain or back pain. There was history of iatrogenic cushing(use of black pill and documented adrenal insufficiency). The abdominal obesity was very obvious(A large beer abdomen) The physical examination of abdomen was difficult. For the etiologic survey of abnormal renal function abdominal sonography was done. It revealed no renal or pararenal findings but a large AAA was noted. CT scan demonstrated an infrarenal huge AAA(8 cm in diameter, 16 cm in length). Surgical treatment was done. The clinical course was smooth.

COMMENTS:

Large abdominal aortic aneurysm is a potentially life-threatening vascular pathology. The larger the aneurysm, the higher risk of rupture. The annual risk of aneurysm rupture was 30-50% for an abdominal aortic aneurysm of 8 cm or larger. Earlier diagnosis and surgical treatment is important to prevent aneurysm rupture.

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