HF Diagnosis Series Proposal
In Collaboration with Taiwan Society of Ultrasound Technology
Time : 2025 / 11/2(日) 09:30-13:10 （台中場）
Venue : 台中李方艾美酒店 21 樓 星空廳 (台中市中區建國路 111 號)

Time	Topic	Speaker/Moderator
09:30	Opening & Welcome	殷偉賢
09:35-09:55	Role of Echo in Initial HF Diagnosis—Beyond LVEF	詹益欣 / 鄭正一
09:55-10:15	Echo-Guide Therapy Optimization in Heart Failure	梁馨月 / 鄭正一
10:15-10:35	Echo in CRT,VAD,and Heart Transplantation	曾致學 / 詹貴川
10:35-10:45	Discussion	鄭正一 / 詹貴川
10:45-11:05	Break	
	Hands-on Practice-Case Competition Session	
11:05-11:35	Challenge Case 1 (3 questions)	林煥湫 / 詹貴川
11:35-12:05	Challenge Case 2 (3 questions)	劉崢偉 / 秦志輝
12:05-12:35	Challenge Case 3 (3 questions)	鍾偉信 / 秦志輝
12:35-13:05	Challenge Case 4 (3 questions)	鄒宜良 / 洪明銳
13:05-13:10	Award Presentation & Closing	洪明銳

2025 年百靈佳北中南心衰診斷工作坊(台中場)

2025.11.02(日)09:30-1310 台中李方艾美酒店 21 樓星空廳

* 講師：詹益欣醫師 林口長庚心臟內科教授級主治醫師/長庚大學中醫系教授	
* 課程主題：	Role of Echo in Initial HF Diagnosis – Beyond LVEF
* 學經歷：	Education： 1996/07/01~2003/06/30, National Yang-Ming University, No.155, Sec.2, Linong Street, Taipei, 112 Taiwan Academic Appointment（Include Teaching Experience）: NA Employment Record： 2005/08/01-2008/07/31, Resident, Internal Medicine, Chang Gung Memorial Hospital, Linkou 2008/08/01-2010/07/31, Chief Resident, First division of Cardiology, Linkuo 2010/08/01- Attending Physician, First division of Cardiology, Linkuo 2012/10/01-2014/09/30, Research Fellow in Cardiac Electrophysiology, Indiana University-Purdue University Indianapolis, IN, USA 2015/07/01-2018/06/30, Assistant Professor of Internal Medicine and Cardiology, Chang Gung Memorial Hospital, Linkou 2018/07/01- Associate Professor of Internal Medicine and Cardiology, Chang Gung Memorial Hospital, Linkou 2018/07/01-2022/01/31, Assistant Professor, School of Medicine, Chang Gung University 2016/07/01-2025/06/30, Director, Microscopy Core Laboratory, Chang Gung Memorial Hospital, Lin 2022/02/01-2025/07/31, Associate Professor, School of Medicine, Chang Gung University 2023/07/01-Professor of Internal Medicine and Cardiology, Chang Gung Memorial Hospital, Linkou

	2025/08/01-Professor, School of Medicine, Chang Gung University
* 摘要：	Echocardiography provides a comprehensive initial heart failure (HF) diagnosis beyond Left Ventricular Ejection Fraction (LVEF) by evaluating diastolic function, left atrial and right ventricular function, and myocardial strain. It also helps diagnose conditions like valvular heart disease, determine the etiology of HF, and assess prognosis through parameters such as the E/e' ratio for diastolic function and Global Longitudinal Strain (GLS) for subclinical systolic dysfunction.

* 講師： 梁馨月醫師　　中國醫藥大學附設醫院,心臟內科主治醫師	
* 課程主題：	Echo-Guide Therapy Optimization in Heart Failure
* 學經歷：	學歷：1. 中國醫藥大學,臨床醫學研究所 (Graduate Institute of Clinical Medical Science),博士班畢 2. 高雄醫學大學,醫學系畢 經歷：1. 中國醫藥大學附設醫院心臟影像科主任, 2015~迄今 2. 中國醫藥大學附設醫院,心臟內科主治醫師, 2006~迄今 3. Research Fellow, Echocardiographic Lab, Johns Hopkins University, Baltimore, MD, USA, Feb 2005~ Jul 2006 4. Research Fellow, Echocardiographic Lab, Mayo Clinic, Rochester, MN, USA, Aug 2003~ Jan 2005 5. 高雄醫學大學附設中和紀念醫院/小港醫院,心臟內科主治醫師, 2000~2003
* 摘要：	This lecture presents a closed-loop, echocardiography-guided approach to heart-failure care that translates ultrasound metrics into actionable therapy decisions. For left-heart mechanics, LV global longitudinal strain (GLS) predicts outcomes across HF phenotypes and adds

	prognostic value beyond LVEF; in HFpEF, abnormal GLS also refines risk and phenotyping. Left-atrial (LA) reservoir strain improves diagnosis of elevated filling pressures and carries independent prognostic information in acute and chronic HF—particularly useful in HFpEF and when conventional diastolic indices are equivocal. Right-heart and pulmonary-vascular coupling are critical: the TAPSE/PASP ratio and RV free-wall longitudinal strain (RV-FWLS) consistently stratify risk and outperform several traditional RV indices. Valvular burden matters: greater functional MR and TR severity track with higher mortality and HF hospitalization, informing timing of transcatheter referral after GDMT optimization. For congestion, lung ultrasound (LUS) B-lines are robust diagnostic and prognostic markers and can guide decongestion strategies and discharge readiness. Standard diastolic indices (e.g., E/e') remain recommended to estimate filling pressures within guideline algorithms and should be interpreted alongside LA strain and TR velocity. We integrate these parameters into a "measure–adjust–re-measure" pathway: (1) profile congestion and filling pressures (B-lines, IVC, LA strain, E/e'); (2) quantify forward flow and remodeling (GLS, LVOT-VTI*); (3) assess RV–PA coupling and valve severity (TAPSE/PASP, RV-FWLS, MR/TR); (4) trigger targeted actions (GDMT titration, diuretics/ultrafiltration, CRT optimization, or structural referral), then re-scan to confirm response. *LVOT-VTI is useful for tracking output but has limited direct prognostic literature vs. the above indices.

* 講師： 曾致學醫師　　義大醫院心臟介入性功能科主治醫師	
* 課程主題：	Echo in CRT,VAD,and Heart Transplantation

* 學經歷：	• 天主教輔仁大學醫學系學士 • 臺北榮民總醫院內科住院醫師 • 臺北榮民總醫院內科部心臟內科住院總醫師 • 臺北榮民總醫院內科部心臟內科兼任主治醫師 • 臺北榮民總醫院內科部全人整合醫學科主治醫師 • 臺北榮民總醫院瓣膜暨結構性心臟病經導管治療研究醫師 • 中華民國心臟學會第二十九屆青年醫師工作小組委員 國立陽明交通大學急重症醫學研究所博士班
* 摘要：	Echocardiography underpins selection, guidance, and follow-up in cardiac resynchronization therapy (CRT), ventricular assist devices (VAD), and heart transplantation. In CRT, echo defines LV/RV structure, MR/TR, and pulmonary pressure; speckle-tracking GLS, mechanical dispersion, and 3D LV volumes help predict and monitor response and guide AV/VV optimization. In VAD care, pre-implant echo screens for AR, shunts, thrombus, and RV failure; intra/post-op imaging confirms cannula position, septal geometry, and aortic valve opening; standardized ramp studies integrate Doppler, chamber size, and septal position to tailor pump speed and detect hypovolemia, obstruction, or thrombosis. After transplant, serial echo monitors rejection (falling GLS, diastolic changes), biopsy-related TR, effusions, and allograft vasculopathy with stress or strain markers. Practical checklists and case algorithms enable a consistent, echo-first approach across all three pathways.