HF Diagnosis Series Proposal
In Collaboration with Taiwan Society of Ultrasound Technology
Time : 2025 / 11/2(日) 14:30-18:10　（台北場）
Venue : 台北喜來登大飯店 B2 喜廳 (台北市中正區忠孝東路一段 12 號)

Time	Topic	Speaker/Moderator
14:30	Opening & Welcome	殷偉賢
14:35-14:55	Role of Echo in Initial HF Diagnosis—Beyond LVEF	蕭智忠 / 謝宜璋
14:55-15:15	Echo-Guide Therapy Optimization in Heart Failure	張鴻猷 / 曹殿萍
15:15-15:35	Echo in CRT,VAD,and Heart Transplantation	熊名琛 / 洪崇烈
15:35-15:45	Discussion	謝宜璋/曹殿萍/洪崇烈
15:45	Break	
	Hands-on Practice-Case Competition Session	
16:05-16:35	Challenge Case 1 (3 questions)	黃建龍 / 任勗龍
16:35-17:05	Challenge Case 2 (3 questions)	王子林 / 殷偉賢
17:05-17:35	Challenge Case 3 (3 questions)	林姝含 / 余文鍾
17:35-18:05	Challenge Case 4 (3 questions)	郭泠 /余文鍾
18:05-18:10	Award Presentation & Closing	熊名琛

2025 年百靈佳北中南心衰診斷工作坊(台北場)

2025.11.02(日)14:30-18:10 台北喜來登大飯店 B2 喜廳

* 講師:蕭智忠醫師　　台北馬偕紀念醫院心臟內科主治醫師	
* 課程主題：	Role of Echo in Initial HF Diagnosis – Beyond LVEF
* 學經歷：	學歷: 台北醫學大學醫學系學士 / 馬偕生物醫學研究所碩士 經歷： 馬偕紀念醫院內科住院醫師 (2004/7~2007/6) 馬偕紀念醫院心臟內科總醫師 (2007/7~2009/6) 馬偕紀念醫院心臟內科主治醫師 (2009/7~2009/12) 馬偕紀念醫院心臟內科暨一般內科示範病房專責主治醫師 (2010/1~2017/6) 馬偕紀念醫院心臟內科暨專科病房專責主治醫師 (2017/7~2019/6) 馬偕紀念醫院心臟內科主治醫師 (2019/7~至今)
* 摘要：	心衰竭診斷除了病史、主觀上的症狀及客觀的證據(包括理學檢查，心電圖及胸部 X 光)以外，心臟超音波對於心衰竭患者的心臟功能的評估，至關重要，並為臨床醫師提供重要的預後資訊。然而，傳統超音波主要評估心房、心室腔室大小，瓣膜逆流及狹窄，肌肉厚薄及收縮舒張的功能。卻也受限於對幾何假設的依賴、操作者主觀解讀、對負荷條件和容積的敏感性以及僅反映單一運動平面。目前國際上主要以射血分數 LVEF 作為心衰竭的主要分類，可區分為 reduceEF<40% , milly reduce40-49% , preserved EF≥50%。組織超音波進一步幫助我們了解心房充填壓力及心室肌肉的順應性。此外，二维斑點追踪心臟超聲可測量心室在室腔運動三個平面（縱向、環向和徑向）的心肌應變。左心室全局縱向應變(GLS)相較於射血分數，在整個心血管疾病範圍內提供更優越的診斷和預後價值，具有高度重現性，並能在射血分數下降前，早期檢測亞臨床功能障礙。後兩者技術更為 preserved EF 心衰竭患者提供重要的診斷標準。若再加上心肺功能及運動超音波檢測，可為心衰

	竭患者提供全方位的評估。

* 講師：張鴻猷醫師　台北振興醫院心臟醫學中心心臟血管內科主治醫師	
* 課程主題：	Echo-Guide Therapy Optimization in Heart Failure
* 學經歷：	**Current Position** Attending Physician, Division of Cardiology, Heart Center, Cheng Hsin General Hospital Chief, Clinical Skill Center, Cheng Hsin General Hospital Associate professor, National Yang Ming Chiao Tung University, Taiwan (#151435) **Medical Education** M.D.(1997-2004), National Yang Ming University, Taiwan **Medical Training** 2004~2007 Resident, Department of Medicine, Cheng Hsin General Hospital, Taiwan 2007~2010 Fellowship of Cardiology, Division of Cardiology, Department of Medicine, Cheng Hsin General Hospital
* 摘要：	Heart failure (HF) remains a major cause of morbidity and mortality worldwide despite advances in pharmacological and device-based therapies. Guideline-directed medical therapy (GDMT) forms the cornerstone of treatment, yet the process of initiating and titrating therapy is still largely driven by symptoms, blood pressure, renal function, and biomarkers. These approaches, while clinically useful, may be subjective or nonspecific. Echocardiography, by contrast, provides direct and dynamic visualization of cardiac structure and function, and thus has growing potential to serve as a guide for treatment optimization. Several echocardiographic parameters are particularly relevant to the management of HF. Left ventricular

	ejection fraction (LVEF) remains a fundamental measure, determining the eligibility and expected response to GDMT. Changes in left ventricular volumes and evidence of reverse remodeling can reflect therapeutic efficacy over time. Measures of diastolic function such as left atrial volume index, transmitral Doppler inflow, and tissue Doppler E/e' ratio provide insight into filling pressures and congestion that are not always apparent clinically. Right ventricular function and pulmonary artery systolic pressure add further dimensions to treatment decisions, especially in patients with pulmonary hypertension or right-sided failure. Clinical data support the prognostic value of echocardiographic monitoring in HF. Improvement in LVEF or reverse remodeling has been consistently associated with better outcomes, while deterioration in diastolic parameters predicts hospitalization and mortality. At treatment initiation, LVEF is essential to determine eligibility for renin–angiotensin system inhibitors, beta-blockers, mineralocorticoid receptor antagonists, and SGLT2 inhibitors. During follow-up, serial assessment of ventricular dimensions and function may guide the aggressiveness of dose titration, particularly when symptoms are ambiguous or when biomarker trends are inconsistent. In real-world practice, echocardiographic evidence of rising filling pressures or worsening ventricular function can trigger earlier treatment intensification.

* 講師：熊名琛醫師　　台北振興醫院心臟內科主治醫師	
* 課程主題：	Echo in CRT,VAD,and Heart Transplantation
* 學經歷	國防醫學院畢業後 三軍總醫院院住院醫師/主治醫師

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* 摘要：	Echocardiography (echo) plays a vital role in managing patients requiring Cardiac Resynchronization Therapy (CRT), Ventricular Assist Devices (VADs), and Heart Transplantation by evaluating cardiac structure and function, guiding device implantation, monitoring post-procedural success, and detecting complications like dyssynchrony, graft dysfunction, and rejection. For CRT, echo helps identify mechanical dyssynchrony to select patients and guide lead placement. In VADs, echo evaluates pre-existing conditions, guides implantation for optimal unloading, and monitors device performance. After a heart transplant, echo assesses allograft function, screens for primary graft dysfunction and chronic rejection, and helps diagnose and monitor other complications.