

台灣心臟超音波學會

2D+3D 心臟瓣膜置換術後超音波及杜普勒的評估與最新治療趨勢 +實地操作

時間:2025 年 02 月 23 日(日)10:00~12:00(演講)

地點:台北市北投區振興醫院第二醫療大樓 6 樓會議廳

節目表

時間	講題	演講者	主持人
10:00~10:30	報到		
10:30~10:35	Welcome Address		殷偉賢理事長
10:35~10:55	基礎食道超音波的操作	劉郡庭醫師	熊名琛醫師
10:55~11:15	2D+3D：評估術前與術後之主動脈瓣疾病	秦志輝醫師	熊名琛醫師
11:15~11:35	2D+3D：評估術前與術後之二尖瓣膜疾病	李廣祚醫師	熊名琛醫師
11:35~11:55	2D+3D：經食道超音波常見之疾病	熊名琛醫師	秦志輝醫師
12:00~13:00	Lunch(請到第二醫療大樓五樓用餐)		

Hands-on Section(下午) 40 分鐘/場

時間:2025 年 02 月 23 日(日)13:00~16:00(實作)

地點:台北市北投區振興醫院第二醫療大樓五樓

(技術師：李麗那、鄧琦曄、江維萱、沈桂伊)

TAVI / TEE Case 病例練習

	第一討論室 秦志輝醫師	第二討論室 熊名琛醫師	臨床技能訓練教室 李廣祚醫師	貴賓室 劉郡庭醫師
13:00~13:40	Group 1	Group 4	Group 3	Group 2
13:40~14:20	Group 2	Group 1	Group 4	Group 3
14:20~15:00	Group 3	Group 2	Group 1	Group 4
15:00~15:40	Group 4	Group 3	Group 2	Group 1

一、演講題目：基礎食道超音波的操作

演講者： 劉郡庭 台北振興醫院心臟醫學中心

Current Position:

Attending physician of Pediatric Cardiology, Heart Center, Cheng Hsin General Hospital

Memberships

2020 – present: Taiwan Pediatric Association

2022 – present: Taiwan Society of Cardiology (TSOC)

2023 – present: Taiwan Society of Echocardiography (TSE)

Editorial Board Member

Medical Training

2015 – 2016: Intern, Changhua Christian Hospital (CCH)

2016 – 2017: PGY, MacKay Memorial Hospital (MMH)

2017 – 2020: Resident, Department of Pediatric, MacKay Memorial Hospital (MMH)

2020 – 2022: Fellow of Pediatric Cardiology, Department of Pediatric, MacKay Memorial Hospital (MMH)

Award and Honor

2016 Best Intern, Changhua Christian Hospital (CCH)

Paper Presentations

1. April, 2020 – Taiwan Pediatric Association Annual Conference 2020, oral presentation: Efficacy of Palivizumab prophylaxis protocol for respiratory syncytial virus infection in congenital heart disease children with cardiomyopathy with reduced left ventricular ejection fraction.
2. Sep. 2020 – Taiwan Pediatric Association Annual Conference 2021, oral presentation: A baby girl with right renal artery stenosis, post balloon dilatation and stent implantation.
3. April, 2021 – Taiwan Pediatric Association Annual Conference 2021, oral presentation: A heart out of place: Case report of new-born ectopic cordis.

摘要：How to perform a basic TEE , and transesophageal echocardiography

View , image of cases of each view

二、演講題目：2D+3D：評估術前與術後之主動脈瓣疾病

演講者 秦志輝 國泰綜合醫院一般心臟醫學科主任

學經歷：

國泰綜合醫院教學部副主任

輔仁大學醫學系專任助理教授

台灣心臟超音波學會理事

中華民國心臟學會監事

專科證書

內科醫學會專科醫師及指導醫師

中華民國心臟學會專科醫師及指導醫師

中華民國重症醫學會專科醫師

台灣心臟超音波學會專業指導醫師

摘要：Your heart has four valves that keep blood flowing in the correct direction. These valves include the mitral valve, tricuspid valve, pulmonary valve and aortic valve. Each valve has flaps (cusps or leaflets) that open and close once during each heartbeat. Sometimes, the valves don't open or close properly, disrupting the blood flow through your heart and potentially impairing the ability to pump blood to your body.

In aortic valve disease, the aortic valve between the lower left heart chamber (left ventricle) and the main artery that delivers blood from the heart to the body (aorta) doesn't work properly. It may not be closing properly, which causes blood to leak backward to the left ventricle (regurgitation), or the valve may be narrowed (stenosis).

Aortic valve disease may be caused by a heart defect present at birth (congenital). It can also be caused by other conditions, including age-related changes to the heart, infections, high blood pressure or injury to the heart.

Treatment for aortic valve disease depends on the severity of your condition, whether or not you're experiencing signs and symptoms, and if your condition is getting worse.

If your symptoms are mild or you aren't experiencing symptoms, your doctor may monitor your condition with regular follow-up appointments. Your doctor may recommend you make healthy lifestyle changes and take medications to treat symptoms or reduce the risk of complications.

You may eventually need surgery to repair or replace the diseased aortic valve. In some cases, your doctor may recommend surgery even if you aren't experiencing symptoms. If you're having another heart surgery, doctors may perform aortic valve surgery at the same time.

If you have aortic valve disease, consider being evaluated and treated at a medical center with a multidisciplinary team of cardiologists and other doctors and medical staff trained and experienced in evaluating and treating heart valve disease. This team can work closely with you to determine the most appropriate treatment for your condition.

三、演講者題目：2D+3D：評估術前與術後之二尖瓣膜疾病

演講者：李廣祚 林口長庚紀念醫院內科系非侵襲性心血管中心副主任
林口長庚紀念醫院心臟內科助理教授級主治醫師、

Education:

Doctor of Medicine, Chang Gung University, Taiwan

Present Position:

Attending Doctor and Assistant Professor of Cardiology Department, Chang Gung Memorial Hospital, Taoyuan, Taiwan

Certification of Critical Care Medicine: 2015 ~

Certification of Cardiovascular Interventions: 2015 ~

Assistant Supervisor of Intensive Cardiac Care Unit 2017 ~ 2023

Director of Taiwan Society of Echocardiography: 2018 ~

Assistant Supervisor of Non-invasive Cardiac Center 2023 ~

Past Experiences:

Aug 2012 ~ July 2014: Cardiology Fellowship, Chang Gung Memorial Hospital

Aug 2009 ~ July 2012: Internal Medicine Residency, Chang Gung Memorial Hospital

Clinical Interests:

Cardiac Critical Care

Echocardiography for Mechanical Cardiac Support and Valvular Heart Disease

Interventional Echocardiography

摘要：Echocardiography for Mitral Regurgitation — Qualitative and Quantitative Approaches

Mitral regurgitation is one of the most common valvular heart disease. Composition of this valve is complicated, including annulus, leaflets, chordae tendineae, and papillary muscles. Significant regurgitation may be a result of abnormal mitral apparatus, or left ventricular dysfunction. Prognosis is different between primary and secondary mitral regurgitation, so is management. Thus, accurate evaluation for this valve could not be more emphasized.

The advancement of echocardiography facilitates vivid and detailed valvular imaging. We could determine severity of mitral regurgitation in many ways. Some of those are qualitative, and some are quantitative. There are several potential limitations in those methods, and understanding them is essential in our practice. We would like to introduce the steps of echocardiographic evaluation for mitral regurgitation, and discuss about their clinical utilization.

四、演講題目：2D+3D：經食道超音波常見之疾病

演講者…：熊名琛 台北振興醫院心臟內科主治醫師

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

阿拉巴馬州大學附設醫學中心進修

臺灣心臟超音波學會理事長

現任：臺灣心臟超音波學會秘書長

摘要：The tricuspid valve (TV), although occasionally considered “neglected” is the subject of renewed and increasing interest. Factors include an awareness that tricuspid valve dysfunction is influential in patient outcomes, an improving understanding of valve anatomy and function and evolving techniques available to address tricuspid regurgitation. Tricuspid regurgitation (TR) can be classified as being due to primary diseases of the valve or functional in nature, with the majority being functional. Whilst it was previously believed that such functional TR, resulting from left sided disease, would resolve after correction of the underlying pathology this is now known not to be true. In fact, annular dilatation, TR and right ventricular dysfunction may all continue to progress after successful surgery on the aortic or mitral valve. Although there are many modalities with which to image the TV, this lecture will focus on echocardiography, primarily transesophageal echocardiography (TEE). In every patient undergoing cardiac surgery with TEE, a thorough and systematic examination of the TV structure and function should be performed, utilizing quantitative and qualitative measures with both 2D and 3D echocardiography. As the appearance of TR can be significantly influenced by hemodynamic factors, it is essential that echocardiography to investigate TR also be performed in the resting conscious state. Ideally, deciding whether the TV warrants operative attention at the time of planned cardiac surgery should be determined preoperatively based on a high quality transthoracic echocardiography (TTE) and relevant patient and surgical factors.