

# 中區心臟血管學術會

日期：114 年 6 月 28 日 PM 14:00~16:15

地點：裕元花園酒店 4 樓東側包廂（台中市西屯區台灣大道四段 610 號）

主持人：王克帆主任（林新醫院 心臟內科）

Time	Program	Speaker	Moderator
14:00~14:05	Welcome Address		張坤正會長 (中國醫大附設醫院)
14:05~14:10	Opening Address		王克帆主任 (林新醫院)
<b>Special Lecture</b>			
14:10~15:10	<b>Current status of Hypertrophic cardiomyopathy</b>	賴志泓醫師 (台中榮民總醫院)	王克帆主任 (林新醫院)
<b>Case Report : (每病例報告 10 分鐘，討論 5 分鐘)</b>			
15:10~15:25	LV Hypertrophy and Atrial Fibrillation	張靜芬醫師 (中國醫大附設醫院)	王克帆主任 (林新醫院)
15:25~15:40	Ablation cases of interruption of IVC with azygos continuation, PLSVC	蕭宥羽醫師 (台中榮民總醫院)	
15:40~15:55	Dual-access approach for unknown IVC mass	楊午騰醫師 (彰化基督教醫院)	
15:55~16:10	Fabry's disease with hypertrophic obstructive cardiomyopathy treated with alcohol septal ablation	陳思睿醫師 (中山醫大附設醫院)	
16:10~16:15	Closing Remarks		王克帆主任 (林新醫院)

主辦單位：林新醫院 心臟內科

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協辦單位：台田藥品股份有限公司

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學分：內科學分、心臟專科學分、重症醫學會學分、急救加護學分申請中。

歡迎醫藥界同仁踴躍參加!

※ 下次預定主辦醫院:仁愛綜合醫院 日期:114.9.27 ※

## 摘要

### Lecture :

**14:10-15:10**

#### **Current status of Hypertrophic cardiomyopathy**

臺中榮民總醫院 心臟血管中心介入性心臟血管科 賴志泓醫師

Hypertrophic cardiomyopathy (HCM) is a common inherited cardiac disorder characterized by left ventricular hypertrophy in the absence of secondary causes. Advances in genetic testing and cardiac imaging, particularly cardiac MRI, have significantly improved diagnosis and risk stratification. The clinical presentation varies widely, ranging from asymptomatic individuals to those with heart failure or sudden cardiac death, particularly in young athletes. Contemporary management focuses on symptom relief, arrhythmia prevention, and sudden death risk reduction. Beta-blockers and calcium channel blockers remain first-line therapies, while surgical myectomy and alcohol septal ablation are effective in symptomatic obstructive cases. Recently, novel therapies such as cardiac myosin inhibitors (e.g., mavacamten) have shown promise in reducing obstruction and improving functional capacity. Risk stratification tools and implantable cardioverter-defibrillators (ICDs) play a key role in preventing sudden cardiac death. Despite these advances, long-term management remains complex and requires a multidisciplinary approach. Ongoing research aims to further personalize therapy and improve outcomes for HCM patients.

### Case 1 :

**15:10-15:25**

#### **LV Hypertrophy and Atrial Fibrillation**

中國醫藥大學附設醫院 內科部心臟血管系 張靜芬醫師

#### **A 65 y/o Man with Cardiac Amyloidosis (CA) and Atrial Fibrillation**

Atrial fibrillation (AF) is a common arrhythmia (25%) in hypertrophy cardiomyopathy (HCM) and Cardiac Amyloidosis (CA) patients (55.8%), especially in those with ATTR amyloidosis (70%). Increased atrial preload and afterload, atrial enlargement, enhanced atrial wall stress, and autonomic dysfunction are the main mechanisms of AF in the patients. Not only AF but also HCM and CA are associated with the formation of endocardial thrombi and systemic embolism. The CHA2DS2-VASc score should not be used to assess the thromboembolic risk in these patients with AF. Rate control is challenging, while rhythm control is the preferred treatment option, especially in the early stages of the disease process.

## Case 2 :

15:25-15:40

### **Ablation cases of interruption of IVC with azygos continuation, PLSVC**

臺中榮民總醫院 心臟內科 蕭宥羽醫師

Catheter ablation in patients with **interrupted IVC with azygos continuation** and/or **persistent left superior vena cava (PLSVC)** requires special considerations due to abnormal venous anatomy. In IVC interruption, venous return from the lower body travels via the azygos vein into the SVC, limiting the use of femoral access. Superior venous access (e.g., internal jugular) is typically preferred. PLSVC, draining into the coronary sinus, may cause dilation and catheter instability, and can be a source of arrhythmia, especially in atrial fibrillation. In rare cases where both anomalies coexist, superior access and pre-procedural imaging (CT/MRI) are essential. Despite these challenges, successful ablation is feasible with careful planning, 3D mapping systems, and tailored techniques. We will have a case-sharing and general introduction about PLSVC.

## Case 3 :

15:40-15:55

### **Dual-access approach for unknown IVC mass**

彰化基督教醫院 心臟內科 楊午騰醫師

A 71-year-old male with a history of hypertension, diabetes, and dyslipidemia presented with progressive bilateral lower limb edema, abdominal distension for one month, and recent onset of melena accompanied by abdominal pain. Imaging via abdominal CT revealed massive ascites and an ill-defined mass extending from the hepatic veins into the right atrium. To further evaluate the etiology of the mass, IVUS was employed via right femoral vein access for detailed assessment of the hepatic venous structures. In addition, tissue sampling was performed through a right internal jugular vein approach using a biopsy device. This dual-access approach allowed for both visualization and histological diagnosis of the suspected hepatic venous tumor thrombus. This case highlights a rare diagnostic route using IVUS guidance combined with transvenous biopsy for intravascular hepatic lesions with intracardiac extension.

## Case 4 :

15:55-16:10

### **Fabry's disease with hypertrophic obstructive cardiomyopathy treated with alcohol septal ablation**

中山醫學大學附設醫院 心臟內科 陳思睿醫師

This is a case referred from LMD and was allegedly diagnosed to be severe aortic stenosis. She was admitted for TAVI preparation, but eventually discovered HoCM under echocardiogram. Further history taking provided information of high possibility of Fabry's disease. ASA and cardiac biopsy were performed.

## 講 師

### Lecture :

**14:10-15:10**

### **Current status of Hypertropic cardiomyopathy**

臺中榮民總醫院 心臟血管中心介入性心臟血管科 賴志泓醫師

主治專長

高血壓、心臟血管疾病、高血脂症、介入性心導管治療、冠狀動脈氣球擴張術、冠狀動脈血管支架、周邊血管疾病

專業經驗

臺中榮民總醫院 心臟血管中心介入性心臟血管科 主治醫師 (2014/10—迄今)

臺北醫學大學—雙和醫院心臟科 主治醫師 (2012/07—2014/9)

臺北榮民總醫院心臟科 研究醫師 (2011/08—2012/06)

臺北榮民總醫院心臟科 總醫師 (2009/08—2011/08)

臺北榮民總醫院內科部 住院醫師 (2006/08—2009/08)

重要經歷/進修訓練

美國希望之城醫學中心基礎醫學研究進修(2018/08-2020/08)

日本倉敷中央病院循環器內科進修醫師 (2012/02—2012/03)

學歷

中國醫藥大學醫學系畢業 (1999/08—2006/08)

專科證照

中華民國心臟學會專科會員

### Case 1 :

**15:10-15:25**

### **LV Hypertrophy and Atrial Fibrillation**

中國醫藥大學附設醫院 內科部心臟血管系 張靜芬醫師

現職

中國醫藥大學附設醫院 內科部心臟血管系 備任主治醫師

經歷

中國醫藥大學附設醫院內科部住院醫師

中國醫藥大學附設醫院內科部總醫師

中國醫藥大學附設醫院心臟血管系研究醫師

台灣內科醫學會專科醫師

## **Case 2 :**

**15:25-15:40**

**Ablation cases of interruption of IVC with azygos continuation, PLSVC**

臺中榮民總醫院 心臟內科 蕭宥羽總醫師

學歷：

陽明大學 醫學系 學士

經歷：

台中榮總內科部住院醫師

台中榮總心臟內科總醫師

## **Case 3 :**

**15:40-15:55**

**Dual-access approach for unknown IVC mass**

彰化基督教醫院 心臟內科 楊午騰醫師

稱謂：Fellow1

學歷：

中國醫藥大學 西醫畢業

住院醫師訓練醫院：彰化基督教醫院

## **Case 4 :**

**15:55-16:10**

**Fabry's disease with hypertrophic obstructive cardiomyopathy treated with alcohol septal ablation**

中山醫學大學附設醫院 心臟內科 陳思睿醫師

學歷：

中山醫學大學醫學系

經歷：

中山醫學大學附設醫院內科住院醫師