中區心臟血管學術會

日　　期：114 年 9 月 27 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：張之光副院長（大里仁愛醫院 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		張之光副院長 (大里仁愛醫院)
Special Lecture			
14:10~15:10	**Evaluating Renal Function: Roles of GFR, Albuminuria, and Proteinuria**	蔡尚峰醫師 (台中榮民總醫院)	張之光副院長 (大里仁愛醫院)
Case Report : (每病例報告 10 分鐘，討論 5 分鐘)			
15:10~15:25	Transcatheter Management of Ventricular Pseudoaneurysms	林芸醫師 (彰化基督教醫院)	張之光副院長 (大里仁愛醫院)
15:25~15:40	Pacemaker Dysfunction Requiring Temporary Cardiac Pacing after PTSMA in a 70-Year-Old Female with HCM	陳家豪醫師 (中國醫大附設醫院)	
15:40~15:55	Acute stent migration during primary PCI	陳思睿醫師 (中山醫大附設醫院)	
15:55~16:10	Critical Ostium LM disease complicated with LM perforation successfully treated by Covered stent	劉冠宏醫師 (大里仁愛醫院)	
16:10~16:15	Closing Remarks		張之光副院長 (大里仁愛醫院)

主辦單位：大里仁愛醫院 心臟內科　　☎：(04)24819900 轉 3304

協辦單位：台田藥品股份有限公司　　☎：(04)23719861

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!

Evaluating Renal Function: Roles of GFR, Albuminuria, and Proteinuria

興大後醫系教授、中榮臨資科主任、中榮腎臟科主治醫師 蔡尚峰

Abstract

Accurate evaluation of renal function is fundamental in diagnosing chronic kidney disease (CKD), guiding drug dosing, and predicting patient outcomes. Glomerular filtration rate (GFR) estimation remains the cornerstone, with different equations suited for specific purposes: drug dosing should be based on non–body surface area (BSA)–adjusted GFR formulas such as Cockcroft–Gault (C–G), whereas CKD staging should rely on BSA-adjusted GFR formulas such as MDRD or CKD-EPI. Albuminuria, resulting from glomerular injury and impaired tubular reabsorption, is a pivotal marker of kidney damage; it can predict not only renal outcomes but also cardiovascular outcomes, and is quantified using urine albumin-to-creatinine ratio (ACR) or 24-hour urine collection. Proteinuria and urine routine testing further reveal abnormalities such as hematuria and casts, while renal sonography contributes essential structural insights, including cortical thickness, parenchymal echogenicity, and obstruction. Together, these modalities provide a comprehensive framework to classify CKD, tailor pharmacotherapy, and optimize both renal and cardiovascular risk management.

Keywords: GFR, Cockcroft–Gault formula, MDRD, CKD-EPI, drug dosing, CKD stage, proteinuria, albuminuria, urine routine, renal sonography

題目：**Transcatheter Management of Ventricular Pseudoaneurysms**

彰化基督教醫院 心臟內科 林芸

摘要：An ventricular pseudoaneurysm, also referred to as a false aneurysm or contained rupture, forms when the myocardium ruptures and the rupture is contained by adherent pericardium or scar tissue. It may be a rare complication of ischemic, postsurgical, infectious, and after percutaneous valve replacement. Due to its lethal potential, treatment is primarily interventional, surgical or percutaneous. Here we present 2 cases of ventricular aneurysms successfully treated with percutaneous closure.

簡歷
姓　名：　林芸
服務單位：彰化基督教醫院心臟內科
稱謂：Fellow 1
學歷：中國醫藥大學
住院醫師訓練：彰化基督教醫院

Pacemaker Dysfunction Requiring Temporary Cardiac Pacing after PTSMA in a 70-Year-Old Female with HCM

中國醫藥大學附設醫院 心臟內科 陳家豪

Abstract:

This is a 70-year-old female with a history of complete atrioventricular block who underwent implantation of an MRI-conditional dual-chamber pacemaker (DDD mode, RA + LBBAP) on May 7, 2021. Since April 2025, she had experienced recurrent syncopal episodes. Echocardiographic evaluation revealed left ventricular concentric hypertrophy with a markedly elevated left ventricular outflow tract (LVOT) pressure gradient (maximum 127 mmHg, mean 88.5 mmHg). Given these findings, she was admitted for percutaneous transluminal septal myocardial ablation (PTSMA).

Following the procedure, pacemaker dysfunction accompanied by transient bradycardia progressing to asystole was observed. Atropine administration and temporary pacemaker (TPM) implantation were performed, and the patient was subsequently transferred to our CCU. The TPM was successfully removed two days later, and the patient was discharged without further complications.

內科部心臟血管系

陳家豪醫師

★ 優良事蹟

陳家豪醫師優良事蹟如下：

1.111年度優良教學住院醫師。

2.111年人工智慧學校AI培訓課程完訓結業。

3.中華民國職業醫學會勞工體格及健康檢查之醫師訓練完訓執照。

4.內科醫學會投稿: 先天性囊腫性腺瘤樣畸形。

Acute stent migration during primary PCI

中山附醫 心臟內科 陳思睿醫師

摘要

A patient presenting with acute myocardial infarction underwent primary percutaneous coronary intervention. Lesion assessment with IVUS at proximal LCX was performed, followed by predilatation using a balloon catheter and subsequent deployment of a coronary stent. Unexpectedly, post-procedural angiography revealed distal stent migration into the left distal LCX, associated with vessel overstretch. The complication was effectively managed with implantation of an additional stent, resulting in an optimal angiographic outcome.

簡歷：

中山醫學大學醫學系

中山醫學大學附設醫院內科住院醫師

Critical Ostium LM disease complicated with LM perforation successfully treated by Covered stent

仁愛長庚合作聯盟醫院 心臟科 劉冠宏

Abstract

This case report details the complex management of a 78-year-old female patient with end-stage renal disease (ESRD) on hemodialysis, hypertension, and hyperlipidemia, who presented with exertional chest tightness and acute pulmonary edema. After a coronary angiogram revealed critical ostium left main (LM) disease and triple-vessel coronary artery disease (CAD), she refused the recommended bypass surgery, necessitating a high-risk percutaneous coronary intervention (PCI). Due to her poor left ventricular function, the procedure was conducted with hemodynamic support from an intra-aortic balloon pump (IABP). During the subsequent intravascular ultrasound (IVUS)-guided intervention on the critical LM lesion, a life-threatening perforation occurred at the ostium following a kissing balloon technique. This critical complication was managed emergently with prolonged balloon inflation for temporary hemostasis, followed by the successful implantation of a covered stent.

簡歷：

高雄長庚心臟科總醫師

長庚仁愛醫院心臟科總醫師

林口長庚內科住院醫師