

中區心臟血管學術會

中區心臟血管學術會

日期：115 年 3 月 14 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：蘇峻弘主任（中山醫學大學附設醫院 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		蘇峻弘主任 (中山醫大附設醫院)
Special Lecture			
14:10~15:10	From Registries to Practice: Insights from Taiwan's Myocardial Infarction Data and Post-ACS Care	王宇澄主任 (亞洲大學附屬醫院)	蘇峻弘主任 (中山醫大附設醫院)
Case Report : (每病例報告 10 分鐘，討論 5 分鐘)			
15:10~15:25	A Case of Fulminant Peripartum Cardiomyopathy: Clinical Management from Mechanical Circulatory Support to Successful Heart Transplantation	楊子祺醫師 (彰化基督教醫院)	蘇峻弘主任 (中山醫大附設醫院)
15:25~15:40	When CTEPH Was Hiding in Plain Sight	鄭英男醫師 (中國醫大附設醫院)	
15:40~15:55	Bidirectional approach of Stumpless SFA CTO	李家榛醫師 (台中榮民總醫院)	
15:55~16:10	Bilateral massive pulmonary embolism status post bail-out pigtail thrombectomy	黃立安醫師 (中山醫大附設醫院)	
16:10~16:15	Closing Remarks		蘇峻弘主任 (中山醫大附設醫院)

主辦單位：中山醫學大學附設醫院 心臟內科

☎：(04)24739595-38231

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！

※ 下次預定主辦醫院：台中慈濟醫院 日期：115.6.27 ※

個人簡歷

專題演講

From Registries to Practice: Insights from Taiwan's Myocardial Infarction Data and Post-ACS Care

王宇澄(亞洲大學附屬醫院)

學歷:

陽明大學醫學系醫學士(1994-2000)
中國醫藥大學臨床醫學研究所博士(2010-2016)|
美國德州心臟醫學中心 Texas Heart Institute
研究員 (2011-2012)

現職:

亞洲大學附屬醫院內科主任 (2021-迄今)
亞洲大學附屬醫院心臟科主任(2016-迄今)
教育部定副教授(2022-迄今)
亞洲大學醫學檢驗暨生物技術學系專任副教授(2022-迄今)
中國醫藥大學附設醫院心臟血管系兼任主治醫師(2019-迄今)
中華民國心臟內科專科醫師 (2008-迄今)
中華民國心臟學會心臟內科介入性次專科醫師 (2009-迄今)
中華民國心臟學會專科指導醫師(2015-迄今)
中華民國血脂暨動脈硬化學會理事(2024-迄今)
台灣心肌梗塞學會秘書長 (2024-迄今)
台灣介入性心臟血管醫學會編輯暨數位委員會主委 (2024-迄今)
中華民國心臟學會預防醫學委員會及治療準則與共識委員會委員(2024-迄今)
台灣介入性心臟血管醫學會 研究暨登錄委員會 / 學術委員會 / 教育委員會 委員
(2024-迄今)
台中市醫師公會會員代表(2023-迄今)

經歷:

亞洲大學醫學檢驗暨生物技術學系專任助理教授(2016-2022)
教育部定助理教授 (2017-2022)
亞洲大學附屬醫院內科部副主任 (2018-2021)
中國醫藥大學附設醫院心臟血管系心臟預防醫學科主任 (2015-2019)
台大醫院內科住院醫師 (2003-2006)
台大醫院心臟內科研究醫師 (2006-2008)
中國醫藥大學附設醫院心臟內科主治醫師 (2008-2019)

亞洲大學附屬醫院醫務秘書(2016-2018)
台灣高血壓學會理事(2021-2024)
台灣介入性心臟血管醫學會理事 (2022-2024)
中華民國血脂暨動脈硬化學會監事(2021-2024)
中華民國心臟學會 學術委員會 / 治療準則與共識委員會 委員(2022-2024)
中華民國心臟學會預防醫學委員會委員(2020-2022)
中華民國心臟學會國際交流委員會委員(2018-2022)
中華民國心臟學會副秘書長 (2018-2020)
中華民國心臟學會甄審委員會委員(2016-2020)
中華民國心臟學會高血壓委員會委員(2016-2018)
台灣介入性心臟血管醫學會理事 / 編輯暨登錄委員會主委(2022-2024)
台灣介入性心臟血管醫學會編輯暨登錄委員會委員(2018-2022)
台灣介入性心臟血管醫學會副秘書長 (2014-2016)
台灣心肌梗塞學會理事暨學會學術委員會主委(2021-2024)
台灣高血壓學會學術委員會委員(2016-2020)
臺灣大學智慧健康科技研發中心諮詢委員(2021-2022)

專長:

心臟內科學
冠狀動脈疾病與心導管介入手術
心臟衰竭
三高控制與心臟預防醫學

得獎與專利：

- 2025 亞太經導管心血管介入治療高峰論壇 (TCTAP)最佳論文摘要獎 (Best Abstract Award)
- 第 21 屆 國家新創獎 (2024 年 12 月): 智能心電圖冠狀動脈疾病偵測系統
- 2024 中華民國專利: 左心耳封堵器決定方法、左心耳參數取得方法及其系統 (發明第 I843542 號)
- 第 20 屆 國家新創獎 / 新創精進獎 (2023 年 12 月): 24/7 急性心肌梗塞智能輔助系統 (Artificial Intelligence Assisted Autodiagnosis of ST Elevation Myocardial Infarction 24/7)
- 第 20 屆 國家新創獎 / 臨床新創獎 (2023 年 12 月): 智慧化冠狀動脈疾病偵測系統: AI 輔助運動心電圖判讀 (Intelligent Coronary Artery Disease Detection System: AI-Assisted Exercise Electrocardiogram Interpretation)
- 第 17 屆 國家新創獎 / 臨床新創獎 (2020 年 12 月): 24/7 急性心肌梗塞智能輔助系統 (Artificial Intelligence Assisted

Autodiagnosis of ST Elevation Myocardial Infarction 24/7)

- 中華民國心臟學會 46 屆年會青年醫師研究獎首獎 (2016 年 5 月)
- 2015 亞太經導管心血管介入治療高峰論壇(TCTAP)最佳案例獎 (Best Case Award)
- 中國醫藥大學 103 學年度臨床優良教師金蘋果獎
- 中國醫藥大學附設醫院 103 學年度優良教學醫師
- 中國醫藥大學附設醫院 102 年度傑出主治醫師
- 中華民國心臟學會 41 屆年會最佳口頭論文報告獎 (2011 年 5 月)

Case Report

1. A Case of Fulminant Peripartum Cardiomyopathy: Clinical Management from Mechanical Circulatory Support to Successful Heart Transplantation

楊子祺醫師(彰化基督教醫院)

學經歷：

中國醫藥大學醫學系醫學士

中國醫藥大學實習畢業

彰化基督教醫院 PGY 訓練畢

彰化基督教醫院內科住院醫師

內科醫學會會員

彰化基督教醫院心臟血管內科訓練總醫師

中華民國心臟學會會員

二林基督教醫院心臟內科主治醫師

專長：

高血壓、高血脂、糖尿病

心臟冠狀動脈疾病、心衰竭、一般心臟血管等疾病

心悸、心律不整

心臟超音波、非侵入性心臟血管生理檢查

2. When CTEPH Was Hiding in Plain Sight

鄭英男醫師(中國醫藥大學附設醫院)

學歷

台北醫學大學 醫學系 醫學士

經歷

中國醫藥大學附設醫院 心臟內科 研究醫師暨內科部總醫師

衛服部立金門醫院心臟內科主治醫師暨心導管室 主任

中國醫藥大學附設醫院 心臟內科 主治醫師

中華民國心臟學會心臟內科專科醫師

現職

中國醫藥大學附設醫院 內科部心臟血管系 主治醫師

3. Bidirectional approach of Stumpless SFA CTO

李佳榛醫師(台中榮民總醫院)

Education and Qualification

2013-2019 M.D., National Cheng Kung University, Tainan, Taiwan

2025- Board certified specialist of Taiwan Society of Internal medicine

Work experience

2020/08-2022/07 Post-graduate Year training, China Medical University Hospital

2022/09-2025/08 Resident physician, department of Internal medicine, Taichung Veterans General Hospital

2025/09-present Chief Resident, Cardiovascular Center, Taichung Veterans General Hospital

4. Bilateral massive pulmonary embolism status post bail-out pigtail thrombectomy

黃立安醫師(中山醫學大學附設醫院)

學歷

中山醫藥大學 醫學系 醫學士

經歷

中山醫學大學附設醫院內科部住院醫師

摘要

專題演講

From Registries to Practice: Insights from Taiwan's Myocardial Infarction Data and Post-ACS Care

王宇澄(亞洲大學附屬醫院)

Acute myocardial infarction (AMI) remains a leading cause of morbidity and mortality in Taiwan despite substantial advances in reperfusion strategies and pharmacological therapies. Over the past two decades, multiple nationwide and society-based registries initiated by the Taiwan Society of Cardiology and the Taiwan Association for Myocardial Infarction Studies (TAMIS) have systematically captured real-world data on patient characteristics, treatment patterns, and clinical outcomes across diverse healthcare settings. These registries provide a unique opportunity to evaluate temporal trends in disease burden, quality of care, and gaps between guideline recommendations and real-world practice.

This keynote lecture will first review the evolution of major Taiwanese cardiovascular registries, highlighting key epidemiological findings, improvements in acute care performance, and emerging challenges in secondary prevention and long-term risk management. The presentation will then introduce the preliminary results from the latest TAMIS retrospective registry, focusing on contemporary patient profiles, antithrombotic strategies, lipid management, comorbidity burden, and short- and intermediate-term outcomes in post-acute coronary syndrome (ACS) populations. These data offer important insights into unmet needs and opportunities for personalized and region-specific care.

Finally, the lecture will summarize the initial framework and core recommendations of the TAMIS Post-ACS Post-Acute Care (PAC) Consensus, which aims to integrate multidisciplinary care pathways, optimize pharmacotherapy, enhance transitional care, and promote long-term risk factor control. By bridging registry evidence with clinical implementation, this session seeks to demonstrate how locally generated real-world data can inform pragmatic strategies to improve post-ACS outcomes and support the development of sustainable, patient-centered cardiovascular care models in Taiwan.

Case Report

5. A Case of Fulminant Peripartum Cardiomyopathy: Clinical Management from Mechanical Circulatory Support to Successful Heart Transplantation

楊子祺醫師(彰化基督教醫院)

This case presentation describes the clinical trajectory and management of a 45-year-old female diagnosed with fulminant peripartum cardiomyopathy (PPCM). The patient, who conceived via IVF and had a history of chronic hypertension, presented at 36 weeks of gestation with progressive respiratory distress. Following an emergent cesarean section, she suffered a rapid cardiovascular collapse, characterized by cardiogenic shock, severe metabolic acidosis, and refractory ventricular arrhythmias. Initial assessment confirmed severe left ventricular dysfunction with an ejection fraction (LVEF) of only 11%. To stabilize the patient's critical condition, a multidisciplinary team initiated immediate extracorporeal membrane oxygenation (ECMO) and continuous veno-venous hemofiltration (CVVH). Given the lack of cardiac recovery and the development of multi-organ complications, the management strategy shifted toward a more durable support system. Two days later, a CentriMag left ventricular assist device (LVAD) was surgically implanted as a "bridge to transplantation," allowing for ECMO decannulation and improved systemic perfusion. During this phase, clinical focus remained on optimizing hemodynamic support, managing fluid balance, and preventing potential device-related complications to ensure the patient remained a viable candidate for surgery. Ultimately, the patient underwent a successful heart transplantation 15 days after her initial admission. Post-operative follow-up showed significant clinical improvement and a restored LVEF of 64.5%, leading to her discharge. This case highlights that in instances of refractory PPCM, the timely transition between different modes of mechanical circulatory support is vital for survival while awaiting definitive transplantation.

6. When CTEPH Was Hiding in Plain Sight

鄭英男醫師(中國醫藥大學附設醫院)

A 76 y/o patient was with upper respiratory symptoms and progressive dyspnea for 2 weeks. Suffer from fever and desaturation . An early diagnostic label was assigned and never questioned- pneumonia. Still exertional dyspnea after discharge. Echocardiogram revealed RA/RV dilatation with moderate pulmonary hypertension. Partial response to PH-target therapy, falsely reassured clinicians. Complete PH study is very important, but so complicated of screening tables

Key test was pursued: ventilation–perfusion scanning. CTEPH was not invisible—it was overlooked. “The clues were always there.

But once an early diagnosis was made, every new finding was interpreted to fit that narrative. The disease didn’t hide—our assumptions did.”

7. Bidirectional approach of Stumpless SFA CTO

李佳榛醫師(台中榮民總醫院)

Stumpless chronic total occlusions (CTOs) of the superficial femoral artery (SFA) present a distinct technical challenge for endovascular recanalization due to lack of an angiographic entry stump and uncertain proximal cap morphology. A bidirectional approach—simultaneous antegrade and retrograde access—has been proposed to improve crossing success, limit vessel injury, and reduce procedure time. We performed a case of left stumpless SFA CTO treated with a planned bidirectional technique. A planned bidirectional approach is a safe and effective strategy for recanalization of stumpless SFA CTOs. Combining antegrade and retrograde access improves crossing success and enables more controlled re-entry, potentially reducing reliance on higher-risk crossing maneuvers.

8. Bilateral massive pulmonary embolism status post bail-out pigtail thrombectomy

黃立安醫師(中山醫學大學附設醫院)

62 y/o male with underlying 1. Hemodialysis for 8 years, 2. Type 2 DM complicated with DM foot s/p amputation, 3. Hypertension. He presented with chest tightness and dyspnea on exertion. SPECT cardiac perfusion scan showed high probability of multivessel CAD with severe ischemic myocardium. CAG was performed on 2022/11, which showed triple vessel disease, with Syntax score 40. CABG was suggested, but the patient refused. Hence PCI of RCA with DES stenting was done on 2023/1. DAPT with Aspirin and Clopidogrel had been prescribed.

8 months later, planned LAD PCI was arranged. However, CAG revealed RCA stent in stent restenosis and CTO despite DAPT. What are the factors that affected the maintenance of stent? Is there any methods that could improve the success of PCI?