中區心臟血管學術會

日　　期：115 年 8 月 29 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：楊和邦主任（秀傳醫療社團法人秀傳紀念醫院 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		楊和邦主任 (秀傳紀念醫院)
Special Lecture			
14:10~15:10	**Lowering LDL-C: a key to ASCVD prevention**	陳宗瀛副院長 (光田綜合醫院)	楊和邦主任 (秀傳紀念醫院)
Case Report : (每病例報告 15 分鐘，討論 5 分鐘)			
15:10~15:30	A 54-year-old Woman Experiencing Refractory VT after OHCA	周其德醫師 (台中榮民總醫院)	楊和邦主任 (秀傳紀念醫院)
15:30~15:50	Acute limb ischemia related to failure of central venous catheter insertion, s/p Rotarex for thrombus aspiration	黃立安醫師 (中山醫大附設醫院)	
15:50~16:10	Averted the ACS Trap: POCUS Guided Precise Diagnosis and Management of Reverse Takotsubo Syndrome	羅翊賓醫師 (中國醫大附設醫院)	
16:10~16:15	Closing Remarks		楊和邦主任 (秀傳紀念醫院)

主辦單位：秀傳紀念醫院　心臟內科　　☎：(04)7256166

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:國軍台中總醫院　日期:115.12.19 ※

陳宗瀛

現職

1.現任光田綜合醫院醫療副院長

2.現任光田綜合醫院心臟內科主治醫師

學歷

- 陽明大學臨床醫學博士

經歷

- 前北榮心臟科主治醫師
- 前高榮心臟科主任
- 蔣故總統經國先生御醫
- 教育部部定副教授

Curriculum Vitae

Name: Chi-Te Chou
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E-mail: ctchou1008@gmail.com

Title:
Cardiology fellowship, Taichung Veterans General Hospital
Resident of internal medicine, Taichung Veterans General Hospital

Department:
Cardiovascular center

Division:
Cardiology

Education, Training
2015-2021 Tapei Medical University, Department of Medicine
2021-2023 Post graduated year training, Taichung Veterans General Hospital
2023-2025 Taichung Veterans General Hospital, Department of Internal Medicine,

Residency
2025- Taichung Veterans General Hospital, Cardiovascular Center, Fellowship

Board Certifications
2021 Board of Physician
2025 Board of Internal Medicine

Membership:
Society of Internal Medicine, Taiwan
Society of Cardiology, Taiwan
Society of Heart Rhythm, Taiwan

Major Fields of Interest:
General medicine
General cardiology
Intensive care
Electrophysiology
Heart failure
Transcatheter endovascular intervention

黃立安
中山醫學大學醫學系
中山醫學大學附設醫院內科部住院醫師

醫師介紹 **(姓名職稱、簡歷、專長、現職、學歷、經歷、照片)**	 **姓名職稱(請提供中英文姓名)** 羅翊賓 Yi-Bin Lo 主治醫師 **專長** 胸痛、呼吸困難、心悸、三高慢性病 (高血壓、糖尿病、高血脂症)、心臟衰竭、心臟超音波、瓣膜性心臟病、女性心臟學、心律不整、心肌梗塞、冠狀動脈疾病 **現職** 中國醫藥大學附設醫院 內科部心臟血管系 主治醫師 **學歷** 中國醫藥大學 醫學系 醫學士 **經歷** 中國醫藥大學附設醫院 內科住院醫師 中國醫藥大學附設醫院 心臟內科研究醫師 中國醫藥大學附設醫院 心臟科加護病房專責主治醫師 中國醫藥大學附設醫院 心臟血管系心臟影像醫學科主治醫師 中國醫藥大學附設醫院 內科部教學型主治醫師

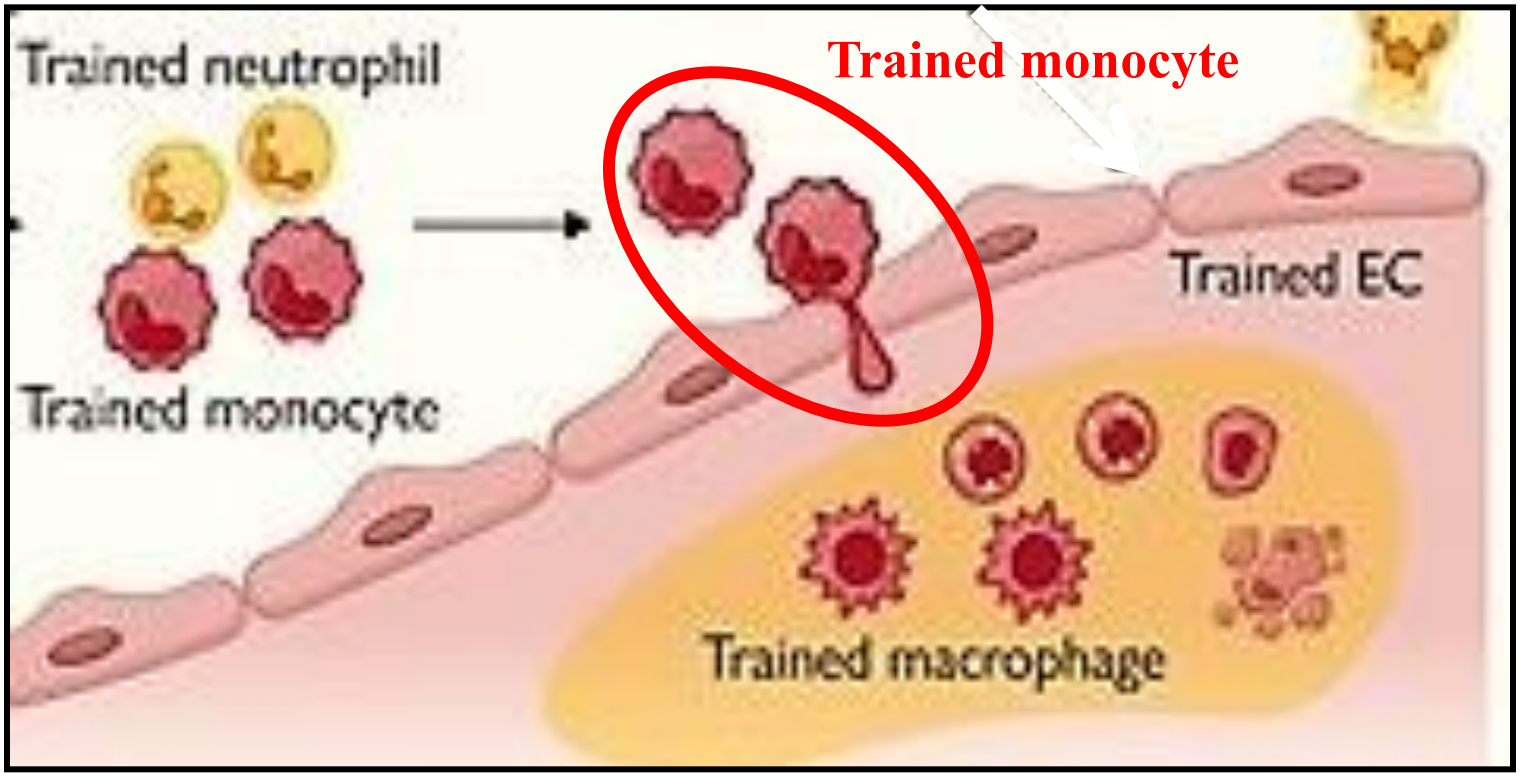
Beyond PCI

targeted molecular Rx. for *the* next era *of coronary care*

Cardiologist,
Fabrizio Spaziani Hosp.,
Frosinone, Italy

Celeski M, et al
Am J Cardiol 2026;269(June 15):58

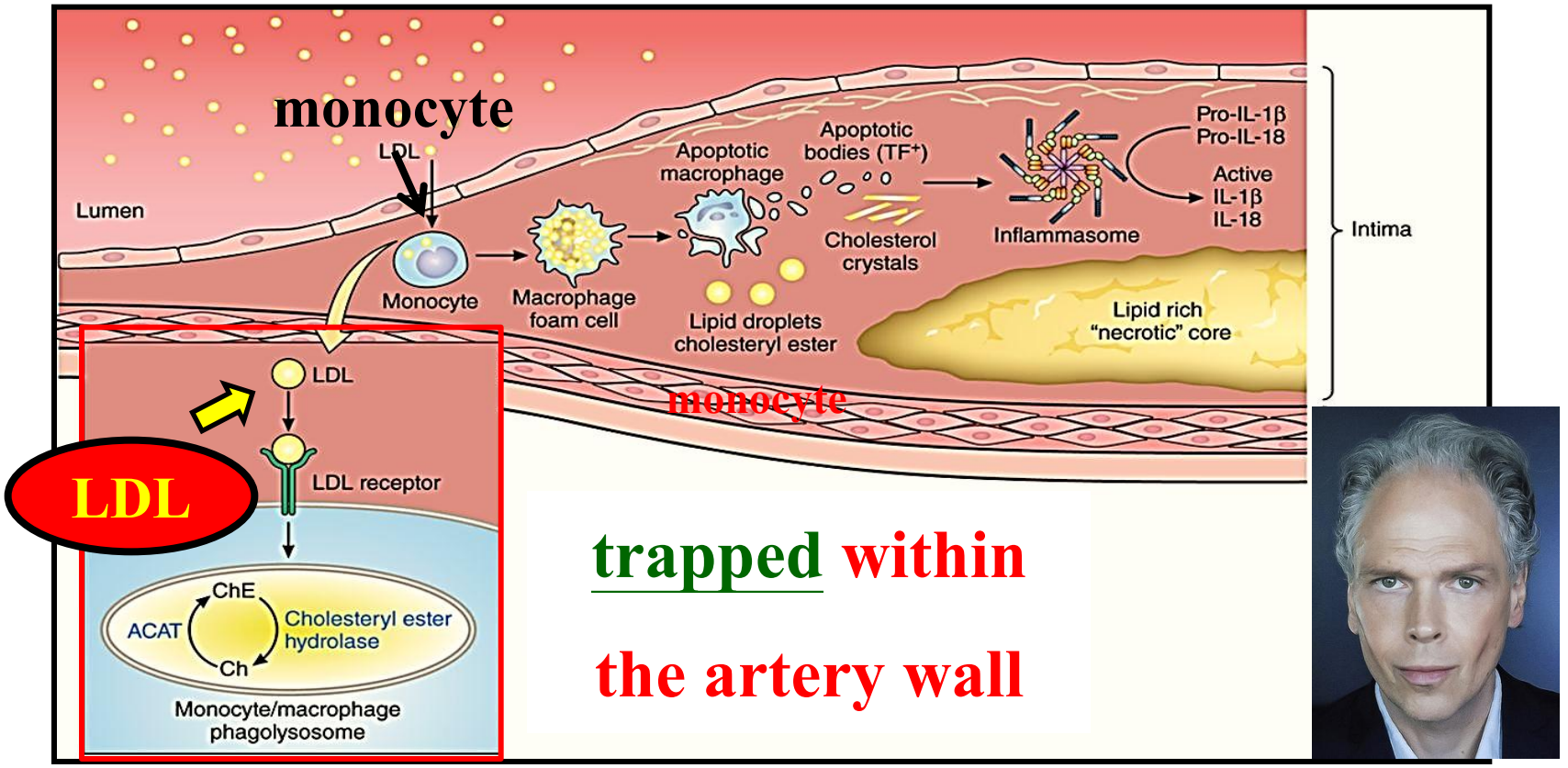
Trained Immunity in CVD



Riksen NP, et al.

Eur Heart J 2026;47(Mar. 7):1159

Editorial Comment



Ference BA, et al.

JACC 2022;80(Aug. 16):663

Centre for Naturally R. Trials,
U. Cambridge, UK

Immunocompetent Mouse Models

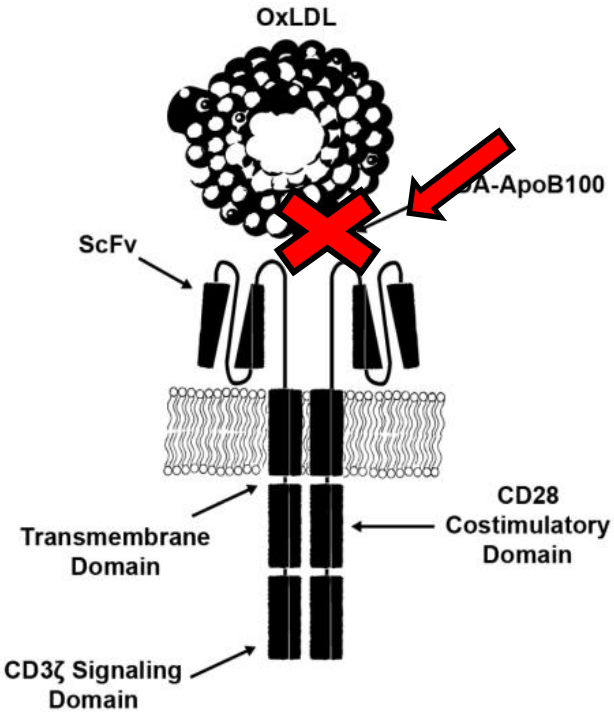
- **Anti-OxLDL CAR Tregs (anti-chimeric Ag-receptor T cells),**

  -- ↓↓ *inflammation*

  -- ↓↓ plaque deposition

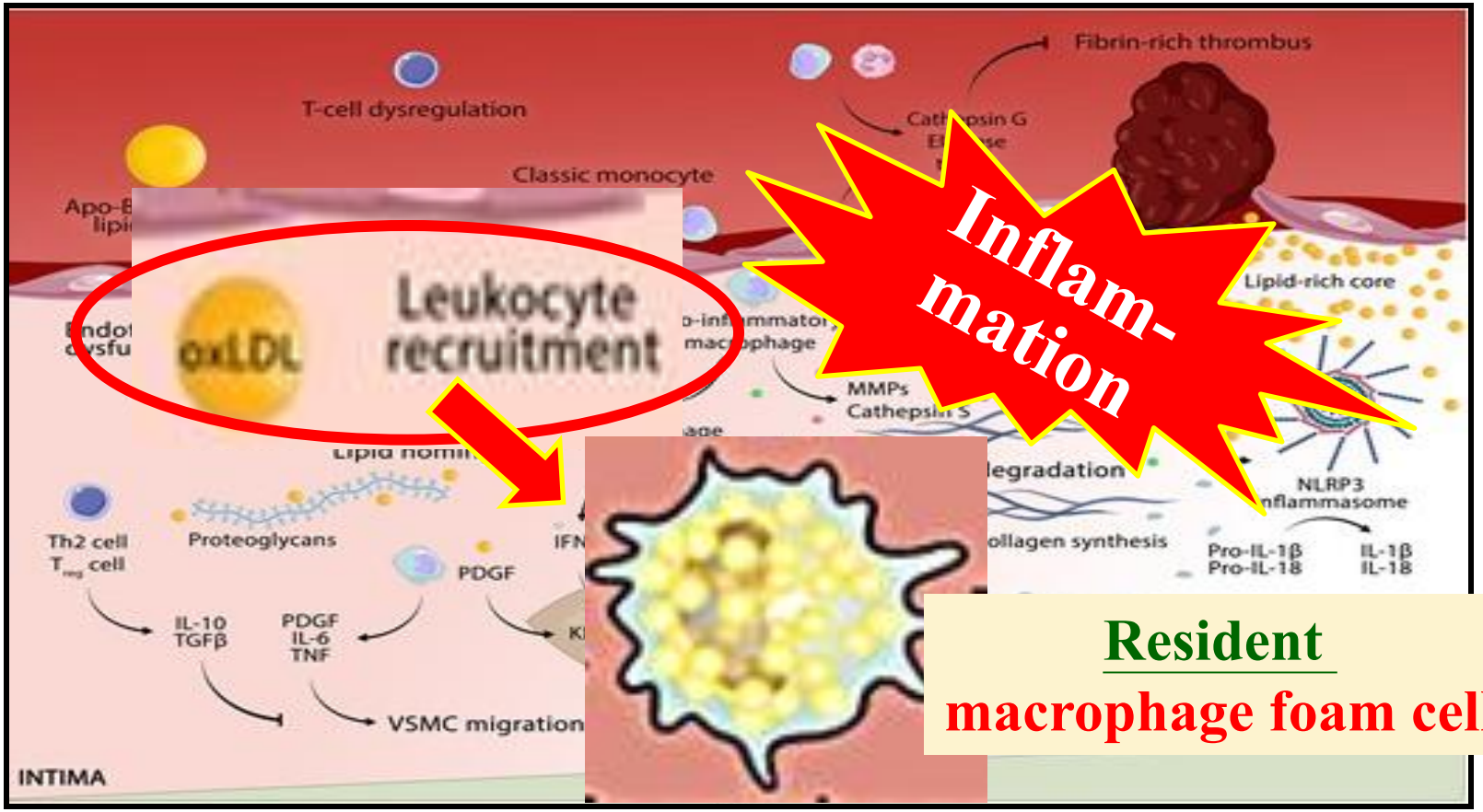
Schwab RD, et al

Circ 2026;153(Feb. 3):319



ACS:

mechanisms, challenges, and new opportunities



Resident macrophage foam cell

Kraler S, Mueller C, Libby P, Bhatt DL.

Eur Heart J 2025;46(Aug. 1):2866

Promise of LDL ↓ Rx. for 1° / 2°Prevention

↑ LDL-C is a major RF for ASCVD:

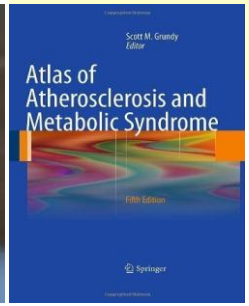
-- to initiate atherogenesis

-- to promote atherosclerosis

-- play a role in

-- *plaque* de*stabilization*

-- *plaque* rupture → ACS



Grundy SM. Circ 2008;117:569

How to live to 100 before + clinical CAD: a suggestion

- → ASCVD,

  LDL-C: *a* causal *role*

Braunwald E.

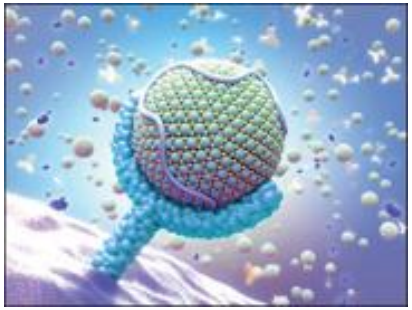
Eur Heart J
2022;43(Jan. 21):249

Atherosclerosis

LDL-C

the culprit

(首惡)



Lüscher TF. Issue @ A Glance.

Eur Heart J 2017;38(Aug. 21):2447

The Year 2022 in Dyslipidaemia:

LDL-C

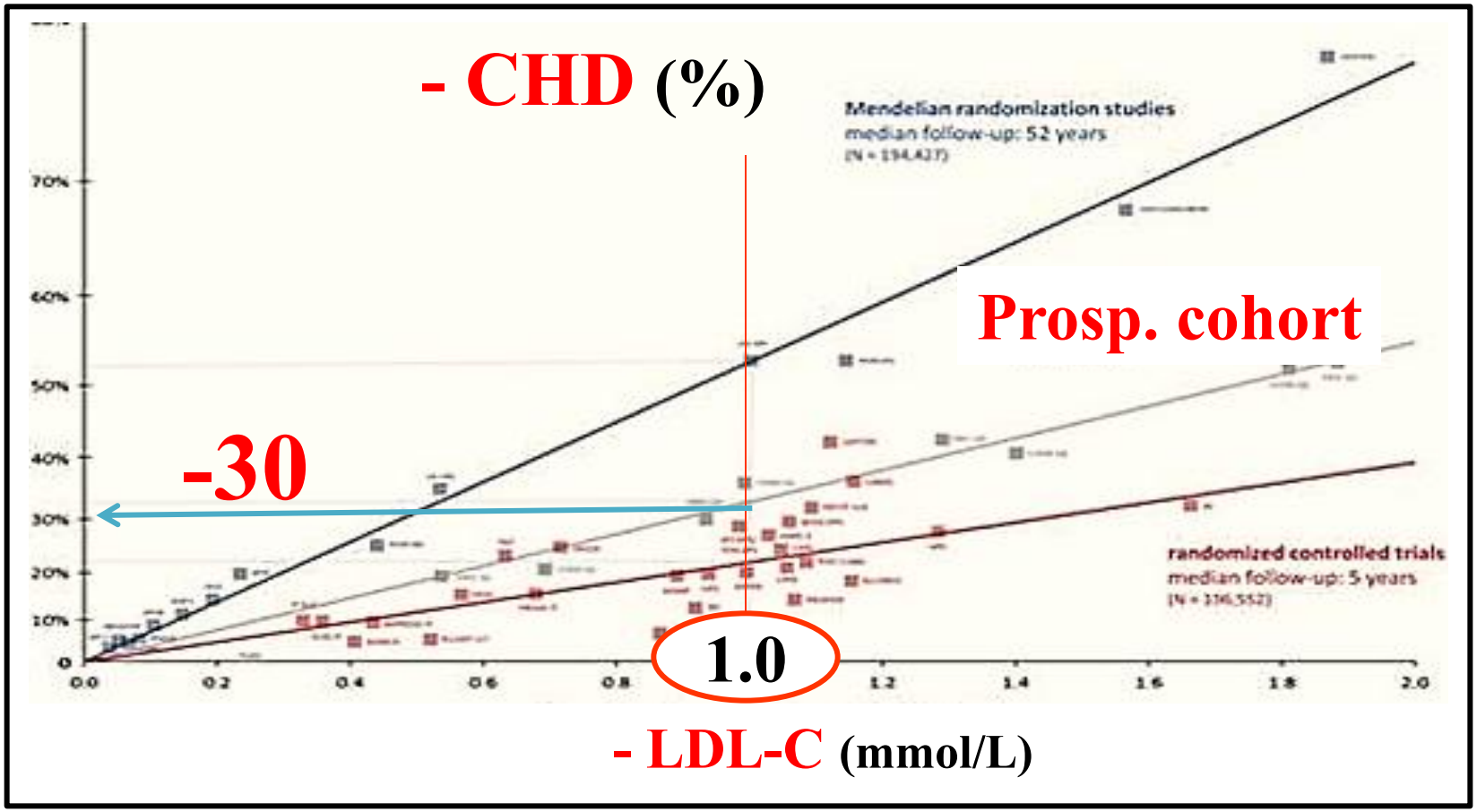
↓ CV events

the lower and earlier

the lower the better

Tokgozoglu L, et al.
Eur Heart J 2023;44(Jan. 21):256

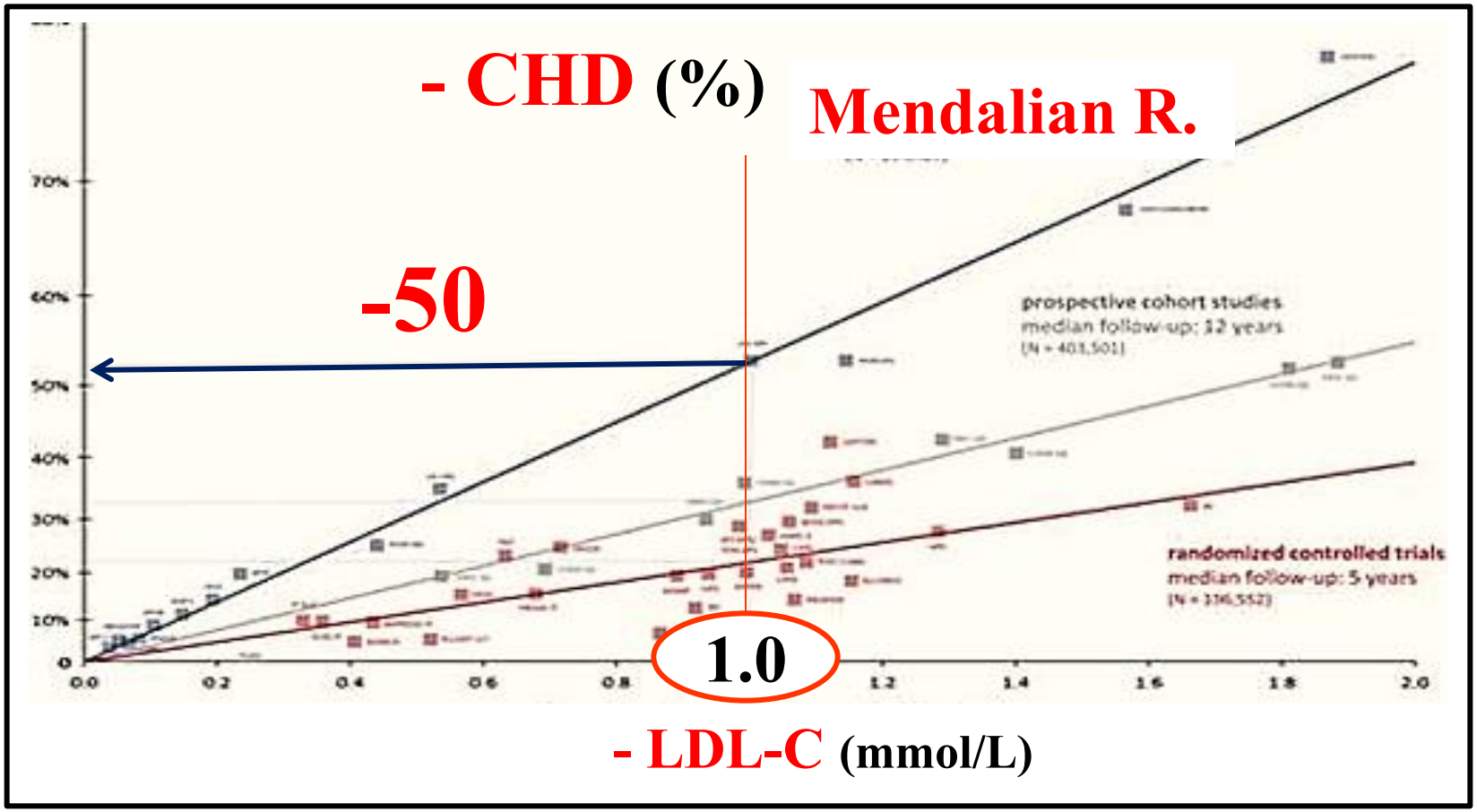
LDL-C → ASCVD



Ference BA, et al.

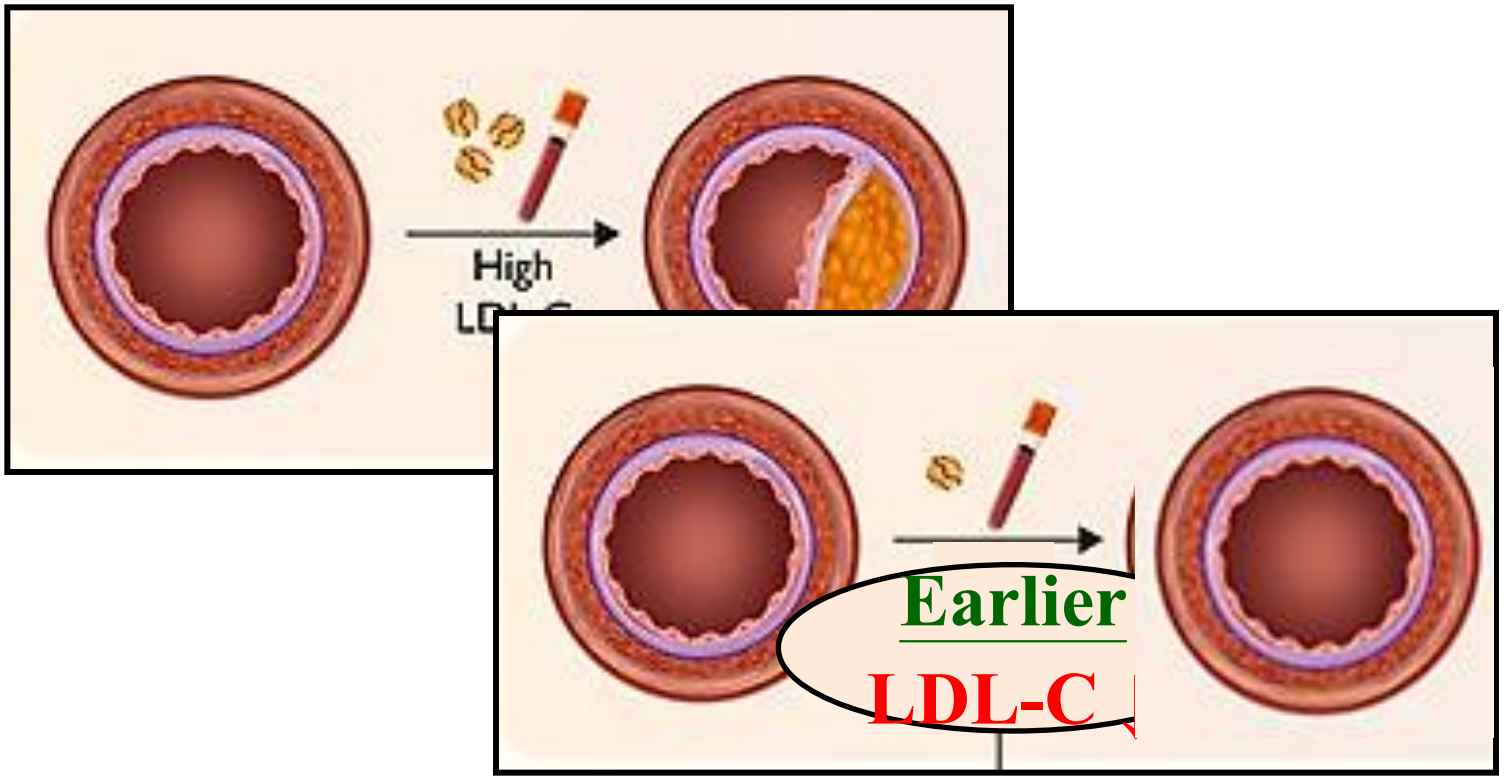
Eur Heart J 2017;385(Aug. 21):2264

LDL-C → ASCVD



Ference BA, et al.

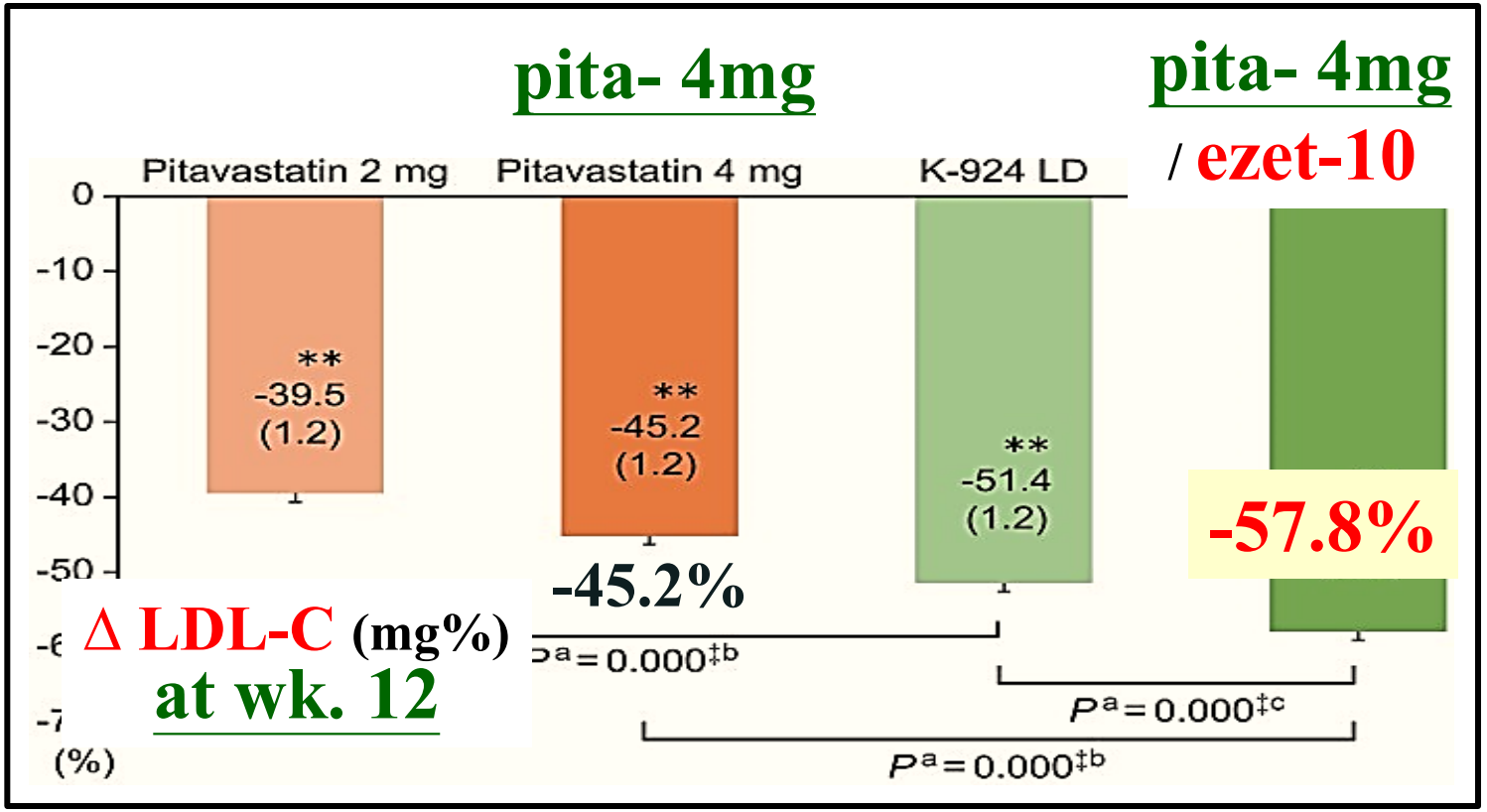
Eur Heart J 2017;385(Aug. 21):2264



Post WS, Blankstein R. Editorial.

Eur Heartt J 2025;46(Dec.7):5073

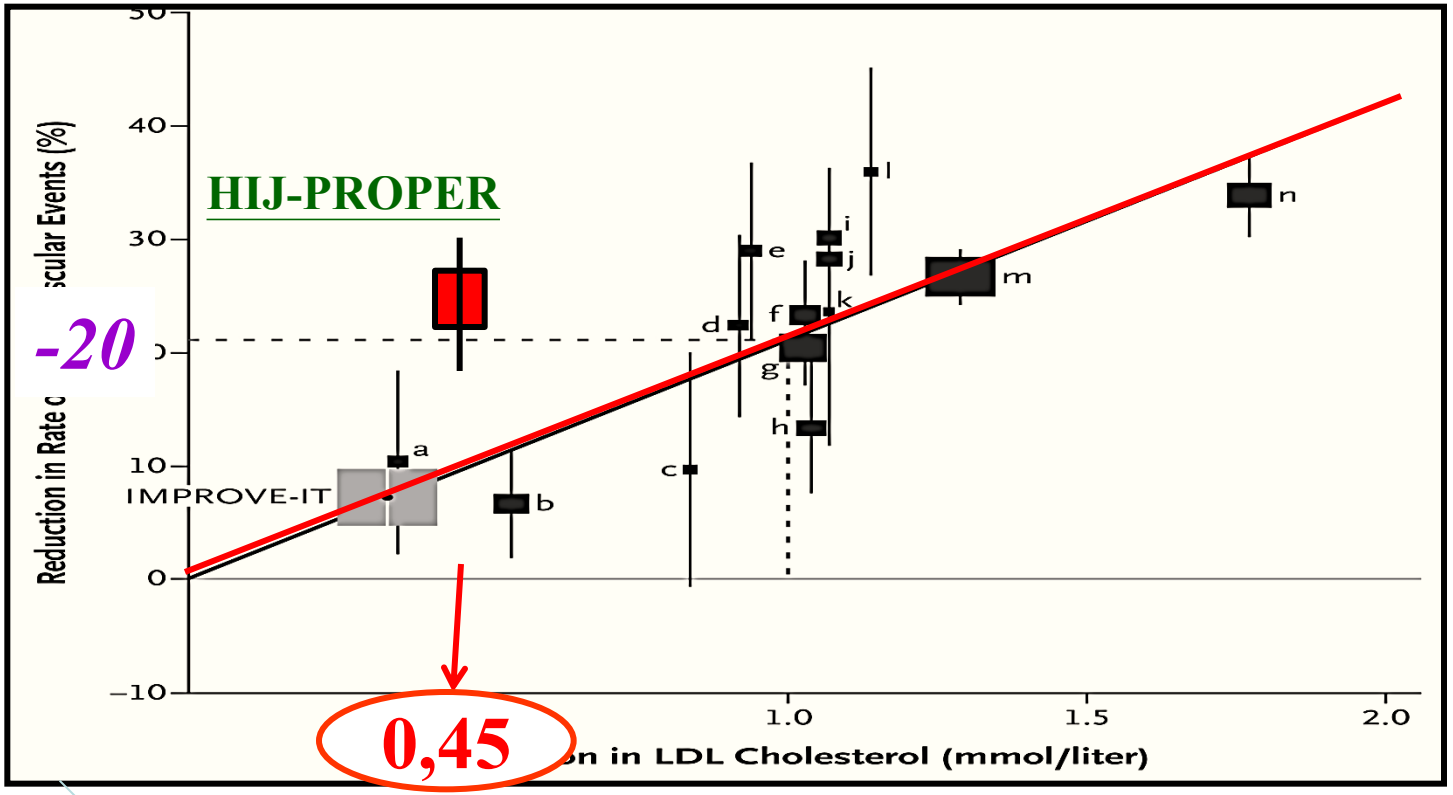
Pitavastatin/Ezetimibe SPC:
-- a phase III, DB-RCT --



Tsujita K, et al.

J Atheroscler Thromb 2023;30(Mar. 11):580

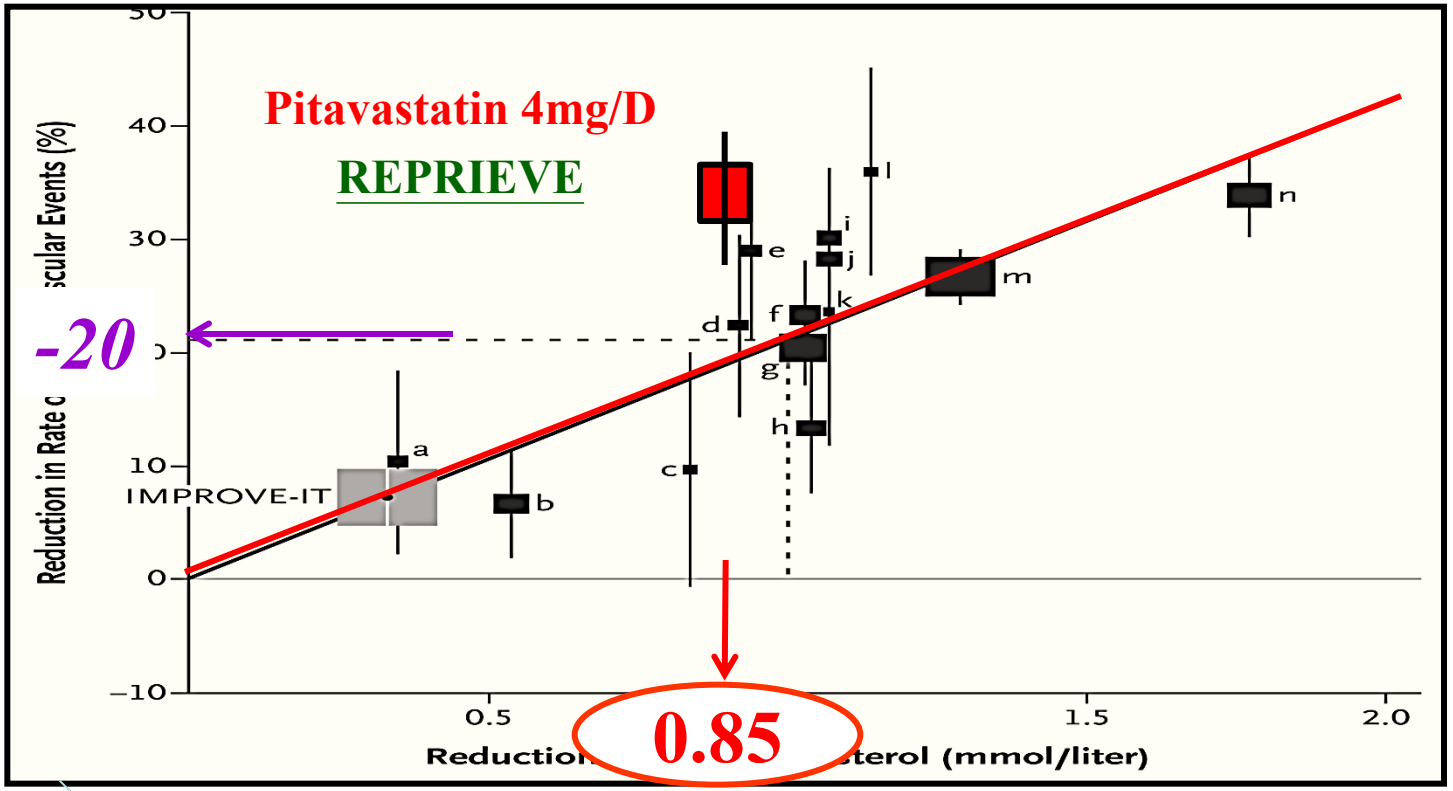
IMPROVE IT



Cannon CP, et al.

NEJM 2015;372(June 18):2387

IMPROVE IT



Cannon CP, et al.

NEJM 2015;372(June 18):2387

A 54-year-old Woman Experiencing Refractory VT after OHCA

臺中榮民總醫院 心臟內科 周其德

A patient presenting with refractory ventricular tachycardia and cardiogenic shock necessitated the initiation of ECMO and a left ventricular assist device. Despite optimal pharmacological therapy and comprehensive mechanical circulatory support, incessant VT persisted, leading to the decision to perform emergency bailout catheter ablation as a definitive salvage therapy.

Acute limb ischemia related to failure of central venous catheter insertion, s/p Rotarex for thrombus aspiration

中山醫學大學附設醫院 心臟內科 黃立安

The is a 69-year-old male with metastatic squamous cell carcinoma of left upper vestibule. He was admitted to intensive care unit for septic shock. Right femoral central venous catheter was inserted for vasopressor use but failed. Since there was hematoma, the wound was compressed with the C clamp. However, one hour later, the patient complained right leg pain and soreness. On physical examination, pallor, paresthesia and thready pulsation were also found. Sonography demonstrated right common femoral artery thrombus with acute total occlusion. Cardiologist was consulted for acute limb ischemia.

Left CFA access was established and placed with Destination sheath, crossover to right side. Then we used Rotarex 8F for right CFA repeatly. We also injected urokinase total 120000U slowly. Afterwards, right CFA flow restored, but distal tibioperoneal trunk thrombus was noted. We used Rotarex to aspirate thrombus. However, thrombus dislocated to proximal ATA and PTA. We navigate Regalia wire to ATA and PTA, and injected r-tPA 1ml separately and selectively to ATA / PTA. Then we inserted Fontaine catheter to tibioperoneal trunk, and planned to do CDT with r-tPA infusion later.

12 hours later, following angiography showed residual thrombus over right tibioperoneal trunk, right ATA and right PTA. Blood flow was relatively slow, may due to vasoconstriction effect of sepsis and Levophed use. Rivaroxaban 2.5mg BID will kept for at least three months.

Averted the ACS Trap: POCUS Guided Precise Diagnosis and Management of Reverse Takotsubo Syndrome

中國醫藥大學附設醫院 心臟內科 羅翊濱

A 61-year-old female diabetic patient with infectious shock presented with symptoms mimicking acute coronary syndrome (ACS), which point-of-care ultrasound (POCUS) later identified as "reverse" Takotsubo syndrome. By withholding dual antiplatelet therapy (DAPT) to avoid bleeding risks, the medical team prioritized an abdominal CT and successfully diagnosed a 5.7 cm left renal abscess. Following targeted antibiotic treatment, intra-aortic balloon pump (IABP) support, and a safe percutaneous drainage procedure, the patient's cardiac function fully recovered, and she was successfully discharged.