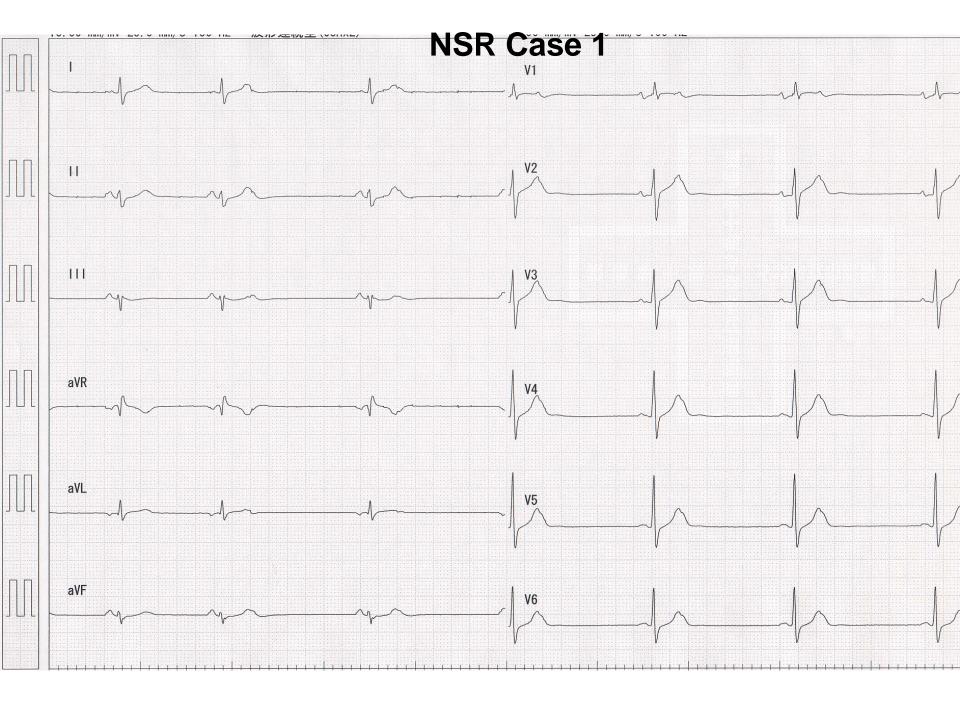
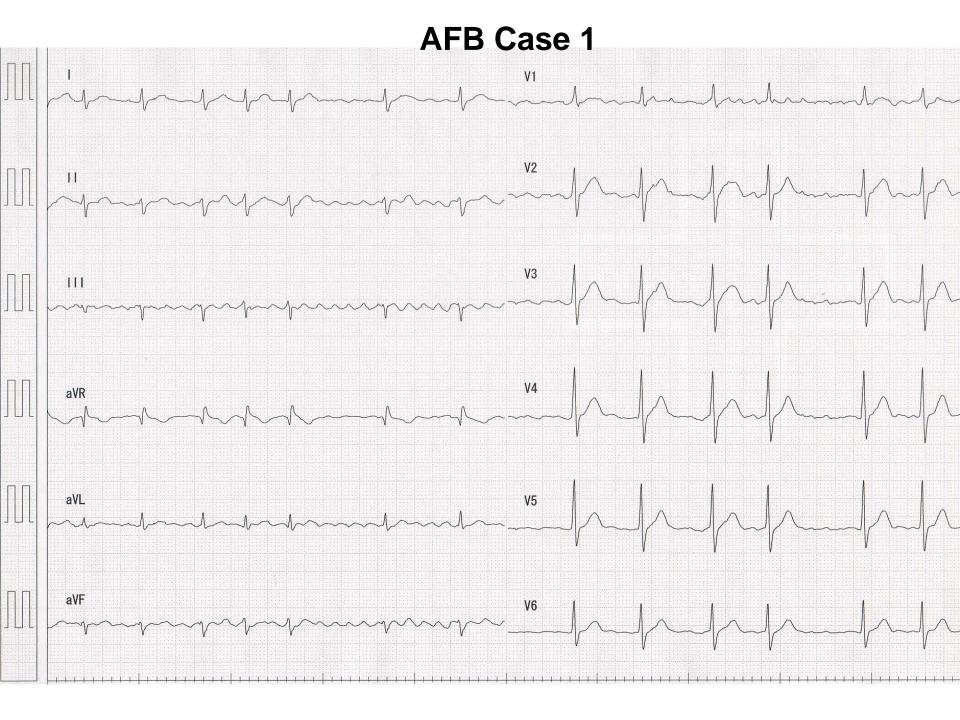
## Case 1 (1 st, Feb)

- 60 yrs-old, male
- This patient was introduced from a private clinic to get further treatment for his refractory atrial fibrillation (AFB) after the failure of the treatment by multiple antiarrhythmic agents. He has taken amiodaron of 200mg/day for half a year, however, he has suffered from symptomatic attack of AFB many times.
- He was determined to undergo the radiofrequency catheter ablation for his AFB.





## Case 1

					M	-mode (I	3-mode	)					
AoD		30 mm (	20~38)	LA	D		38 mm	(20~	-40)				
IVSd	9 mm (6~12)		LVDd			55 mm (30~54)			LVPWd	8 mm (6~12)			
IVSs	11 mm			LV	Ds		34 mm (22~38)			LVPWs	13	13 mm	
FS		39 % (	% (30~50)		EF(Teichholz)		69 % (58~		-80)	EF(Simpso	n)	% (58~80)	
LV inflow					IVC								
E		.43 m/s	吸気			6 mm							
Α	0.49 m/			呼	気		17 mm						
E/A		0	.88										
E DcT			295 ms										
1) 大動脈弁			2) 僧帽弁				3)肺動脈弁				4) 三尖弁 physiological		
AR	なし	none	MR		生理的 ph	ysiologi	al R		軽度	mild	TR	生理的	
AS	なし	none	MS		なし nc	ne	PS		なし	none	RV-RA PG	16 mmHg	
LV-Ao PG		mmHg	MVA(Tra	ce)		cm <sup>†</sup>	EDPG			4 mmHg	Vmax	2 m/s	
Vmax		m/s	MVA(PH	Γ)		cmi							
						)			X		Mild hypokine Moderate hypol Severe hypol Akinesis Dyskinesis	ookinesis	

Diffuse