PS 0081  
**Controlling of the Arterial Blood Pressure Reduces Significantly the Target Organs Damage**

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Arterial hypertension can be associated with asymptomatic clinical conditions or end organ damage manifestation mainly with cardiac, renal, cerebral and peripheral vascular diseases. Refractory hypertension is characterized by a maintained blood pressure of 140/90 mmHg or more with three antihypertensive drugs including diuretics.

**Aim Of The Study:** To determine whether the target organ damage is different from patients with refractory hypertension in comparison with well-controlled hypertensive patients in a hospital hypertension unit. MATERIAL Y METHODS: Hypertensive patients treated with three or more antihypertensive drugs including a diuretic, were classified into two groups: RHBP: patients with blood pressure (BP)>140 and /or90 mmHg in the last two visits; and HTAC group: patients with BP<140 and 90 mmHg in the last two visits. It was determined: fasting glucose, lipid profile, uric acid, serum creatinine, creatinine clearance and microalbuminuria. Fundus, echocardiography,electrocardiogram and ambulatory blood pressure monitoring. Results: 162 patients were included in the study, 38 in the refractory group, the media of the ambulatory blood pressure monitoring was 146±8/87±11 mmHg in the refractory group versus 121±4/74±5 mmHg in the controlled group (p=0.001). Target organ damage, the prevalence of LVH was 76% in the refractory group versus 29% in the controlled group (p=0.001). The prevalence of albumin in 24 hours =30 mg/24 hours was 26.3 in the refractory group and 4.2% in the controlled group (p=0.026). Eye fundus examinations, in the refractory group of Hilar Mass

Upon entry into the Unit, HTAc patients had similar levels of PA patients of 146±8/87±11 mmHg in the refractory group versus 121±4/74±5 mmHg, in the controlled group (p=0.001). Target organ damage, the prevalence of LVH was 76% in the refractory group versus 29% in the controlled group (p=0.001). The prevalence of albumin in 24 hours =30 mg/24 hours was 26.3 in the refractory group and 4.2% in the controlled group (p=0.026). Eye fundus examinations, in the refractory group of 89.5% had grade II and 10% had grade III. In the controlled group 12.5% had normal fundus examinations and 87.5% had grade II (p=0.001).

**Conclusions:** Upon entry into the Unit, HTAc patients had similar levels of PA patients with HTAc, but have a significantly increased cardiovascular risk. The prevalence of cardiovascular disease and organ damage cardiac renal and cerebral was significantly higher in the refractory group than that of the controlled group.

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PS 0082

**PS 0084**  
**Phaeochromocytoma Presenting with Takotsubo Cardiomyopathy**

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Chest pain is one of the most frequently seen chief complaints in patients presenting to emergency departments, and is considered to be a high-risk one. The differential diagnosis for chest pain is broad, and potential causes range from the benign to the immediately life-threatening. Stress-induced Takotsubo cardiomyopathy is an acute cardiac syndrome, mimics ST elevation myocardial infarction, largely confined to post-menopausal women, frequently precipitated by a stressful event. The pathogenesis of Takotsubo cardiomyopathy is still unknown. Coincidence of stress cardiomyopathy, also referred to as Takotsubo cardiomyopathy, and pheochromocytoma is rare. We present a case of Takotsubo syndrome, which mimicked acute coronary syndrome and was found to be caused by pheochromocytoma.

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**PS 0083**  
**Giant Saphenous Vein Graft Aneurysm: A Rare Cause of Hilar Mass**

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Aneurysm of a saphenous vein graft (SVG) is a rare but fatal complication of coronary artery bypass graft (CABG) surgery. This anomaly may mimic atypical mediastinal mass by chest plain film from the first look. The development of saphenous vein graft (SVG) aneurysms appears usually about 10–20 years after the operation at an estimated rate of <1%. Determining the optimal management of asymptomatic patients with SVG aneurysm still remains a challenging problem, and has been traditionally considered as an indication for cardiac surgery. A 64-year-old male patient, who underwent coronary artery bypass graft (CABG) surgery 18 years earlier, complicated with a giant saphenous vein graft aneurysm presenting with typical angina pectoris and exertional dyspnea after years of asymptomatic period. This condition was successfully treated with repeat operation, aneurysm resection, and placement of new bypass grafts.

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**PS 0085**  
**A Case of Primary Pericardial Mesothelioma Presented with Well-Defined Mass Along with Massive Pericardial Effusion**

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**Background:** Primary malignant pericardial mesothelioma is an extremely rare disease which originates primarily from pericardium. The disease’s symptoms are usually nonspecific, and few misdiagnosed cases as acute constrictive pericarditis or tuberculous pericarditis were reported.

**Case report:** We present a case of 61-years-old male who visited our center with progressive dyspnea, and found to have massive pericardial effusion. Contrast-enhanced chest CT scan showed a well-defined heterogeneously enhancing mass posterior to the left atrium. As definite diagnosis couldn’t be made even with fluid cytology of the patient’s pericardial effusion, patient underwent for surgical biopsy, and the diagnosis of primary pericardial mesothelioma was made with the specimen from video-assisted thoracoscopic mass excision surgery. Full excision was unavailable due to poor demarcation & high vascularity. Patient’s symptoms were relieved after the surgery, and he is under outpatient follow up. The CT findings were rather distinctive, showing only well-defined mass without diffuse pericardial infiltration. Considering these points, it can be deduced that primary pericardial mesothelioma may present in variable extent, influencing pathophysiology of the disease.

**Conclusion:** Primary pericardial mesothelioma is rare cardiac tumor often presents with pericardial effusion. For definite diagnosis, patient often require surgical biopsy. The prognosis is poor, as still no treatment strategies were proven effective enough. When the etiology of pericardial effusion is uncertain, it is recommended to consider the possibility of this rare malignancy.