

学位論文の要旨

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<p data-bbox="183 515 367 548">主論文の題名</p> <p data-bbox="247 616 1348 694">Clinical features of patients with left atrial thrombus undergoing anticoagulant therapy</p> <p data-bbox="183 784 367 817">主論文の要旨</p> <p data-bbox="183 884 1412 1691">Background: Left atrial (LA) thrombus was sometimes found by transesophageal echocardiography (TEE) in non-valvular atrial fibrillation (AF), even in the setting of continuous warfarin therapy. This study analyzed the clinical features of patients with LA thrombi who received anticoagulant therapy and whether the D-dimer test is useful to exclude LA thrombus. Method: Two hundred twenty-five consecutive patients with AF were enrolled. All patients received continuous warfarin therapy with the prothrombin time-international normalized ratio (PT-INR) between 1.6 and 3.0 for more than 3 months and TEE was performed. Result: LA thrombi were present in 23 and absent in 202 patients. Persistent AF (65 vs. 30%), LA diameter (44±5 vs. 40±7 mm), ejection fraction (57±13 vs. 65±9 %), BNP (203±209 vs. 105±166 pg/mL), D-dimer (0.55±0.70 vs. 0.16±0.20 µg/mL), LA appendage flow velocity (33±15 vs. 54±19 cm/s), CHADS2 scores (2±1 vs. 1±1) were significantly different in both groups. Although multivariate analysis showed that D-dimer and LA appendage flow velocity were significant independent predictors of LA thrombus, D-dimer levels below 0.5 µg/mL were found in 19 of 23 patients with LA thrombi. Conclusion: D-dimer levels below 0.5 µg/mL is not enough to rule out LA thrombus in AF patients with well-controlled anticoagulation.</p>			