

## Prikaz slučaja: rodilja i infarkt miokarda

### Case report: maternity and myocardial infarction

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**Uvod:** Činjenica je da se nalazimo u razdoblju kada se žene sve kasnije u životu odlučuju za trudnoću i porod, no takav trend nosi sa sobom i svoje rizike. Prema istraživanju Klinike Mayo u kojem je analizirano više od 55 milijuna poroda u SAD-u u razdoblju od 2002. do 2014. godine, rodilje u starosti od 35 do 39 godina imaju pet puta veće šanse da dožive akutni infarkt miokarda (AIM), u usporedbi sa ženama u 20-im godinama života.<sup>1</sup> Cilj prikaza slučaja je utvrditi postoji li opravdana sumnja da trudnoća i porod u srednjoj ili kasnijoj životnoj dobi pridonosi češćoj pojavbi AIM-a kod ove osjetljive skupine.

**Prikaz slučaja:** Bolesnica N.N. u dobi od 39 godina dolazi u hitnu službu zbog jake boli koja se karakterizira stezanjem, locirane retrosternalno s propagacijom u obe ramena. Od utvrđenog začeća bolesnica je tijekom cijele trudnoće liječena niskomolekularnim heparinom jer je nakon poroda mrtvorodenčeta u travnju 2020. godine hematološki utvrđena sklonost trombozi. Druga trudnoća je protekla uredno te je 20.6.2021. rodila zdravo dijete. U hitnoj službi je potvrđen akutni infarkt miokarda s anteroseptalnom elevacijom ST-segmenta te je primljena na Kliniku za bolesti srca i krvnih žila radi invazivne kardiološke obrade. U sklopu obrade bolesnica je premještena u Kliničku bolnicu Sveti Duh radi optičke koherentne tomografije (OCT) te nakon toga ponovno primljena na u Klinički bolnički centar Sestre milosrdnice. Uz OCT i koronarografiju, obrađena je hematološki, rađen je ultrazvuk abdomena te ehokardiografska. Pacijentica je u nastavku liječenja kardiopulmonalno kompenzirana, hemodinamski stabilna i u sinusnom ritmu.

**Introduction:** The fact is that we are in a period when women decide to become pregnant and give birth later in life, but such a trend carries with it its own risks. According to a Mayo Clinic study that analyzed more than 55 million births in the U.S. between 2002 and 2014, women aged 35 to 39 are five times more likely to experience acute myocardial infarction, compared to women in their 20s.<sup>1</sup> The aim of the case report is to determine whether there is a reasonable suspicion that pregnancy and child-birth in middle or later life contributes to the more frequent occurrence of acute myocardial infarction in this vulnerable group.

**Case report:** Patient N.N. at the age of 39 he comes to the Emergency Department due to severe retrosternal pain characterized by constriction, with propagation in both shoulders. The patient has been treated with low-molecular-weight heparin since the established conception throughout the pregnancy, because after the birth of the stillborn in April 2020, the tendency to thrombosis was hematological determined. The second pregnancy went smoothly and on June 20, 2021. gave birth to a healthy child. In the Emergency Department, an anteroseptal acute myocardial infarction with ST-segment elevation and she was admitted to the Clinic for Cardiovascular Diseases for invasive cardiac treatment. As part of the treatment, the patient was transferred to the University Hospital "Sveti Duh" for optical coherence tomography (OCT) and then re-admitted at the University Hospital Centre "Sestre milosrdnice". In addition to OCT and coronary angiography, hematology was performed, abdomen ultrasound and echocardiography. The patient continued to be cardiopulmonary compensated, hemodynamically stable and in sinus rhythm.

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#### LITERATURE

- Smilowitz NR, Gupta N, Guo Y, Zhong J, Weinberg CR, Reynolds HR, et al. Acute Myocardial Infarction During Pregnancy and the Puerperium in the United States. Mayo Clin Proc. 2018 Oct;93(10):1404-1414. <https://doi.org/10.1016/j.mayocp.2018.04.019>