


PS04 Implantabilni kardioverter defibrilator (ICD) kao primarna prevencija u bolesnika s dilatiranom ishemijskom kardiomiopatijom

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Ključne riječi: ishemijska kardiomiopatija, ICD, ventrikularna tahikardija

UVOD: Ishemijska kardiomiopatija je najčešći tip dilatacijske kardiomiopatije. To je stanje sa značajno narušenom funkcijom lijeve klijetke s ejekcijskom frakcijom lijeve klijetke $< 40\%$ te često proširenom i slabom lijevom klijetkom. Simptomi uključuju otežano disanje, oticanje nogu, lupanje srca i anginu. Glavni čimbenici rizika isti su kao i kod koronarne arterijske bolesti koja je i najčešći uzrok ishemijske kardiomiopatije, a uključuju hipertenziju, pušenje i dijabetes. Liječenje je usmjereno na poboljšanje srčane funkcije i liječenje simptoma kongestivnog zatajenja srca.

PRIKAZ SLUČAJA: 72-godišnji bolesnik, s prethodno dijagnosticiranom ishemijskom dilatiranom kardiomiopatijom s EF od 20%, primljen je na hitni prijem nakon rutinskog pregleda zbog dispneje i „non sustained“ VT. Analiza krvi pokazala je samo povišene razine NT – proBNP (5393 ng/L). Ehokardiografija je potvrdila tešku proširenu kardiomiopatiju s EF od 25%, sniženim minutnim volumenom srca od 58 mL te je pokazala mitralnu i trikuspidnu insuficijenciju. U svrhu primarne prevencije iznenadne smrti uveden je implantabilni kardioverter defibrilator (ICD) zbog spomenute „non sustained“ VT. Pacijent je otpušten sa sljedećim lijekovima: furosemid, bisoprolol, sacubitril/valsartan i eplerenon.

ZAKLJUČAK: Do sada se pokazalo kako je implantabilni kardioverter defibrilator vrlo učinkovit način prevencije iznenadne smrti u bolesnika s poznatom aritmijom opasnom po život. Osim toga, ICD se pokazao kao vrijedna metoda prevencije smrti kod onih čija je srčana funkcija nedavno smanjena, kao kod našeg bolesnika s dilatiranom ishemijskom kardiomiopatijom

Implantable cardioverter defibrillator (ICD) as primary prevention in a patient with dilated ischemic cardiomyopathy

Keywords: ischemic cardiomyopathy, ICD, ventricular tachycardia

INTRODUCTION: Ischemic cardiomyopathy is the most common type of dilated cardiomyopathy. It is a condition with significantly impaired left ventricular function with ejection fraction of left ventricle $< 40\%$ and left ventricle often dilated and weak. Symptoms include shortness of breath, swelling of the legs, palpitations, and angina. Major risk factors are the same as for coronary artery disease which is most often the cause of ischemic cardiomyopathy and includes hypertension, smoking, and diabetes. Management is focused on improving cardiac function and treating symptoms of congestive heart failure.

CASE PRESENTATION: 72-year old patient, with previously diagnosed ischemic dilated cardiomyopathy with EF of 20%, was admitted to the emergency room after a routine check-up due to dyspnoea and non – sustained VT. Blood analysis showed only elevated levels of NT – proBNP (5393 ng/L). Echocardiography confirmed severely dilated cardiomyopathy with EF of 25%, lowered cardiac output of 58 mL, and showed mitral and tricuspid insufficiency. For the purpose of primary prevention of sudden death, an implantable cardioverter defibrillator (ICD) was inserted due to mentioned non-sustained VT. The patient was released with the following medications: furosemid, bisoprolol, sacubitril/valsartan and eplerenon.

CONCLUSION : Implantable cardioverter defibrillator is shown to be a very effective way of preventing sudden death in patients with known life threatening arrhythmia. Besides that, ICD has shown to be a valuable method of preventing death in those whose heart function reduced recently, as in our patient with dilated ischemic cardiomyopathy.