

PS08 Transkateretska implantacija aortnog zaliska (TAVI) umjesto transplantacije srca kod pacijenta s dilatativnom kardiomiopatijom

Maja Grubeša^a, Lara Fotez^a, Klara Dorešić^a, Lea Jukić^a, Mario Udovičić^b

^a Medicinski fakultet Sveučilišta u Zagrebu

^b Zavod za bolesti srca i krvnih žila, Klinička bolnica Dubrava

DOI: <https://doi.org/10.26800/LV-144-supl6-PS08>

 Maja Grubeša 0000-0001-7479-4569, Lara Fotez 0000-0002-4612-4274, Klara Dorešić 0000-0002-5043-6908, Lea Jukić 0000-0002-1976-7258, Mario Udovičić 0000-0001-9912-2179

ključne riječi: dilatativna kardiomiopatija; srčano popuštanje; transkateretska implantacija aortnog zaliska

UVOD: Dilatativna kardiomiopatija predstavlja disfunkciju miokarda u kojoj prevladavaju dilatacija ventrikula i sistolička disfunkcija. Početak je često postupan, osim u akutnom miokarditisu. Prognoza je općenito loša te čak do 70% bolesnika umire unutar 5 godina od dijagnoze. Zbog loše prognoze ovi pacijenti često su kandidati za transplantaciju srca.

PRIKAZ SLUČAJA: 65-godišnji pacijent prati se od 2016. godine zbog dilatativne kardiomiopatije, a uz to boluje od dugogodišnje arterijske hipertenzije i šećerne bolesti tip dva. Pacijent je 2017. godine uvršten na redovnu listu čekanja za transplantaciju srca, ali je 2018. godine dogovorno skinut s iste. Razlozi su bili progresija šećerne bolesti s komplikacijama, poboljšanje općeg i funkcionalnog statusa (sada NYHA 2) te nepridržavanje terapijskih preporuka. Krajem 2021. godine nastupa postupno pogoršanje općeg stanja zbog čega mu je 2022. godine implantiran resinkronizacijski elekstrostimulator. Unatoč tomu stanje bolesnika nastavilo se klinički pogoršavati te je hospitaliziran zbog srčanog popuštanja i anasarke. Ehokardiografski se uočava dilatacija srčanih komora, reducirana ejeckcijska frakcija lijeve klijetke na 15% te značajna aortna regurgitacija. Nakon prikaza na konziliju odlučeno je da je optimalna metoda liječenja transkateretska implantacija aortnog zaliska koja je i napravljena. Zahvat je protekao uredno, a nakon optimizacije medikamentozne terapije, bolesnik navodi značajno kliničko poboljšanje i smanjenje zaduhe.

ZAKLJUČAK: Pacijent je zbog novonastalih kontraindikacija skinut s liste čekanja za transplantaciju srca. TAVI je zbog manje invazivnosti odabran kao terapijski postupak te je doveo do poboljšanja kliničke slike i kvalitete života pacijenta. Tehnička uspješnost zahvata vrlo je visoka i treba ga uzeti u obzir kod pacijenata kontraindiciranih za transplantaciju srca.

Transcatheter aortic valve implantation (TAVI) instead of heart transplantation in a patient with dilated cardiomyopathy

Keywords: dilated cardiomyopathy; heart failure; transcatheter aortic valve implantation

INTRODUCTION: Dilated cardiomyopathy is myocardial dysfunction that predominantly presents with ventricular dilation and systolic dysfunction. Onset is usually gradual, except in acute myocarditis. Generally, the prognosis is poor; up to 70% of patients die within five years of diagnosis. Therefore, these patients are usually candidates for heart transplantation.

CASE REPORT: A 65-year-old patient has been monitored for dilated cardiomyopathy since 2016. Besides that, he is diagnosed with arterial hypertension and type two diabetes. In 2017, he was placed on the heart transplantation waiting list. However, he was removed from the list in 2018 due to diabetes complications, improvement in functional status (now NYHA 2), and non-compliance with therapeutic recommendations.

In 2021, his general condition gradually declined, and in 2022 an electro-stimulator was implanted. Nevertheless, the patient continued to deteriorate clinically and was hospitalized again as he presented with symptoms of heart failure and anasarca. On echocardiography, dilated heart chambers could be seen. The ejection fraction was reduced to 15%, followed by significant aortic regurgitation. After a thorough assessment, it was decided that the optimal treatment method is TAVI. The procedure went well, and with optimal drug therapy, the patient reported a significant clinical improvement and reduction of dyspnea.

CONCLUSION: Due to contraindications, the patient was taken off the heart transplantation waiting list. Considering TAVI as less invasive, it was chosen therapeutic procedure and led to an improvement in the clinical picture and quality of the patient's life. The technical success of this procedure is very high and should be considered in patients contraindicated for heart transplantation.