

Karcinoidna bolest srca u bolesnice s metastatskim neuroendokrinim tumorom

Karolina Beg¹, Sandra Jakšić-Jurinjak²

1 Medicinski fakultet, Sveučilište u Zagrebu

2 Klinički bolnički centar Zagreb

ID Karolina Beg 0009-0009-6670-9956, Sandra Jakšić-Jurinjak 0000-0002-7349-6137

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KLJUČNE RIJEČI: ehokardiografija; karcinoidna bolest srca; neuroendokrini tumori

UVOD: Karcinoidna bolest srca rijetka je bolest srčanih zalistaka i razvija se u bolesnika s uznapredovalim stadijima neuroendokrinih tumora (NET), a karakterizirana je odlaganjem fibroznog plaka na endotel uglavnom desnostranih srčanih zalistaka.

PRIKAZ SLUČAJA: Predstavljamo 63-godišnju pacijenticu koja je hospitalizirana zbog kongestivnog srčanog zatajivanja. Pacijentica navodi intolerancije fizičkog napora i zaduhe tijekom hoda po ravnom. Tijekom duljeg razdoblja povremeno osjeća pritisak u prsima neovisan o fizičkom naporu. Unazad 6 godina Sandostatinom liječi dijagnosticiran metastatski neuroendokrini tumor, primarnog sjedla u kolonu, s metastazama u orbiti, prednjoj lubanjskoj jami, dojci i jetri. Askultacijom je čujan sistolički šum po cijelom prekordiju uz uredan nalaz EKG-a i laboratorijski povišene vrijednosti NT-proBNP-a. Desnostranom kateterizacijom srca se isključila plućna arterijska hipertenzija, a magnetskom rezonancom (MR) srca nisu utvrđene značajne infiltrativne promjene miokarda. Ehokardiografskom obradom potvrđena je multivalvularna bolest srca uz umjereno tešku aortnu i mitralnu regurgitaciju uz masivnu trikuspidnu regurgitaciju kao posljedicu karcinoida. Globalna kontraktilnost lijeve klijetke je bila umjereno reducirana (EFLV 45%). Bolesnici je uvedena terapija furosemidom, perindoprilom, indapamidom i eplerenonom, postala je hemodinamski stabilna te je klinički stabilna nakon tri mjeseca praćenja. U bolesnice se razmatra kardiokirurški zahvat zamjene trikuspidne valvule, ali uz procjenu onkologa obzirom na proširenost i stadij onkološke bolesti.

ZAKLJUČAK: Karcinoidnu bolest srca u bolesnika s NET-om je važno što ranije prepoznati jer se pravodobnim prepoznavanjem produljuje preživljenje, stoga je ehokardiografija jedna od temeljnih dijagnostičkih metoda za te bolesnike.

Carcinoid heart disease in a patient with metastatic neuroendocrine tumor

INTRODUCTION: Carcinoid heart disease is a rare heart valve disease that develops in patients with advanced stages of neuroendocrine tumors (NET), characterized by the deposition of fibrous plaque on the endothelium of mainly right-sided heart valves.

CASE REPORT: We present a 63-year-old female patient hospitalized for congestive heart failure. The patient reports physical exertion intolerance and shortness of breath while walking on a flat surface. She occasionally felt chest pain independent of physical exertion. She was diagnosed with a metastatic neuroendocrine tumor which has been treated with Sandostatin for six years now. The primary site was colon, with metastases in the orbit, frontal cranial fossa, breast and liver. On auscultation, a systolic murmur was heard throughout the precordium with a normal ECG finding and elevated laboratory values of NT-proBNP. Right-sided cardiac catheterization ruled out pulmonary arterial hypertension, and magnetic resonance (MR) did not reveal any significant infiltrative changes. Echocardiography confirmed multivalvular heart disease with moderately severe aortic and mitral regurgitation and massive tricuspid regurgitation as a result of carcinoid. The global contractility of the left ventricle was moderately reduced (EFLV 45%). The patient was given furosemide, perindopril, indapamide and eplerenone, became hemodynamically stable and is clinically stable after three months of follow-up. Tricuspid valve replacement surgery is considered for the patient, but with an oncologist's assessment regarding the extent and stage of the oncological disease.

CONCLUSION: Timely recognition of carcinoid heart disease in patients with NET is important because it prolongs survival, therefore echocardiography is one of the basic diagnostic methods for those patients.

KEYWORDS: echocardiography; carcinoid heart disease; neuroendocrine tumors

