

Postperikardiotomni sindrom kod bolesnika sa zamjenom aortne valvule – učestalost, dijagnoza i liječenje

Postpericardiotomy syndrome in aortic valve surgery – incidence, diagnosis and treatment

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Postperikardiotomni sindrom (PPS) je klinički sindrom koji nastaje u sklopu autoimune upalne reakcije perikarda i pleure, a klinički se manifestira novonastalim ili pogoršanjem prisutnog perikardijalnog ili pleuralnog izljeva. Javlja se od prvog do šestog tjedna nakon kardiokirurških zahvata i spada među najčešće komplikacije kardijalne kirurgije. Učestalost pojavnosti bolesti je raznolika od 2-30% i ovisi o tipu kardiokirurškog zahvata.¹⁻³

Retrospektivnom analizom PPS registra u Općoj bolnici "Dr. Josip Benčević" Slavonski Brod u razdoblju od 1. ožujka 2009. do 1. listopada 2015. godine učestalost PPS-a sveukupno, neovisno o tipu kardiokirurškog zahvata, iznosila je 10,1%, dok je učestalost PPS-a kod bolesnika podvrgnutih kirurgiji aortne valvule iznosila 26%. Rutinskim probirom bolesnika dva do četiri tjedna iza operativnog zahvata moguće je na osnovu jednostavnih dijagnostičkih kriterija postaviti dijagnozu i započeti adekvatno liječenje, s postizanjem remisije u više od 95% bolesnika. U dijagnostici bolesti povišen CRP i febrilitet imaju snažnu prediktivnu vrijednost te su uz prisutnost pleuralnog/perikardijalnog izljeva dovoljni kriteriji za dijagnozu bolesti. Liječenje se provodi primjenom NSAR, kolhicina ili kortikosteroidima. Profilaktička primjena kolhicina prema COPPS studiji smanjuje učestalost pojave PPS.

Iako za sada nema jasnih preporuka za profilaksu, prema našem istraživanju, identifikacija bolesnika s visokim rizikom na osnovu tipa operacije, dobi i drugih kliničkih parametara podupire hipotezu o korisnosti profilakse.

Postpericardial injury syndrome (PPIS) is a clinical syndrome that occurs in autoimmune inflammatory reaction within the pericardium and pleura, and manifests with the pericardial and pleural effusion. It occurs in patients who undergo cardiac surgery involving the opening of the pericardium and is among the most common complications of cardiac surgery in the late postoperative time. The incidence of the disease ranges from 2-30%, averaging about 10%.¹⁻³

Retrospective analysis of the PPIS register at the General Hospital "Dr. J. Benčević" Slavonski Brod in the period from March 1, 2009 to October 1, 2015 shows incidence of the PPIS overall, regardless of the type of procedure of 10.1%, while the incidence of PPIS in patients who underwent aortic valve surgery was 26%. We recommend routine screening of patients 2-4 weeks after the surgery by simple diagnostic criteria. For the diagnosis elevated CRP and fever have strong predictive value and in the presence of pleural/pericardial effusion sufficient criteria for the diagnosis of disease. The treatment is carried out by using NSAIDs, colchicine or corticosteroids, with the achievement of remission in more than 95% of patients. The prophylactic use of colchicine according to COPPS study reduces the incidence of PPS.

While there are no clear recommendations for prophylaxis according to our research, the identification of patients at high risk based on the type of operation, age and other clinical parameters support the hypothesis about the usefulness of prophylaxis.

LITERATURE

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