



## Transezofagijska ehokardio- grafija u cerebrovaskularnim bolestima

## Transesophageal echocardiography in patients with cerebrovascular diseases

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U predavanju će biti prikazana uloga transezofagijske ehokardiografije (TEE) u cerebrovaskularnom inzultu. Bit će iznesene mogućnosti TEE u dijagnostici potencijalnog kardijalnog izvora embolusa, te uspoređene s mogućnostima transtorakalne ehokardiografije. Prikazat će se patološke promjene koje se mogu otkriti TEE, a mogu biti povezane sa sustavnom tromboembolijom. Posebno će se naglasiti uloga u otkrivanju otvorenog foramen ovale. Diskutirat će se utjecaj nalaza dobivenog TEE na liječenje bolesnika s moždanim udarom.

The lecture will include a presentation of the role of transesophageal echocardiography (TEE) in cerebrovascular incidents. The possibilities of TEE in diagnosing potential cardiac sources of embolus will be presented, and compared with the possibilities of transthoracic echocardiography. A presentation of pathological changes that may be revealed by TEE will also be given, and which may be related to the systematic thromboembolism. A special emphasis will be given to the role of revealing open foramen ovale. A discussion will take place on the impact of findings gained from TEE on the treatment of patients with stroke.

Received: 17<sup>th</sup> Mar 2008

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## Sastanak Radne skupine za akutni koronarni sindrom Hrvatskog kardiološkog društva Pula, 7. ožujka 2008. godine

## Meeting of the Task Force Group for Acute Coronary Syndrome of the Croatian Cardiac Society Pula, 7<sup>th</sup> March 2008

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U sklopu širenja Hrvatske mreže urgentne perkutane koronarne intervencije na sve dijelove naše zemlje vodstvo Radne skupine za akutni koronarni sindrom Hrvatskog kardiološkog društva održalo je dana 7. ožujka 2008. sastanak s internistima Opće bolnice u Puli. Na skupu su bili prisutni i Ravnatelj bolnice, Voditelj internističke službe i kardiologije, kao i predstavnice hitne medicinske pomoći, opće medicine, te Ureda za zdravstvo Istarske županije i Grada Pule.

Sastanak je započeo s predavanjima mr. sc. Zdravko Babića, dr. med. o ranoj dijagnostici i organizaciji urgentnog transporta bolesnika s akutnim infarktomiokarda u centre s laboratorijima za kateterizaciju srca, nastavio je prof. dr. sc. Vjeran Nikolić-Heitzler, dr. med s prikazom razvoja i dosadašnjih rezultata Hrvatske mreže urgentne PCI, Krešimir Milas, dr. med. s podacima o liječenju akutnog infarkta miokarda u pulskoj bolnici, te Željko Plazonić, dr. med. s rezultatima rada Laboratorija za kateterizaciju srca Kliničkog bolničkog centra Rijeka.

Sastanak je potvrdio nekoliko zanimljivih činjenica radi kojih ga je vodstvo Radne skupine i odlučilo orga-

Within the program of disseminating of the Emergency Percutaneous Coronary Intervention Croatian Network to all parts of our country, the Leadership of the Task Force Group for Acute Coronary Syndrome of the Croatian Cardiac Society held on 7<sup>th</sup> March 2008 a meeting with specialists in internal medicine of the Pula General Hospital. The meeting was attended by the Hospital Principal, Head of the Internal Medicine Department and Cardiology, as well as representatives of emergency medicine, general medicine and Healthcare Department of the County of Istria and Town of Pula.

The meeting started with lectures given by Zdravko Babić, MD, MSc on an early diagnostics and organization of emergency transport of patients suffering from acute myocardial infarction to centers with laboratories for heart catheterization, continued Prof Vjeran Nikolić-Heitzler, MD, PhD with presenting with an overview of development and the most recent findings of the Emergency PCI Croatian Network Krešimir Milas, MD with the data on treatment of acute myocardium infarction in the Pula Hospital, and Željko Plazonić, MD with the findings of the op-



nizirati. Prvo, unatoč pozitivnim pomacima još uvijek urgentni transport bolesnika s akutnim infarktom miokarda sa ST-elevacijom (STEMI) u visokovolumni Laboratorij za kateterizaciju srca KBC Rijeka nije pravilo u pulskoj bolnici, naročito izvan ljetnih mjeseci i povezan je s nizom problema (dugo čekanje na sanitetsko vozilo Hitne medicinske pomoći, potreba za pratnjom od strane liječnika pulske bolnice umjesto liječnika Hitne medicinske pomoći i sl.). Kako je Istarska županija jedna od gospodarski najrazvijenih u Hrvatskoj, te obzirom na veliki broj domaćih i stranih turista tijekom ljetnih mjeseci, taj problem dobiva dodatnu dimenziju. Napominjemo da je u Zavodu za kardiovaskularne bolesti Kliničke bolnice Sestre milosrdnice u Zagrebu u studenom 2007. godine provedena edukacija i liječnika hitnih medicinskih pomoći Istarske županije o ranoj dijagnostici, liječenju i transportu bolesnika s infarktom miokarda. S druge strane, neki su gradovi Istarske županije telemetrijski povezani s Kardiologijom KBC Rijeka. Po prepoznavanju STEMI, te dogovora s kardiolozima KBC Rijeka takvi bolesnici bivaju urgentno transportirani u njihov Laboratorij za kateterizaciju srca zaobilazeći Opću bolnicu Pula. Takva kvalitetna organizacija treba biti cilj i za sve druge hrvatske županije.

Na kraju skupa uslijedila je vrlo burna i konstruktivna diskusija iz koje su slijedili hvalevrijedni zaključci. Prepoznata je superiornost urgentne perkutane koronarne intervencije u liječenju STEMI, te potreba za urgentnim transportom takvih bolesnika u Laboratorij za kateterizaciju srca KBC Rijeka. Nadležni iz županije i grada preuzeli su obvezu osiguranja sredstava za trajno provođenje takvog transporta. Završavamo sa zahvalom tvrtki KRKA-FARMA d.o.o. za organizaciju ovoga skupa.

Received: 14<sup>th</sup> Mar 2008

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eration of the Laboratory for heart catheterization of the Clinical Hospital Centre Rijeka.

The meeting acknowledged a few interesting facts which were the reason for the Task Force Group to decide to organize it. First, despite some improvements made, still the emergency transport of patients suffering from acute myocardium infarction with ST-elevation (STEMI) to the highly volume heart catheterization laboratory of the Clinical Hospital Centre Rijeka is not an usual and a common thing in the Pula General Hospital, especially outside summer months it is connected with a series of problems (long waiting time for an emergency ambulance, a need for being followed by a Pula hospital physician instead of emergency physician and etc). Since the County of Istria is one of the economically most developed counties in Croatia and considering a great number of local and foreign tourists during summer months this problem has become more serious. It is worth mentioning that in November 2007 the Institute of Cardiovascular Diseases of the Zagreb Sestre milosrdnice Clinical Hospital scheduled training courses even for emergency medical aid physicians of the County of Istria on an early diagnostics, treatment and transport of patients suffering from myocardium infarction. On the other hand, some towns of the County of Istria are telemetrically linked with Clinical Hospital Centre Rijeka Cardiology Department. Upon recognizing STEMI and agreement reached with Clinical Hospital Centre Rijeka cardiologists, such patients are to be urgently transported to their Laboratory for heart catheterization avoiding the Pula General Hospital. Such a high-quality organization should be a goal that all other Croatian counties should set.

Finally at the end of the meeting there followed a vivid and fruitful discussion resulting in some worth conclusions. The superiority of emergency percutaneous coronary intervention in treating STEMI, and a need for an emergency transport of such patients to the Laboratory for heart catheterization of the Clinical Hospital Centre Rijeka has been recognized. The competent county and town authorities have taken on the obligation of securing funds for such continuously organized transport. We are closing this article with words of thanks to the company KRKA-FARMA d.o.o. that organized such a meeting.

