



## 18. međunarodni sastanak Alpe Adria kardiološkog društva

## The 18<sup>th</sup> International Meeting of Alpe Adria Society of Cardiology

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U starom bolničkom kompleksu, danas Sveučilišnom kampusu u Beču (Austrija) je od 16. do 18. rujna 2010. god. održan 18. međunarodni sastanak Alpe Adria kardiološkog društva na kojem je sudjelovalo preko 200 sudionika. Tema kongresa bile su novosti u kardiologiji, s posebnim naglaskom na najvažnijim i najzanimljivijim novostima iz svih područja kardiologije unatrag godinu dana.

Za razliku od dosadašnjih sastanaka, na ovom su uvedene brojne novosti, koje je u uvodnom izlaganju iznio glavni organizator ovog događaja, prof. Kurt Huber. Jedna od tih novosti je bila (uspješna!) namjera organizatora događaj učiniti zanimljivim ne samo za iskusne kardiologe, već također i posebno za mlade kardiologe-istraživače, ne samo iz područja kliničkih, već i bazičnih znanosti. I zaista, na samom sastanku cijelo vrijeme bilo je očigledno pojačano prisutvo uglavnom mlađih kolegica i kolega. Jedan od načina na koji su organizatori to postigli bilo je i omogućavanje besplatne kotizacije svim sudionicima koji su bili predavači ili predsjedatelji pojedinih sjednica, ali i svima onima koji su prikazali svoje rezultate u vidu poster. Sveukupno je za prikaz prihvaćeno 115 sažetaka, od kojih su svi bili prikazani u obliku poster tijekom moderiranih, tematski razdijeljenih sjednica s posterima, a oni sa najboljim ocjenama međunarodnih i neovisnih recenzenta bili su prikazani i u obliku usmenog izlaganja na kraju svake tematske cjeline. Sažeci koji su bili unutar gornjih 20% najbolje ocijenjenih bili su nagrađeni povratkom troškova sudjelovanja na sastanku u iznosu do 300 EUR, a tri najbolja sažetka bila su nagrađena iznosima od 1000, 500 i 300 EUR. Iz Hrvatske je na ovom kongresu prikazano sveukupno osam sažetaka, pet iz Kliničke bolnice Dubrava (na temu regionalnih razlika u čimbenicima rizika i životnog stila u Hrvatskoj, psihosocijalnim karakteristikama hospitaliziranih bolesnika, lipoproteinu (a) kao biljegu povišenog kardiovaskularnog rizika i upalnim biljlezima u akutnom koronarnom sindromu), dva iz Kliničkog bolničkog centra Zagreb (na temu terapijske hipotermije nakon srčanog aresta i osobitosti bolesnika s elektrostimulatorom i hipertrofijskom kardiomiopatijom) te jedan iz Opće bolnice Zadar (na temu iskustva sa transradijalnim pristupom za koronarnu angiografiju i intervencije na prvih 500 bolesnika).

Još jedna novost na ovom sastanku bile su i tri tematske sjednice za mlade istraživače "How to" gdje se sve zainteresirane poučavalo kako pripremiti sažetak/poster/usmeno izlaganje, kako pripremiti rad za slanje u znanstveni ča-

During the period from 16<sup>th</sup> to 18<sup>th</sup> September 2010, the 18<sup>th</sup> International Meeting of Alpe Adria Society of Cardiology was held in the old hospital complex, today's University Campus in Vienna (Austria). Over 200 participants took part in this meeting. The theme of the Congress was the novelties in cardiology, with special emphasis placed on the most important and the most interesting novelties in all areas of cardiology during the last year.

Unlike all previous meetings, a number of novelties were introduced in this meeting, presented by Prof. Kurt Huber in his introductory lecture, who was the chief organizer of this event. One of those novelties was the (successful!) intention of the organizers to make the event interesting not only for experienced cardiologists, but also for young cardiologists-researches, not only in the area of clinical, but also basic sciences. This proved to be successful, so at the meeting there were some younger female and male colleagues all the time. One of the ways how the organizers achieved this was providing a free registration fee to all participants who were either lecturers or chairmen of specific meetings and to all those who presented their results in the form of posters. A total of 115 abstracts were accepted for presentation, out of which all of them were shown in the form of posters during moderated, thematically separated meetings with posters, and those with best grades received from international and independent reviewers were also presented in the form of oral presentation at the end of every thematic session. The abstracts that were in top 20% of best graded abstracts were rewarded by refund of cost amounts paid for the participation at the meeting to amount of EUR 300 and the three best abstracts were rewarded with amounts of EUR 1000, 500 and 300. There were eight Croatian abstracts presented at this meeting, five from the University Hospital Dubrava (with the topic on regional differences in risk factors and life style in Croatia, psycho-social characteristics of hospitalized patients, lipoprotein (a) as the a marker of increased cardiovascular risk and inflammatory markers in acute coronary syndrome), two from the Zagreb Clinical Hospital Centre (with the topic on hypothermia therapy following the cardiac arrest and special features of patients with pacemaker and hypertrophic cardiomyopathy) and one from the Zadar General Hospital (with the topic on experience with transradial approach to coronary angiography and interventions on the first 500 patients).

Another novelty at this meeting was three thematic meetings for young researches "How to", where the interested persons were taught how to prepare an abstract/poster/oral presentation, how to prepare an article for a scien-



sopis i kako izabrati prikladne bolesnike za implantaciju ICD/CRT.

Prof. Davor Miličić i prof. Dubravko Petrač bili su u Znanstvenom organizacijskom odboru ovog kongresa. Prof. Miličić predsjedavao je sjednicama čije su teme bile indikacije za nove antitrombine i antitrombotsku terapiju, a održao je izlaganje na temu mreže zbrinjavanja akutnog infarkta miokarda s elevacijom ST-segmenta (STEMI) u Hrvatskoj. Prof. Petrač održao je izlaganje u važnim aspektima implantacije ICD-a kod starijih osoba.

Iako je bilo puno zanimljivosti na ovom sastanku, posebno se izdvaja uvijek aktualna problematika organizacije i funkcionalnosti mreža za liječenje STEMI. Prikazana su iskustva iz sjeverne Italije, Hrvatske, Beča, Češke, Srbije, Mađarske, Slovenije i Berlina. Ono što je primijećeno od strane izlagača i sudionika jest veliki broj laboratorija za kateterizaciju srca u Hrvatskoj te se raspravljalo o pitanju stvaranja i održavanja centara izvrsnosti s obzirom na ograničeni broj intervencija zbog brojnih razloga, što je svojedobno i Hrvatsko kardiološko društvo prepoznalo kao jedan od mogućih problema. U nekim zemljama regije kao npr. u Češkoj je čak stavljen i moratorij na otvaranje novih laboratorija za kateterizaciju srca zbog toga. Bilo je zanimljivo saznati da uz Češku, još jedino u Nizozemskoj svi laboratoriji za kateterizaciju srca imaju zakonsku obavezu biti dostupni za rad 24 sata dnevno. Raspravljalo se, između ostalog i o uzrocima relativno dugih vremena od prvih simptoma bolesnika sa STEMI do intervencije u Beču (više od 120 minuta), zanimljivo je bilo vidjeti da je tome uzrok dvojaki, jedan je da bolesnici često, unatoč kampanjama u medijima, zaobilaze broj telefona za hitnu medicinsku pomoć, pa često dolaze u neku od šest bolnica u Beču koja taj dan nema 24-satno dežurstvo za hitne intervencije te stoga čekaju na transfer do centra koji je taj dan u službi za cijeli grad; dok se vikendom dešava da zbog istovremenog dolaska bolesnika u centar koji je za taj dan dežuran čekaju na red za izvođenje hitne intervencije (što bi se moglo riješiti dodatnim laboratorijima za kateterizaciju srca i osobljem, za što nije osigurano adekvatno financiranje).

Sljedeći sastanak održava se u jesen 2011. god. u Budimpešti (Mađarska), gdje se zbog blizine održavanja i karaktera sastanka očekuje još veće i produktivnije sudjelovanje kolegica i kolega iz Hrvatske.

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tific journal and how to select appropriate patients for the implantation of ICD/CRT.

Prof. Davor Miličić and Prof. Dubravko Petrač were in the Scientific Organizational Board of this Congress. Prof. Miličić chaired the sessions where topics were indications for new antithrombotics and antiplatelet therapy, and he also held a lecture on network of management of acute myocardial infarction with ST-segment elevation (STEMI) in Croatia. Prof. Petrač held a presentation on some important aspects of implantation of ICD in elderly persons.

Although there were many interesting issues at this meeting, the issue that has always been very up-to-date and interesting is the issue regarding organization and functionality of network for the treatment of STEMI. The experience from north Italy, Croatia, Vienna, the Czech Republic, Serbia, Hungary, Slovenia and Berlin were shown. One issue that has been noticed by presenters and participants is great number of laboratories for cardiac catheterization in Croatia, and the issue regarding creation and maintenance of the excellence centers considering a limited number of interventions due to many reasons which was also recognized as one of potential problems by the Croatian Cardiac Society in the past years. In some countries of the region, such as the Czech Republic, a moratorium was consequently placed on opening new laboratories for cardiac catheterization. It was interesting to know, that besides the Czech Republic, it is only the Netherlands where all laboratories for cardiac catheterization are legally bound to be available 24 hours a day. Besides, the causes of relatively long period that elapses from the first symptoms of patients with STEMI to the intervention in Vienna (over 120 minutes) were discussed. It was interesting to see that there were two reasons for that, the first is that patients often, despite the media campaigns, fail to call emergency telephone number, but they often come to one of the six hospitals in Vienna that on that specific day has no 24-hour duty physicians for emergency coronary interventions, consequently they wait for the transfer to the center having duty hours for the whole town on that specific day; while on weekends, patients who come to the center having duty hours must wait for emergency intervention to be performed, because they all come to the center at the same time. This problem could be solved by introducing additional laboratories for cardiac catheterization and engaging additional personnel, which is not backed by sufficient funds provided.

The next meeting will be held in autumn 2011 in Budapest (Hungary) where due to proximity of the city where the meeting will be held and type of the meeting itself, we expect even greater number of persons and more productive participation of our colleagues from Croatia.

