Konzervativan pristup liječenju aortne stenoze u 86-godišnje bolesnice

Conservative treatment of severe aortic stenosis in a 86-year-old female patient

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RECEIVED: November 10, 2016
ACCEPTED: November 20, 2016

KLJUČNE RIJEČI: aortna stenoza, konzervativno liječenje, stariji bolesnici.

KEYWORDS: aortic stenosis, conservative treatment, elderly patient.

CITATION: Cardiol Croat. 2016;11(12):627. | **DOI:** http://dx.doi.org/10.15836/ccar2016.627

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Aortna stenoza najčešća je valvularna bolest u Europi i SAD-u, a njezina prevalencija raste s dobi. Radi se o bolesti koju karakterizira relativno benigni tijek u asimptomatskom periodu. Međutim, kad postane simptomatska, krivulja preživljenja strmoglavo pada. U simptomatskoj fazi ukupno očekivano 5-godišnje preživljenje bez prilagodbe za dob iznosi 15 do 50% te se, obzirom na dostupne modalitete liječenja, sve više starijih bolesnika upućuje na invazivni pristup liječenju.[1-3]

U ovom prikazu kliničkog slučaja želimo predstaviti bolesnicu M.N. u dobi od 89 godina koja se u našoj ustanovi prati radi teške aortne stenoze. Bolesnica je prvi put hospitalizirana u ustanovi 2013. godine u slici plućnog edema s fibrilacijom atrija i tahiaritmijom klijetki, kad je inicijalno primljena u Jedinicu intenzivnog liječenja i mehanički ventilirana. Od komorbiditeta se izdvajaju arterijska hipertenzija i hipotireoza. Po stabilizaciji stanja učinjen je ehokardiografski pregled kojim je opisana teška aortna stenoza s maksimalnim gradijentom od 75 mmHg, srednjim gradijentom 51 mmHg, AVA 0.7 cm^2, uz umjerenu mitralnu i trikuspidnu regurgitaciju te PAPs 65 mmHg. Bolesnica je dobro odgovorila na inicijalnu terapiju te je potom upućena na invazivnu kardiološku obradu. Koronarografski nije nađena značajna koronarna bolest srca. Potom je predstavljena na kardiokirurškom konziliju te je, obzirom na visoku životnu dob, velik operativni rizik i dobar odgovor na konzervativno liječenje, preporučen daljnji nastavak medikamentne terapije. Bolesnica sama također nije bila sklona operativnom liječenju. Nakon toga nastavila se kontrolirati te je uz povremene kraće hospitalizacije i titriranje diuretske i antiaritmičke terapije postignuta dobra kvaliteta života. Bolesnica je samostalna u svakodnevnim životnim aktivnostima te nema većih tegoba.

Navedeni primjer govori u prilog tome kako odluka o liječenju teške aortne stenoze kod starijih osoba treba biti maksimalno individualizirana.

Aortic stenosis is the most common valvular disease in Europe and the USA and its prevalence increases with age. It is a disease characterized with a relatively benign course during the asymptomatic period. However, once it becomes symptomatic, survival dramatically decreases. Overall life expectancy during the symptomatic period without age adjustment is about 15 to 50%. Considering available treatment modalities, more and more elderly patients are referred to invasive treatment.[1-3]

We would like to present a female patient M.N., aged 89, who is under medical supervision in our hospital for severe aortic stenosis. She was first admitted to Intensive Care Unit in 2013 due to pulmonary edema and atrial fibrillation with ventricular tachyarrhythmia. She was then mechanically ventilated. Her previous medical history was significant for arterial hypertension and hypothyreosis. After initial stabilization a transthoracic echocardiography was performed, which showed a severe aortic stenosis with a PG of 75 mmHg, MPG 51 mmHg and AVA 0.7 cm^2, a moderate mitral and tricuspid regurgitation and PAPs 65 mmHg. The patient responded well to treatment and was referred to invasive diagnostics. No significant coronary artery disease was found. She was then presented on a surgical meeting where, considering her age, a very high operative risk and good response to conservative treatment, a decision was made not to operate on her. The patient herself was not prone to surgery. After that she continued medical treatment under supervision of physicians in our hospital. With occasional short hospital stays and titration of diuretic and antiarrhythmic treatment a good quality of life was achieved. The patient is independent in her life activities and has no major symptoms.

We find this case an argument for maximal individualization of severe aortic stenosis treatment in the elderly.

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