

# Bolesnik s aortnom stenozom u hitnoj službi – prikaz slučaja

## Emergency department patient with aortic stenosis – case report

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Kada razmišljamo o aortnoj stenozu uglavnom se u današnje vrijeme razmišlja o veličini areje i gradijentu nad valvulom kao preciznom definiranim težine aortne stenozu, što je naravno i opravdano, no što je s prvom linijom fronte u dijagnostici te patologije? Prepoznati li se ona uvijek na vrijeme i tko su liječnici pred kojima je taj odgovoran zadatak? Rad u hitnoj službi vrlo je izazovan i težak, a liječnika koji se tamo nađe stavlja u poziciju da uz često ograničene dijagnostičke procedure i u uvjetima koji su daleko od idealnog postavlja sumnju ili dijagnosticira vrlo ozbiljne bolesti i stanja. Neovisno o opsegu dostupnih dijagnostičkih metoda najvažnije čime se liječnik u uvjetima hitne službe može naoružati je vlastito znanje, iskustvo i maksimalna posvećenost anamnezi i kliničkom statusu bolesnika. Adekvatno auskultirati srce jedan je od izazova. Iako bi rekli da je čuti poznati krešendo-dekrešendo ejekcijski sistolički šum aortne stenozu lak zadatak, u buci i gužvi hitnog bolničkog prijema mnogo puta je daleko od jednostavnog i može se propustiti.<sup>1,2</sup>

U radu smo prikazali mladog bolesnika kojem je taj šum primijećen prvi puta upravo u hitnoj internističkoj ambulanti, što je u kombinaciji s ostalim tipičnim simptomima kojima se bolesnik anamnestički prezentirao, kao što su anginozne tegobe, progresivna intolerancija napora, zaduha i palpitacije te u EKG-u znaci opterećenja lijeve klijetke, zaokružilo sliku i bilo prvi korak ka dijagnozi teške simptomatske aortne stenozu, nakon čega je bolesnik kardiološki obrađen i prezentiran kardiokirurškom konziliju radi konačnog zbrinjavanja. Ovime smo htjeli ukazati da je današnja suvremena tehnologija u dijagnostici i liječenju ozbiljnih stanja od male koristi ako bolesnik do nje uopće ne dođe, odnosno da je i dalje na prvom mjestu čovjek, tj. liječnik i njegova sposobnost da uoči, posumnja, zbrine, a moguće i konačno dijagnosticira brojne bolesti i patologiju pa tako i stenozu aortne valvule.

Nowadays when we think about aortic stenosis, aortic valve area and the gradient over the aortic valve are mainly considered as a precise way of defining the aortic stenosis severity, which is certainly justified, but what about the first-line procedures in diagnosing this pathology? Is it always recognized in a timely manner and who are the physicians who are faced with this highly responsible task? Working in an emergency department is very challenging and difficult and the physician who works there is often being put in a position to raise a suspicion or diagnose serious illnesses and conditions with often limited diagnostic procedures and in conditions that are far from ideal. Regardless of the extent of available diagnostic methods, the most important things that a physician who works under emergency room circumstances can arm himself/herself with, are his/her own knowledge, experience and the maximum dedication to the patient's medical history and clinical status. Adequate heart auscultation is one of the challenges. Although one could say it is an easy task to hear known crescendo-decrescendo aortic stenosis ejection systolic murmur, in noisy and crowded circumstances of an emergency hospital admission, many times it is far from simple and can be missed.<sup>1,2</sup>

In the paper we have shown a young male patient in whom this murmur was noticed for the first time exactly in an internal medicine emergency room, and that in combination with other typical symptoms that patient's medical history presented, such as chest pain, progressive effort intolerance, dyspnea and palpitations, and ECG signs of left ventricle strain, gave a whole picture and was the first step toward diagnosing severe symptomatic aortic stenosis, after which the patient was examined by a cardiologist and presented to the cardiac surgeon for the final treatment. Hereby we wanted to point out that today's modern diagnostic and treatment technology for serious conditions is of little use if the patient does not reach it at all and that a person, that is the physician still has a crucial role with his/her ability to notice, suspect, attend and possibly precisely diagnose numerous diseases and pathology including the aortic valve stenosis.

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