

Biomarkeri u zatajivanju srca Biomarkers in heart failure

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Tijekom zadnjih nekoliko godina svjedoci smo izrazitom napretku u liječenju zatajivanja srca (HF), pa tako i razvoju srčanih biomarkera. Intrigantna interakcija različitih mehanizama koji obuhvaćaju neurohumoralnu aktivaciju, upalu, tlačno i volumno opterećenje miokarda, remodeliranje miokarda, lezija miokarda dovodi do razvoja HF. Određivanje natriuretskog peptida danas je široko rasprostranjeno u svakodnevnoj kliničkoj praksi. Ima značajnu ulogu u dijagnozi i prognozi HF te je poznat njegov značaj u terapijskom procesu. Poznavajući kompleksnost patofiziološkog procesa u nastanku HF, pojavili su se i neki novi biomarkeri koji mogu zamijeniti dosad poznate biomarkere.¹⁻³ Cilj ovog rada je usporediti natriuretski peptide, ST2, galektin-3 te visoko osjetljivi troponin. Razumno je za očekivati kako će budućnost donijeti panel multibiomarkera kao neophodnog oruđa u poboljšanju razumijevanja, kao i boljeg liječenja bolesnika s HF.

Over the past few years, we are witnessing a great progress in the treatment of heart failure (HF), as well as in the development of cardiac biomarkers. Intriguing interaction of various mechanisms, involving neurohumoral activation, inflammation, pressure/volume ventricular load, myocardial remodeling and myocardial lesion, lead to heart failure development. Natriuretic peptide testing is commonly used in routine clinical practice. It has a paramount role in the diagnosis and prognosis of HF as well as well-known significance in treatment-guided therapy. Knowing the complexity of HF pathophysiological process, new biomarkers have emerged that can replace the usual ones.¹⁻³ The aim of this paper is to compare natriuretic peptides, ST2, galectin-3, and highly sensitive troponin. It is reasonable to expect that the future will bring a multibiomarker panel as a necessary tool to improve HF understanding as well as better treatment of HF patients.

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LITERATURE

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