










Intervencijsko zbrinjavanje istovremenog srčanog i moždanog udara: prikaz slučaja

Interventional treatment of concomitant acute myocardial infarction and stroke: a case report

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KEYWORDS: acute myocardial infarction, cerebrovascular insult, interventional treatment, health care plan.

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Uvod: Prikazujemo slučaj bolesnice s arterijskom hipertenzijom koja je inicijalno pregledana u Hitnoj kirurškoj ambulanti zbog kontuzije glave, a nakon blage prometne nesreće zbog sinkope kojoj je prethodila bol u prsima.

Prikaz slučaja: Učinjenom obradom je verificiran akutni infarkt miokarda s elevacijom ST-segmenta inferoposteriorne lokalizacije, a budući da je prilikom pregleda bolesnica bila somnolentna uz neurološki ispad (anizokoriju i lijevostranu hemiparezu) učinjena je i CT angiografija moždanih arterija te je verificiran i akutni ishemijski cerebrovaskularni inzult. Učinjena je koronarografija kojom je nađena trožilna koronarna bolest srca s okluzijom desne koronarne arterije te je učinjena i perkutana koronarna intervencija s implantacijom tri stenta u nizu u rezidualnu stenozu desne koronarne arterije. Odmah potom, učinjen je i endovaskularni zahvat, superselektivna DSA, kojom je potvrđena okluzija desne arterije cerebri posterior i arterije cerebri superior te je učinjena intervencija kojom je mehanički i trombaspiracijom odstranjen tromboembolijski materijal, nakon čega je uspostavljen uredan protok. Bolesnica je hospitalizirana u Zavodu za intenzivnu kardiološku skrb Klinike za bolesti srca i krvnih žila Kliničkog bolničkog centra Sestre milosrdnice te je tijekom hospitalizacije došlo do potpunog oporavka svijesti i neurološkog deficita. Kroz odgovarajuće postavljene plan zdravstvene njege, prepoznavanje sestrinskog problema kod bolesnice te odgovarajućim intervencijama zdravstvenog tima, zadani cilj tokom boravka bolesnice uspješno je postignut. Iskusnim vještinama i znanjem, tim medicinskih sestara i tehničara spriječio je mogućnost nastanka novih sestrinskih problema provođenjem intervencija kroz postavljene plan zdravstvene njege. Tijekom daljnje hospitalizacije, bolesnica je bila kardiopulmonalno kompenzirana, afebrilna, bez neurološkog deficita.

Zaključak: Ovim slučajem pokazano je kako je moguće adekvatno i uspješno intervencijsko zbrinjavanje bolesnika s istovremenim akutnim srčanim i moždanim udarom bez zaostalih deficita ukoliko postoji mogućnost za ispravnu i brzu primjenu kompliciranih dijagnostičkih i terapijskih postupaka.^{1,2}

Introduction: This case report presents a patient with arterial hypertension initially examined in the Surgical Emergency Unit because of a head contusion as a consequence of a mild traffic accident due to a syncope preceded by chest pain.

Case presentation: After thorough evaluation, patient was diagnosed with an acute ST elevation myocardial infarction of the inferoposterior wall, and since the patient was somnolent and had neurological deficits (anisocoria and left-sided hemiparesis), CT angiography of the cerebral arteries was performed, and acute ischemic cerebrovascular insult was also verified. Immediately afterwards, coronary angiography was performed and triple vessel disease with the occlusion of the right coronary artery was found. During the same procedure, a percutaneous coronary intervention was performed with the implantation of 3 stents in the residual stenosis of the right coronary artery. Subsequently, an endovascular procedure, superselective DSA, was performed and the occlusion of the posterior cerebral artery and superior cerebellar artery was confirmed. Immediately, an intervention with thromboaspiration and mechanical removal of thromboembolic material was performed. The patient was hospitalized at the Intensive Cardiac Care Unit, Department of Cardiovascular Diseases, University Hospital Center "Sestre milosrdnice" and during the hospitalization there was a complete regression of symptoms and complete neurological recovery. Through an appropriately set up health care plan, identifying nursing problems in the patient, and appropriate healthcare interventions, the set goal during the patient's hospitalization has been successfully achieved. Experienced skills, combined with knowledge, helped a team of nurses and technicians to prevent a possibility of creating a new nursing problem by implementing interventions through a set health care plan. During further hospitalization, the patient was cardiopulmonally compensated, afebrile, without neurological deficit.

Conclusion: This paper shows that it is possible to adequately and successfully treat patients with concurrent acute myocardial infarction if there is a possibility for an accurate and prompt use of complicated diagnostic and therapeutic procedures.^{1,2}

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