

CAS CLÍNIC

MARCAPÀS TRICAMERAL I DAI.

A QUI I QUAN?

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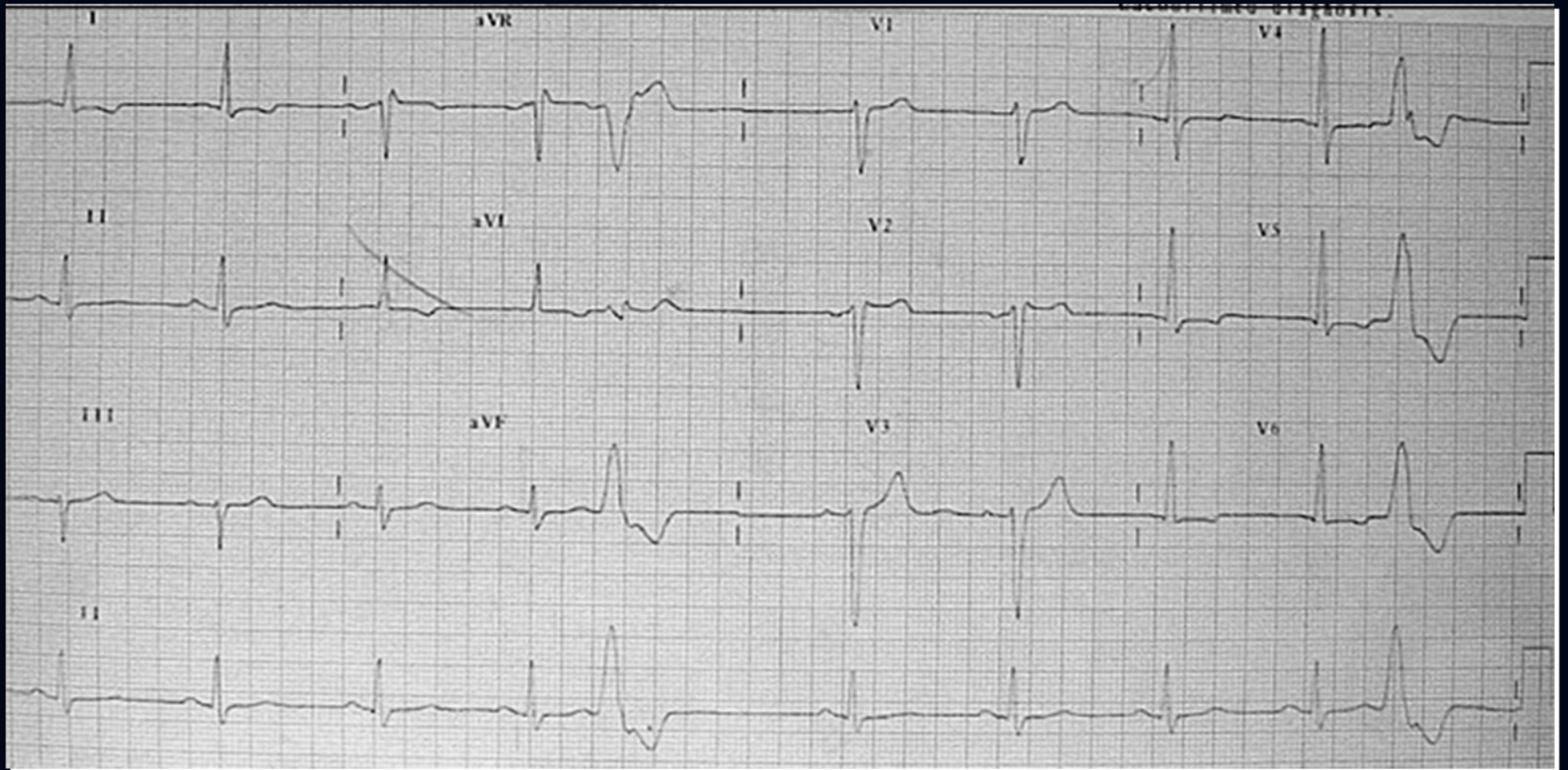
Societat Catalana de Cardiologia
1-3-2010

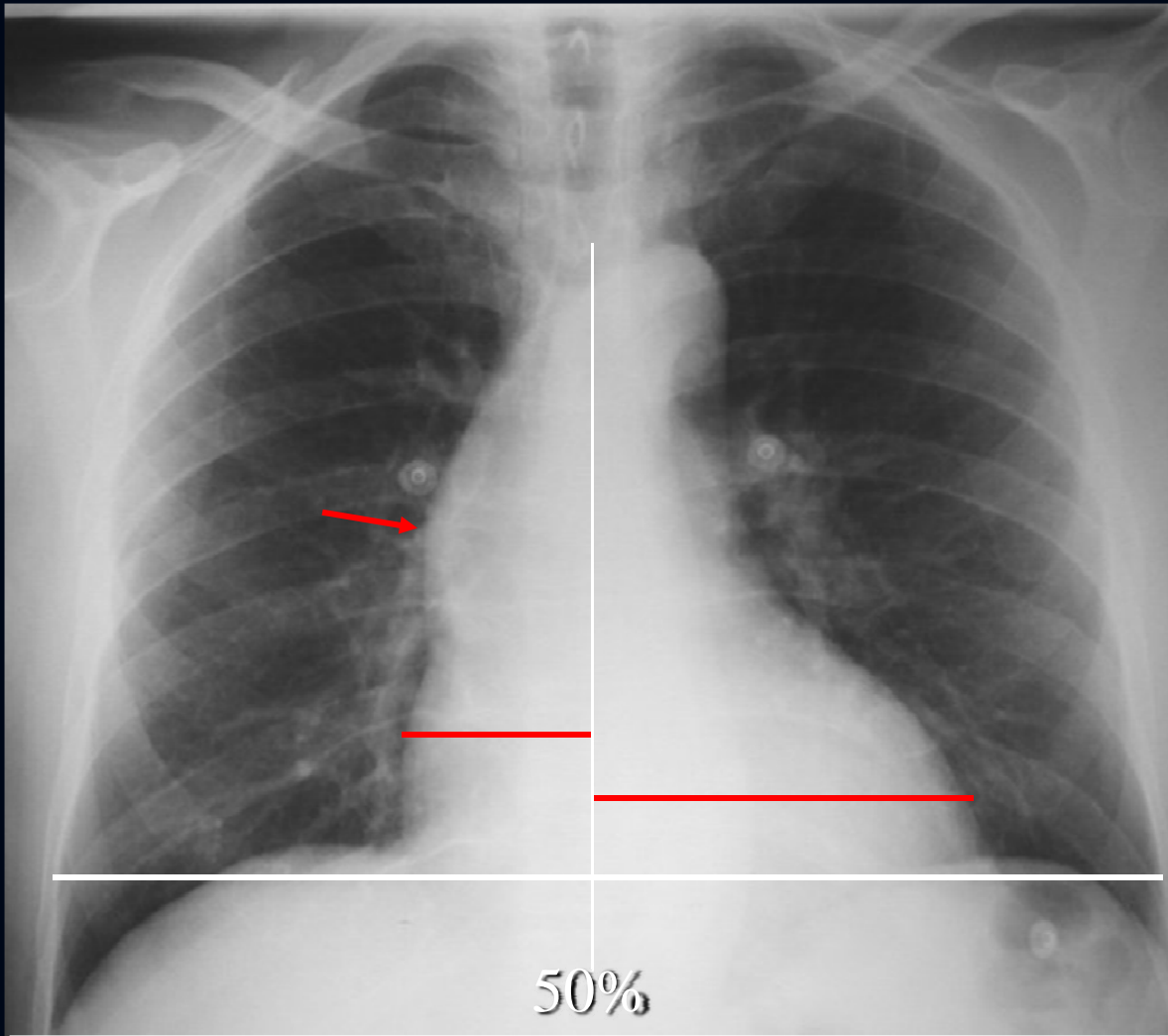
Historia clínica

- Malalt de 52 anys. Ex-fumador de 20-30 cig/d.
- Buf cardíac diagnosticat al 1984.

Consulta per episodis sincopals de repetició i dispnea d'esforç

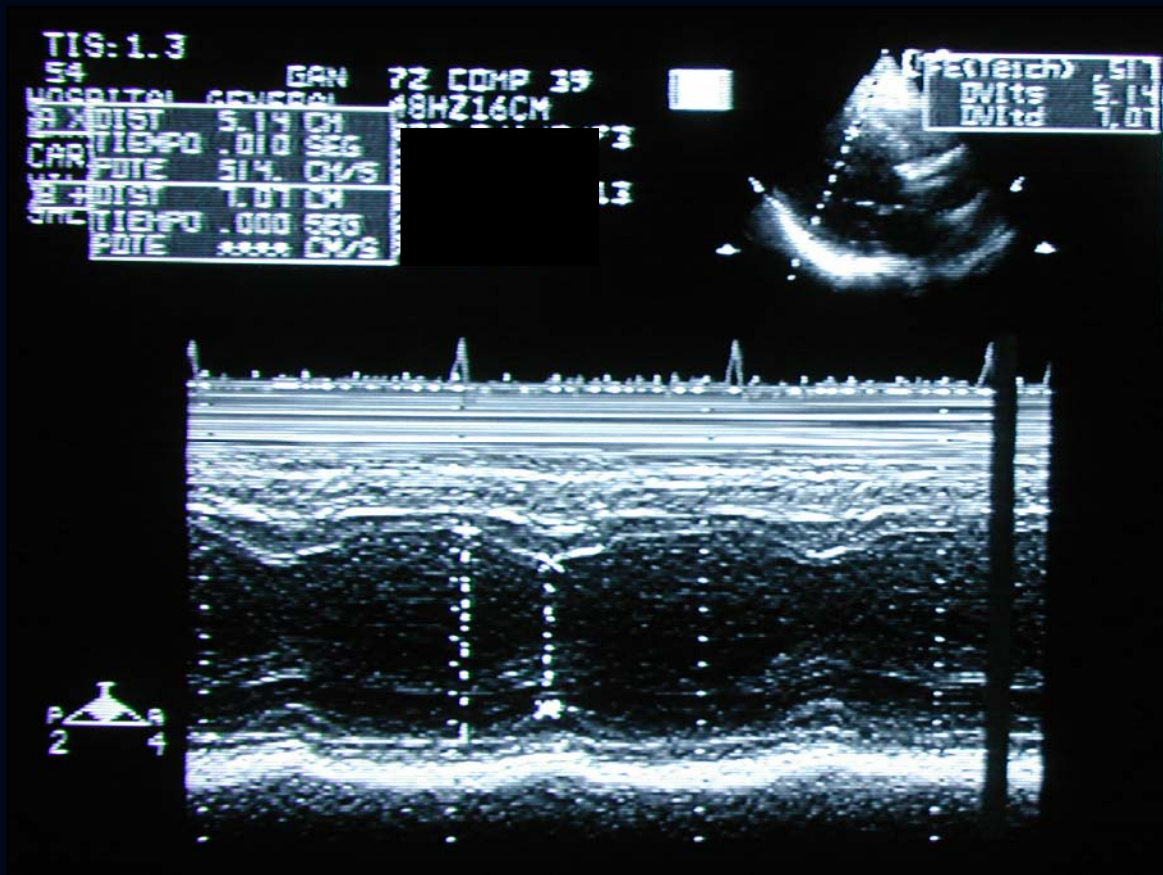
EKG



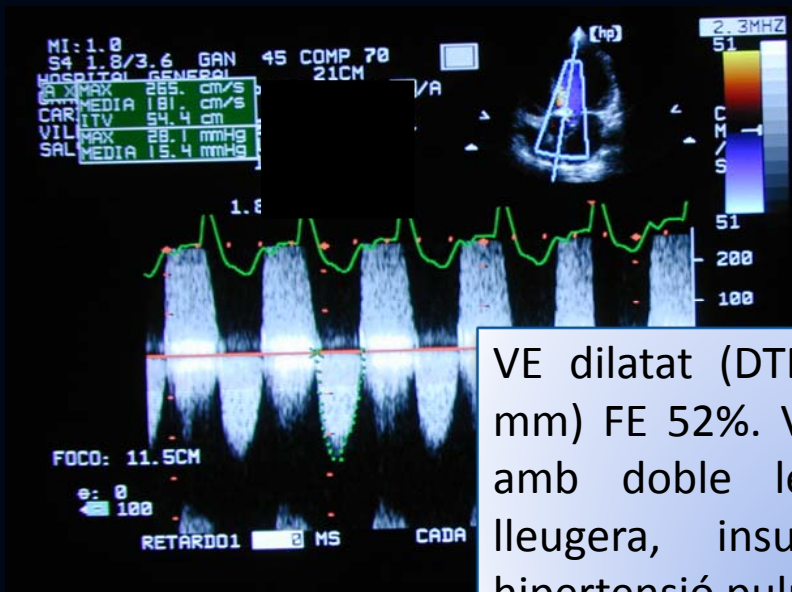


- Dilatació aorta ascendent.

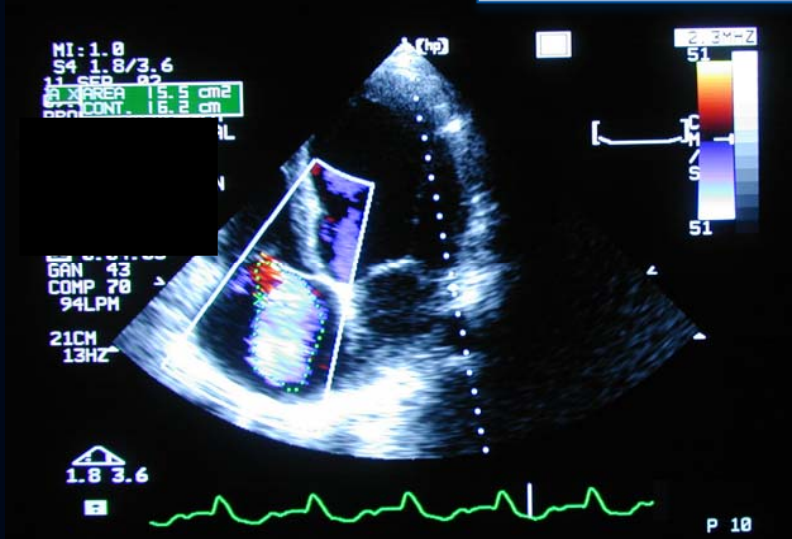
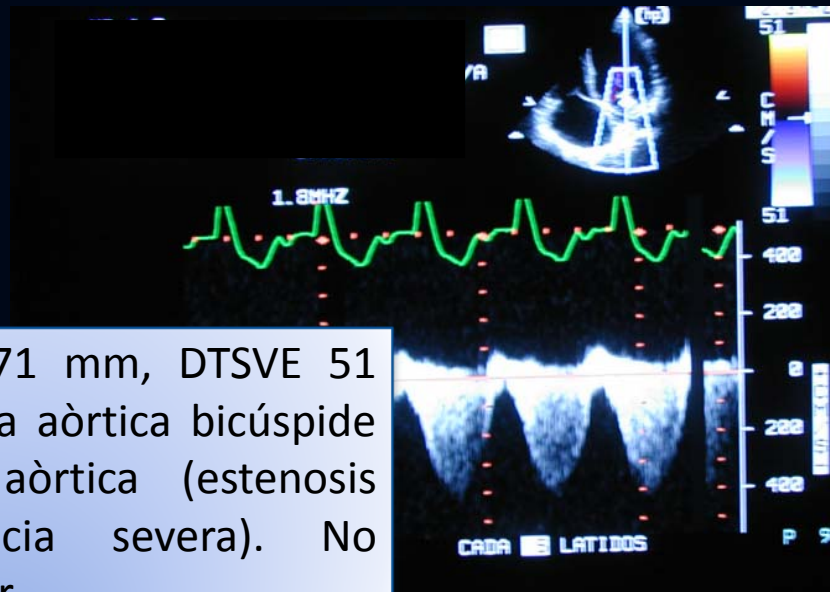
- Índex cardiotoràcic del 50%.



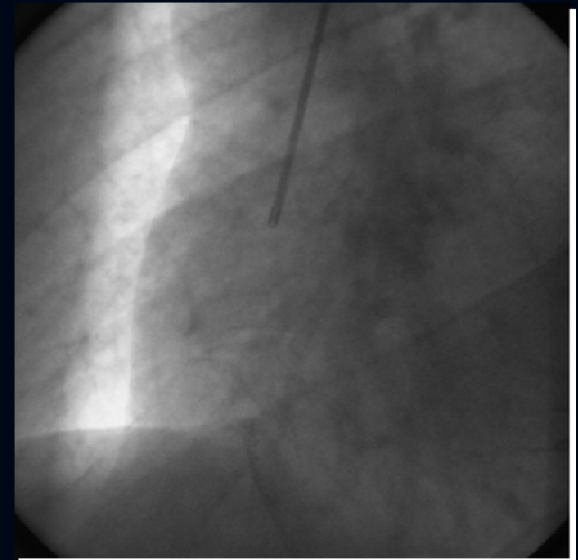
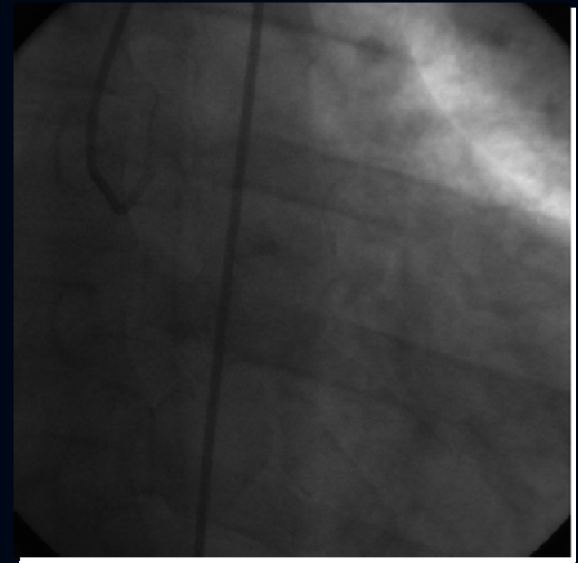
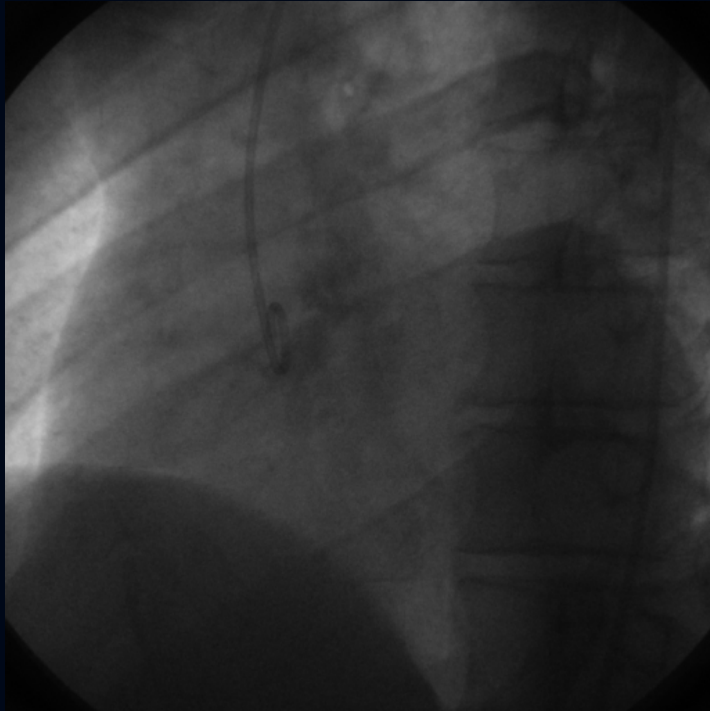
VTDVE 71 mm
 VTSVI 51 mm
 FE 52%



VE dilatada (DTDVE 71 mm, DTSVE 51 mm) FE 52%. Vàlvula aòrtica bicúspide amb doble lesió aòrtica (estenosis lleugera, insuficiència severa). No hipertensió pulmonar



Coronariografía i aortografía



130

44

El malalt **rebutja** cirurgia de recanvi valvular
aòrtic

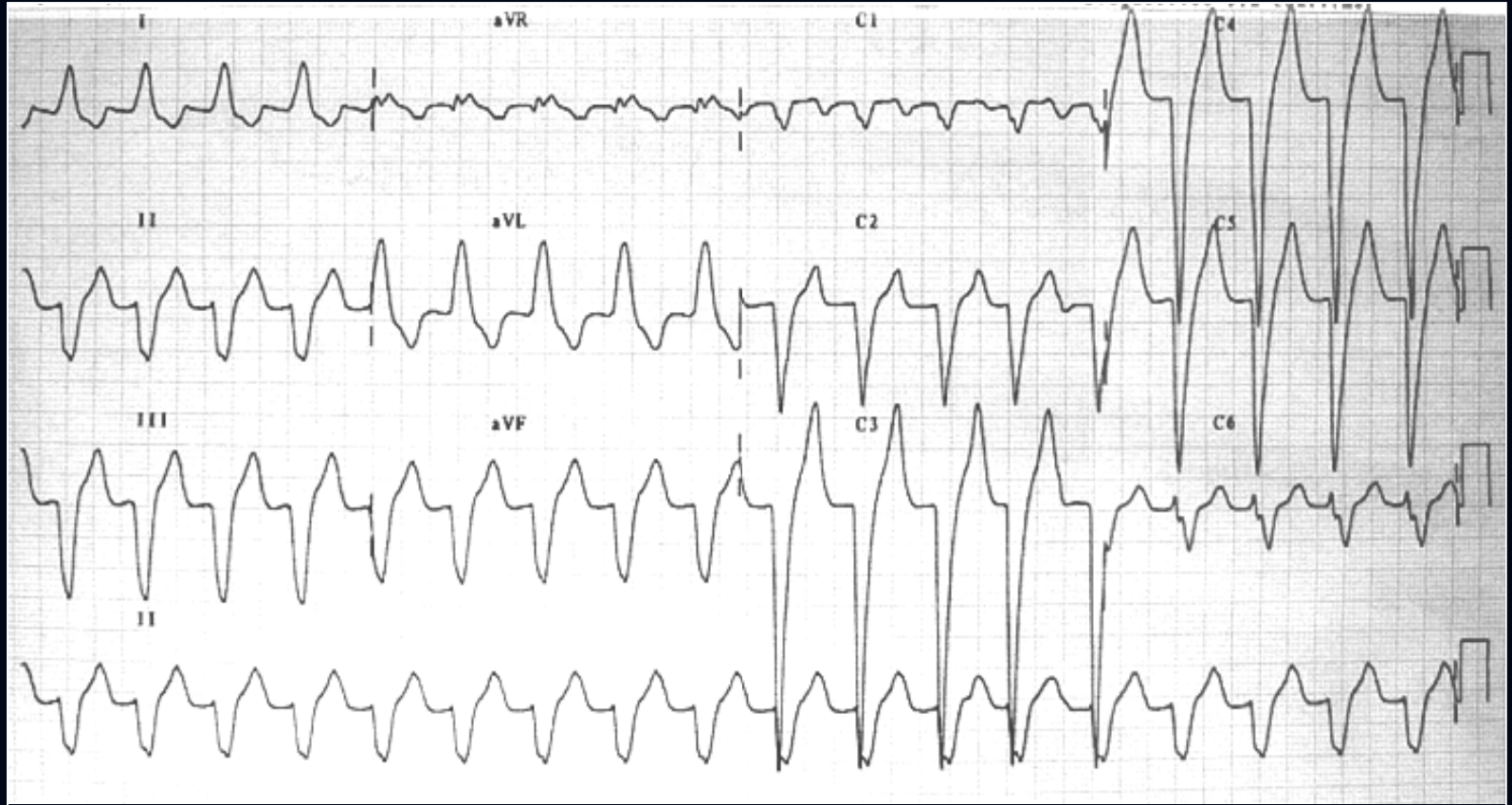
Seguiment

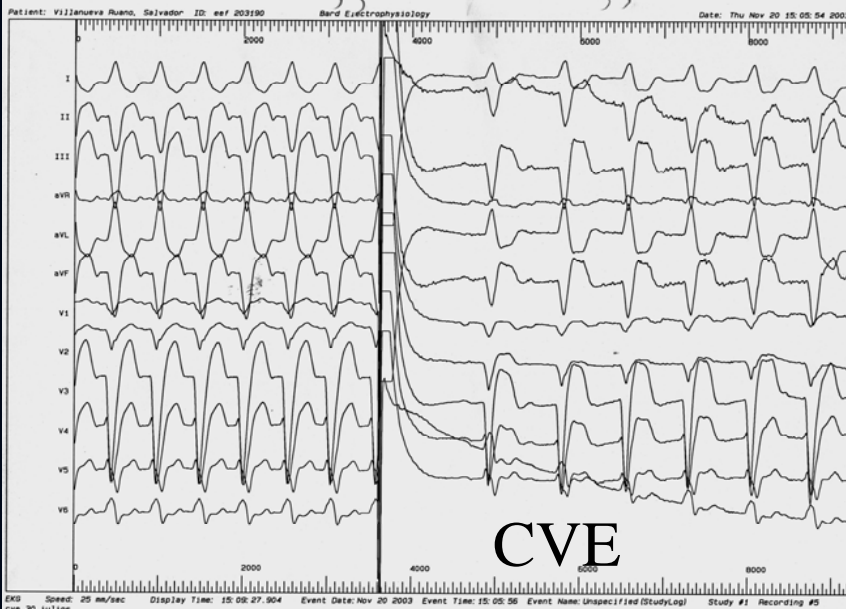
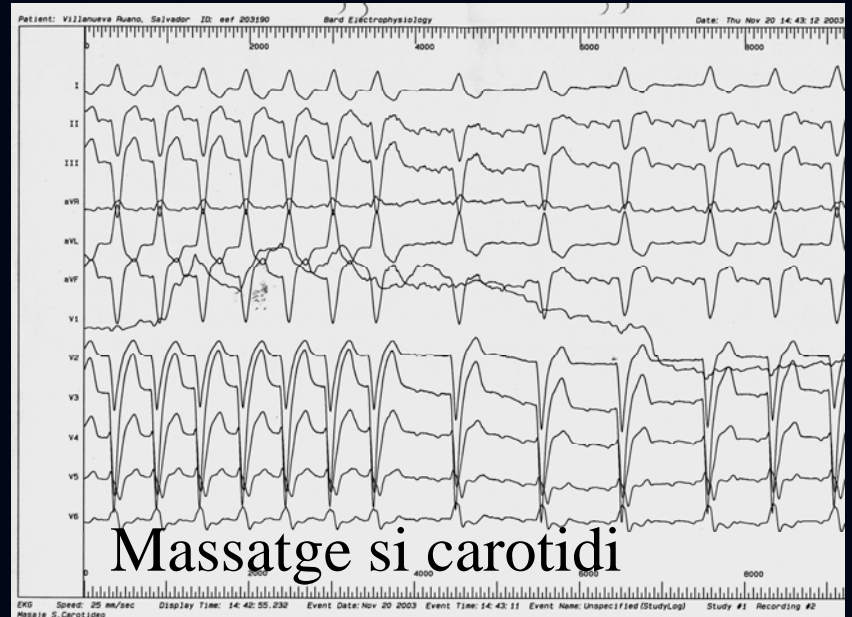
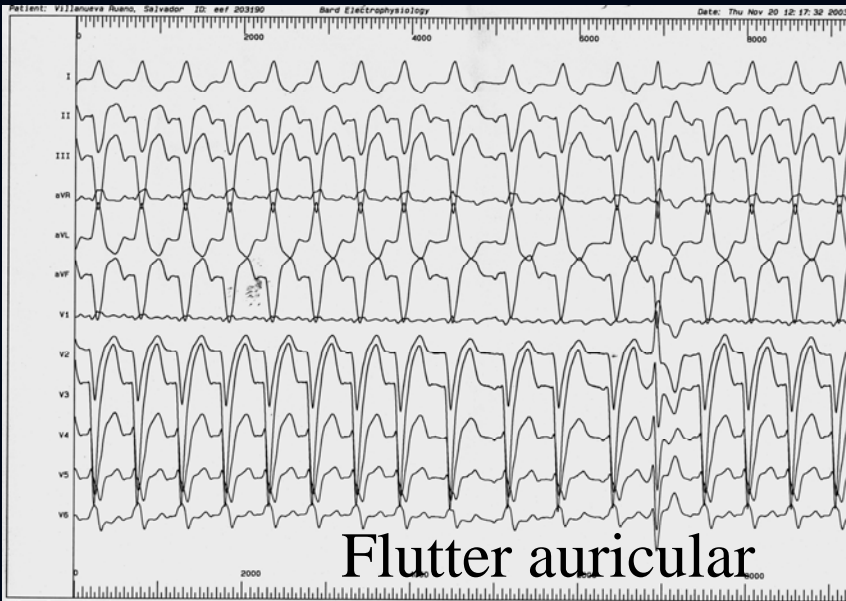
2 anys després:

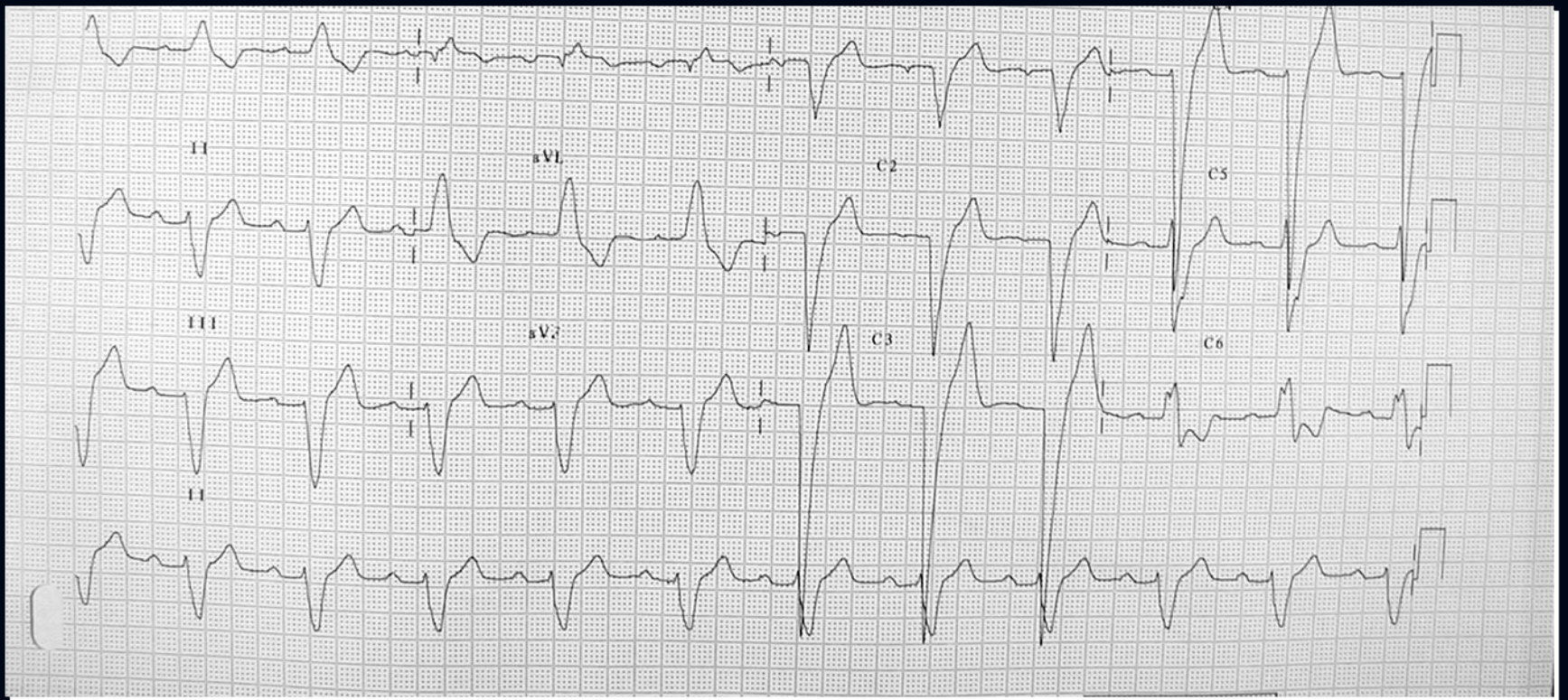
- Consulta per dispnea e intolerància al decúbit
- TA 140/50. FC 100 lpm.
- Icterícia lleugera.
- Buf sistòlic ejectiu foc aòrtic 2/6. Buf holodiastòlic paraesternal esquerro 4/6.
- Crepitants bilaterals. ICE
- Hepatomegàlia. IY

EAP

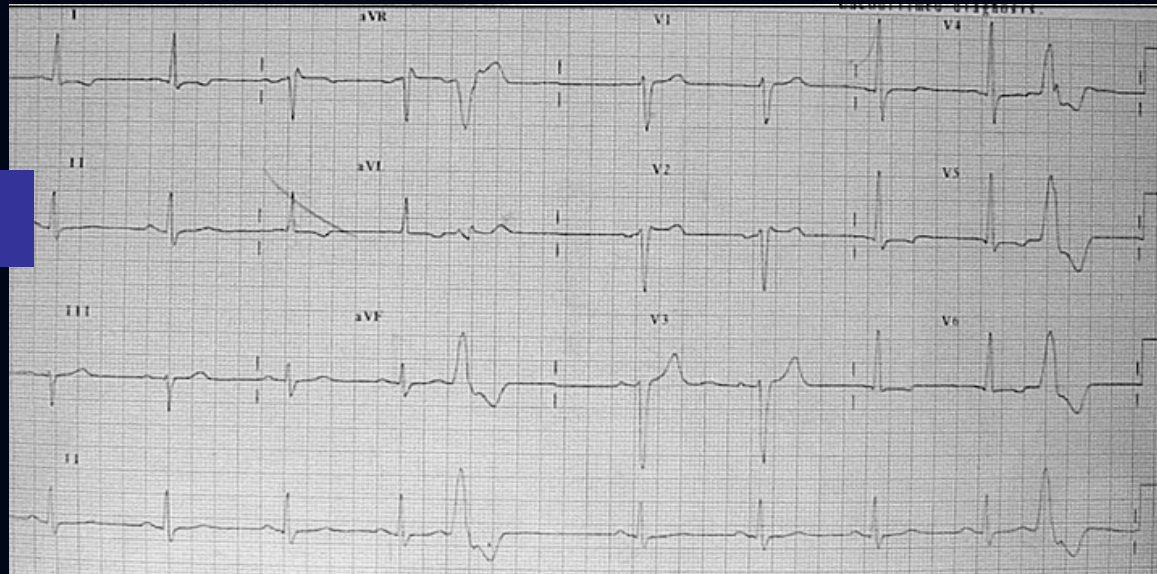
EKG



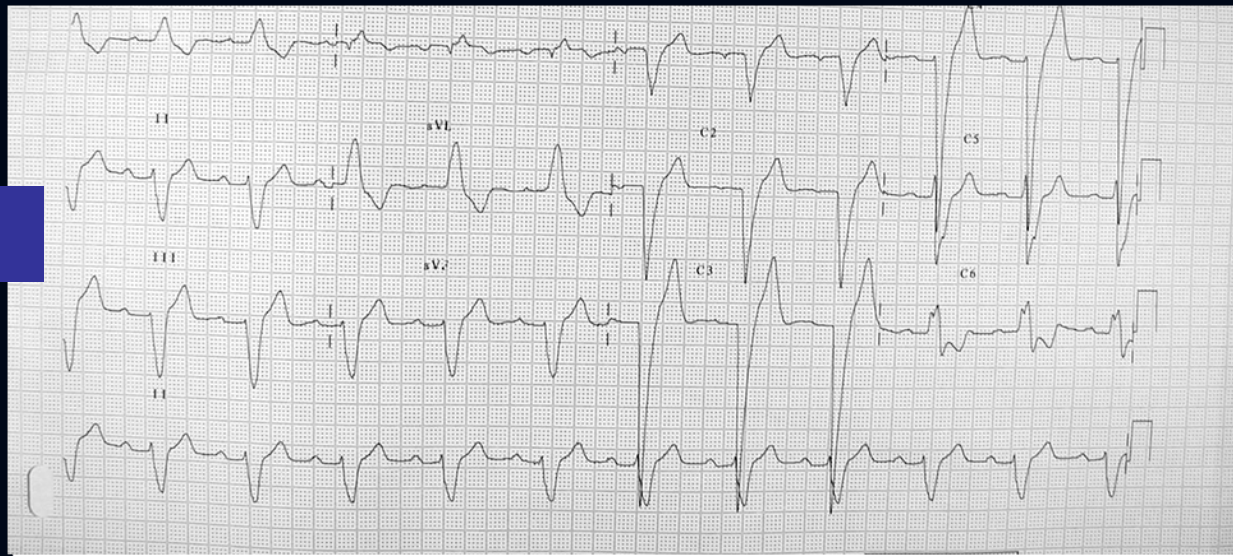


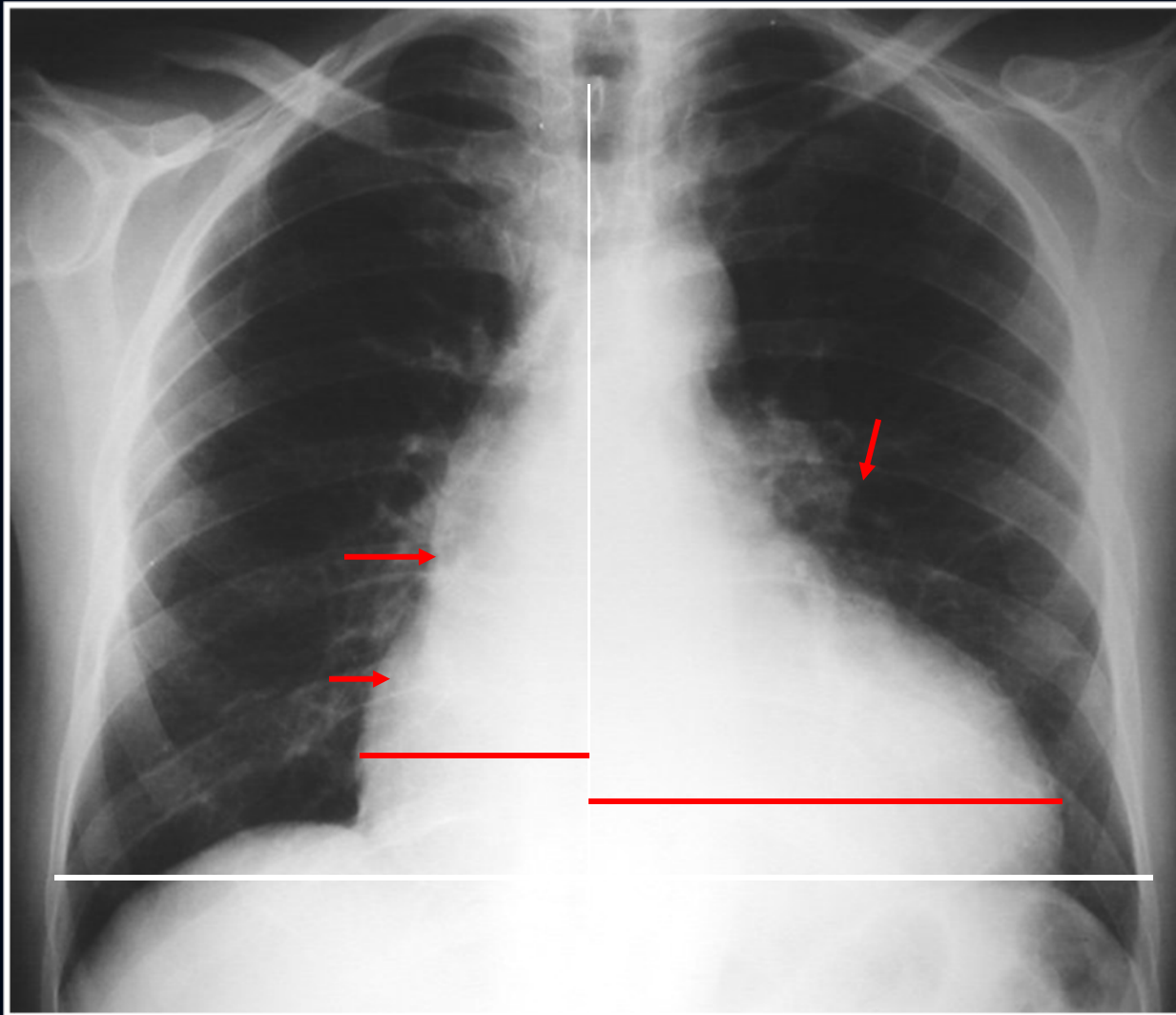


2 anys abans

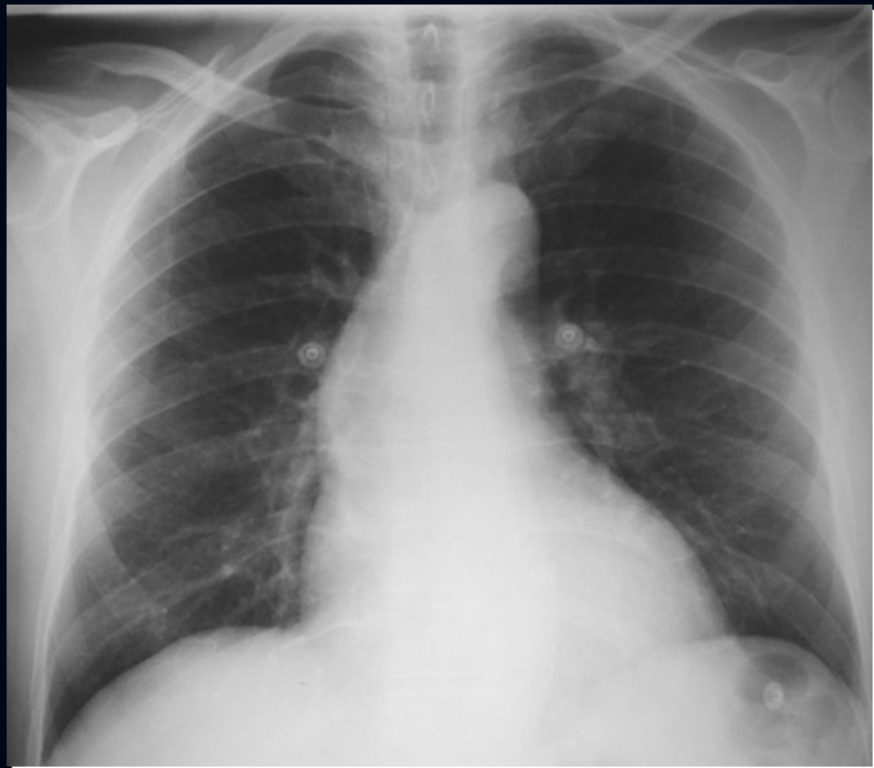


actual

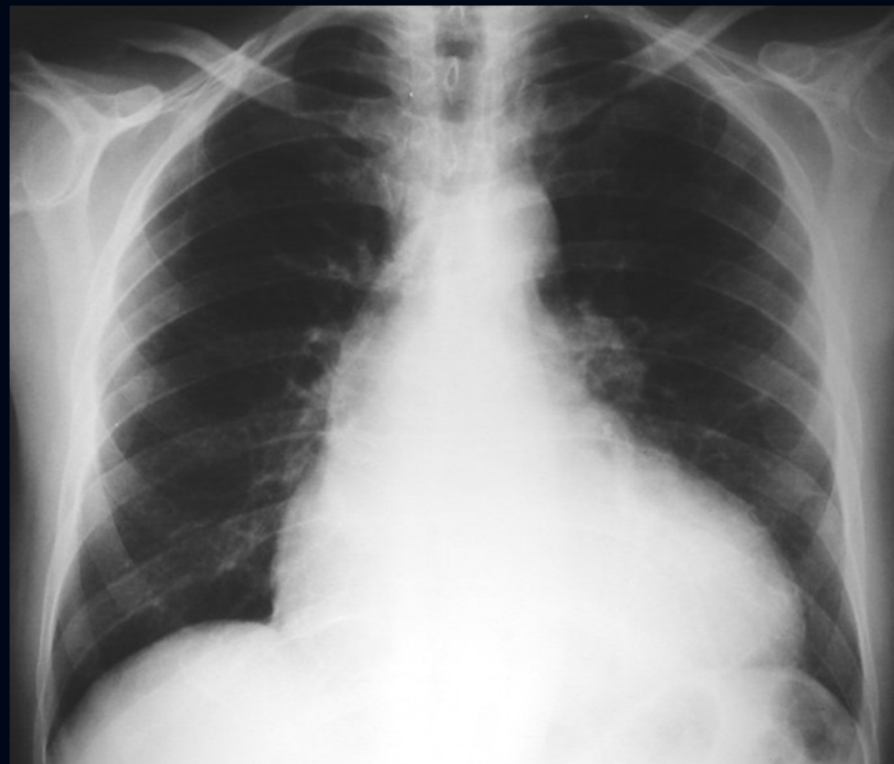




- Cardiomegàlia
- Doble contorn (AI)
- Aorta elongada
- Hilis borrosos



2 anys abans



actual

TIS: 1.0
 S4
 HOSPITAL GENERAL
 GAN 55 COMP 70
 42HZ17CM
 ROC 2/8/A/F3
 A X/DIST 1.63 cm
 A TIEMPO .010 seg
 CAR POTE 163. cm/s
 VIL POTE 6.85 cm
 A TIEMPO .010 seg
 POTE 97.8 cm/s

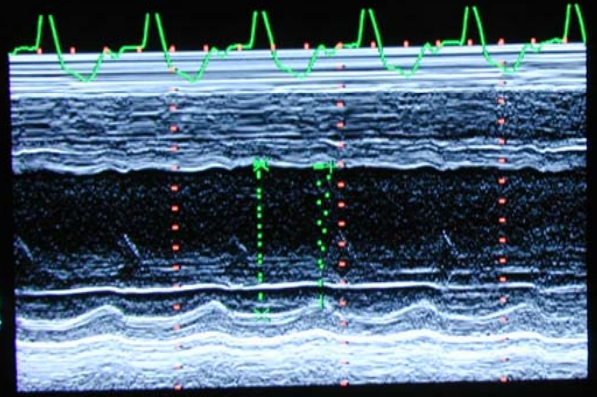


FE (Teich) 21%
 DvIts 6.85
 DvItD 1.63

FE (Teich) 21%
 Dtd 76 mm
 Dts 68 mm

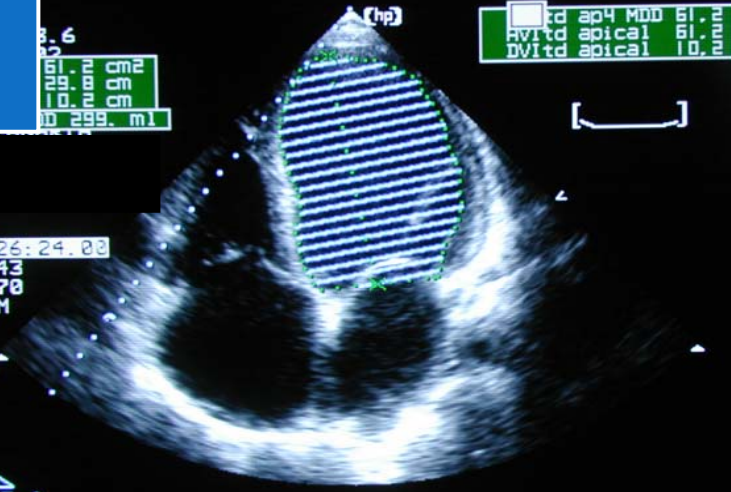
61.2 cm²
 29.8 cm
 10.2 cm
 299. ml

Ed ap4 MOD 61.2
 AVItD apical 61.2
 DVItD apical 10.2



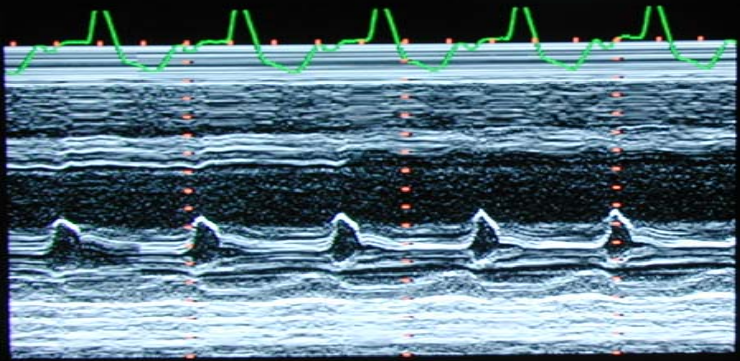
P 3

0:26:24.88
 GAN 43
 COMP 70
 93LPM
 21CM
 24HZ

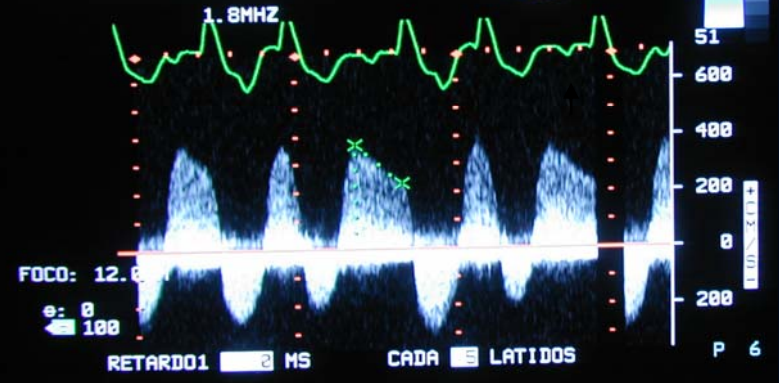


1.8 3.6

P



MI: 1.0
 S4 1.8/3.6 GAN 43 COMP 70
 HOSPITAL GENERAL
 A X/DIST 3.15 cm/s
 A TIEMPO .230 seg
 CAR POTE 419. cm/s
 VIL POTE 56.3 mmHg
 SAL P/et 229. msec

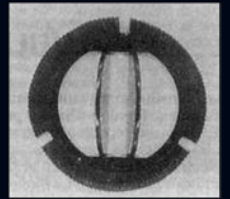


RETARDO1 2 MS CADA 5 LATIDOS

P 6

Intervenció Quirúrgica

- Substitució valvular aòrtica per pròtesis mecànica Saint Jude 25 mm



Situació al alta

- Normalització dels paràmetres de funció renal.
- Bo estat general. Cicatriu sense complicacions.
- AC: sorolls de pròtesis normals.
- TA: 120/70. FC: 80 lpm. T^a 36°C.
- ECG: Ritme Sinusal. BBEHH.
- RxTx: sutura de esternotomia.
- Analítica normal. Hb 12. Creat 0.93.

Tractament al alta

Amiodarona 200mg 1-0-0

Enalapril 5mg 0-0- $\frac{1}{2}$

Furosemida 40mg 1-0-0

Ranitidina 300 mg 0-0-1

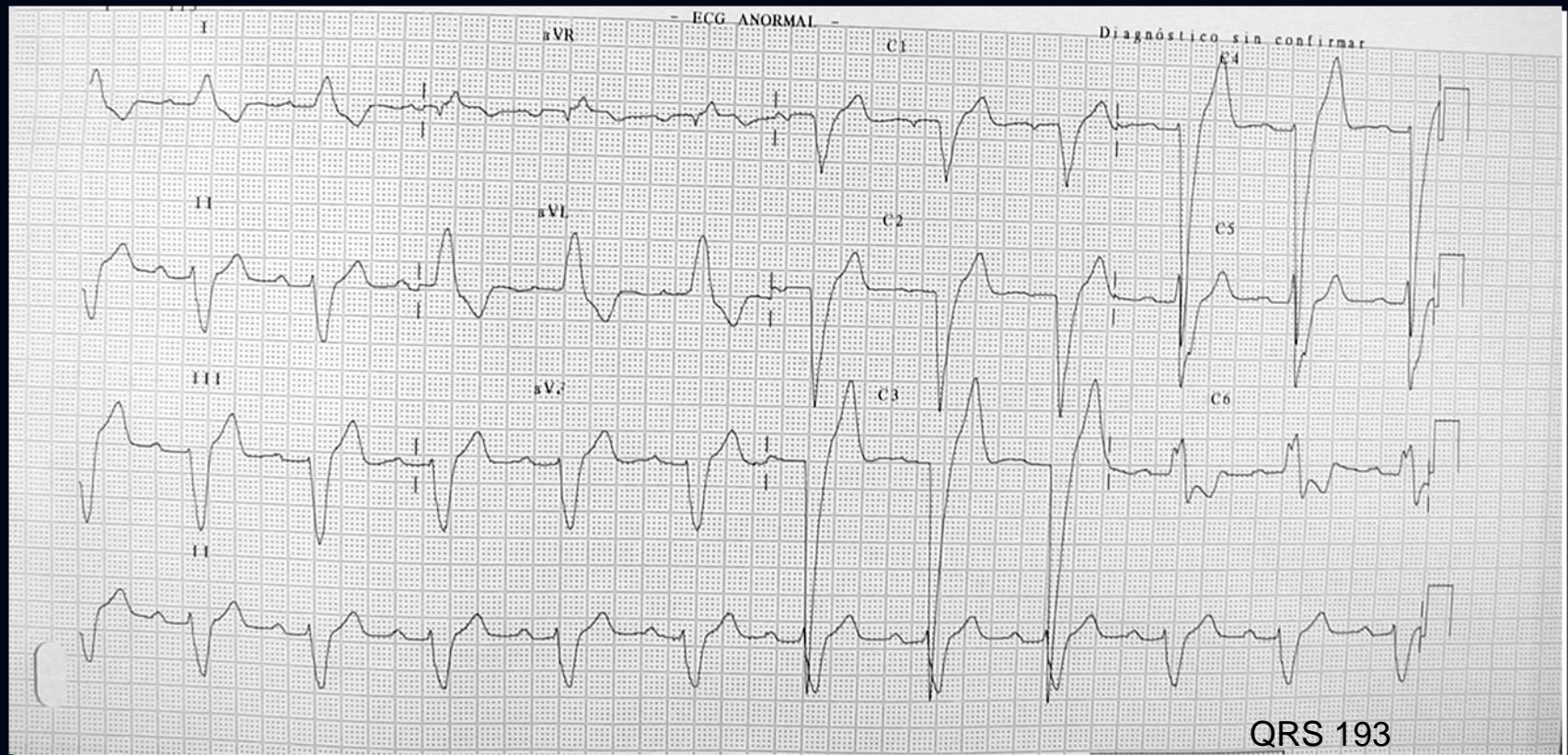
Bisoprolol 2,5mg 1-0-0

Sintrom 4mg $\frac{1}{2}$ - $\frac{1}{2}$ - $\frac{1}{4}$

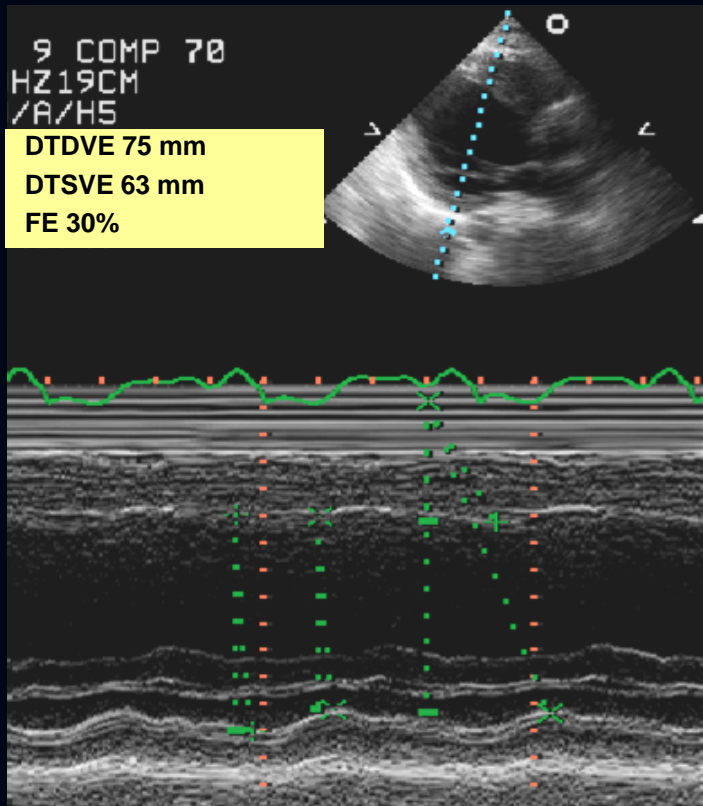
Evolució

Ingressa 1 any després per empitjorament de la classe funcional (III/IV NYHA)

EKG



RS. BBEHH. BAV 1º grau.

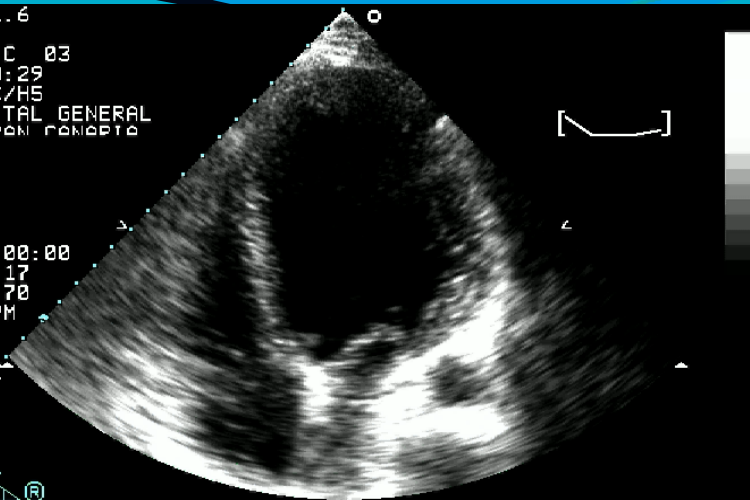


MI: 1.6
 S3
 23 DIC 03
 08:50:29
 /A/H5
 HOSPITAL GENERAL
 DE GRAN CANARIA

0:00:00
 GAN 17
 COMP 70
 76LPM
 19CM
 53HZ

P T
 1.6 3.2

PHILIPS

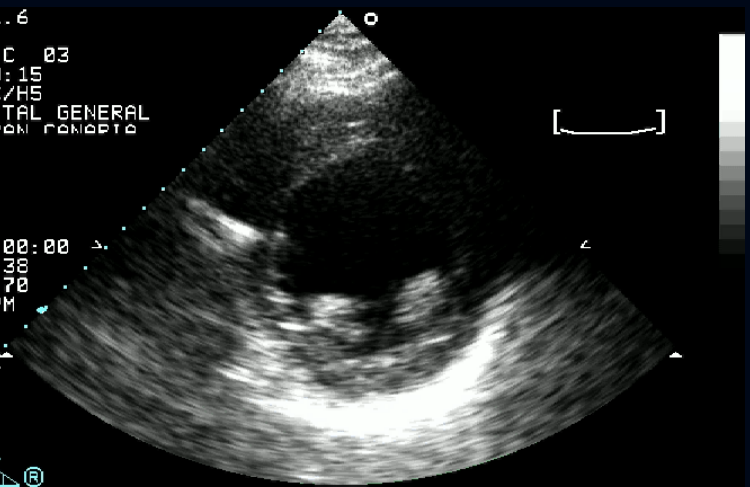


MI: 1.6
 S3
 23 DIC 03
 08:30:15
 /A/H5
 HOSPITAL GENERAL
 DE GRAN CANARIA

0:00:00
 GAN 38
 COMP 70
 75LPM
 17CM
 58HZ

P T
 1.6 3.2

PHILIPS



Pròtesis aòrtica normofuncionant

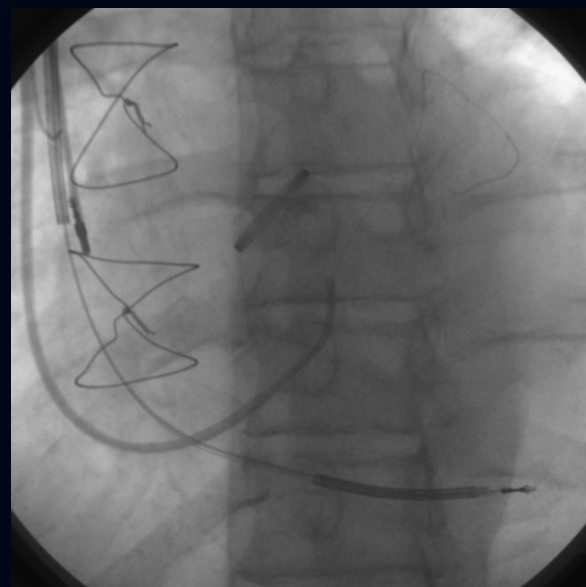
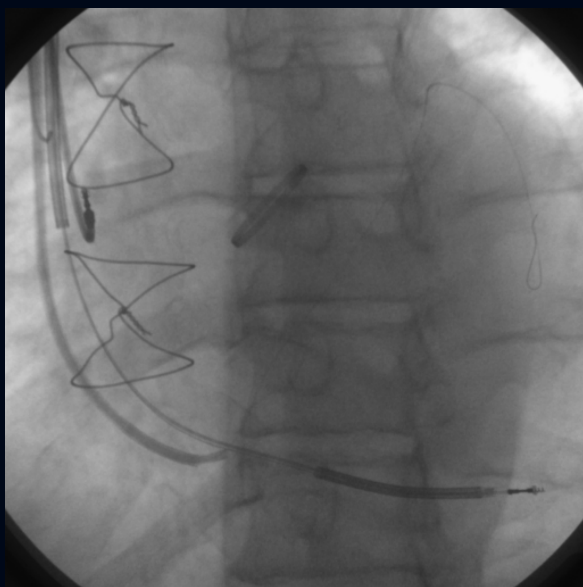
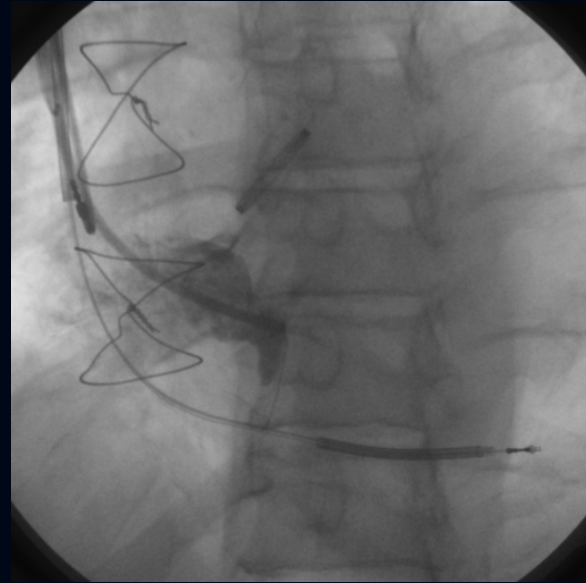
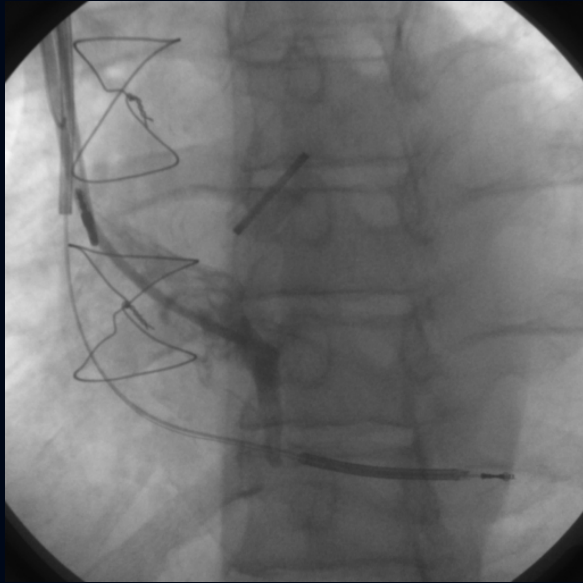
Evolució

Malalt amb:

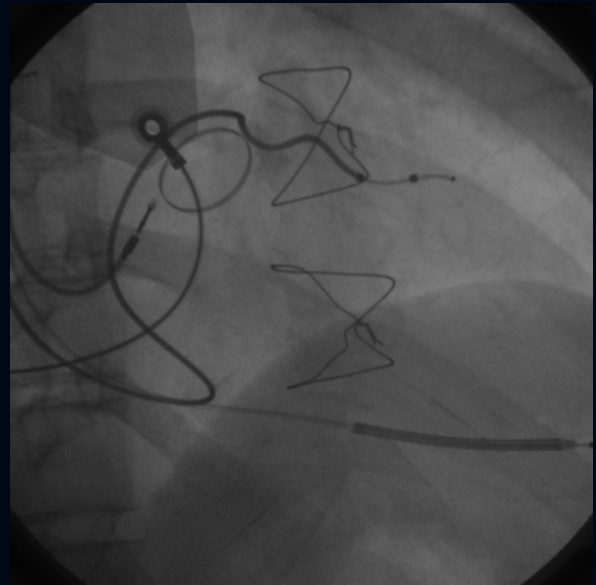
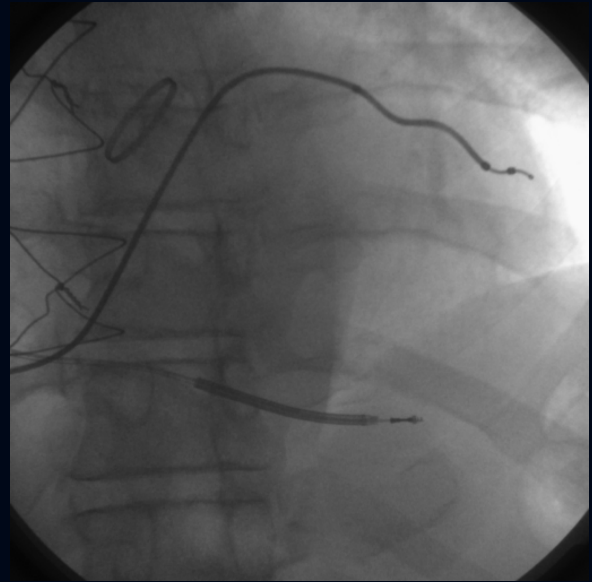
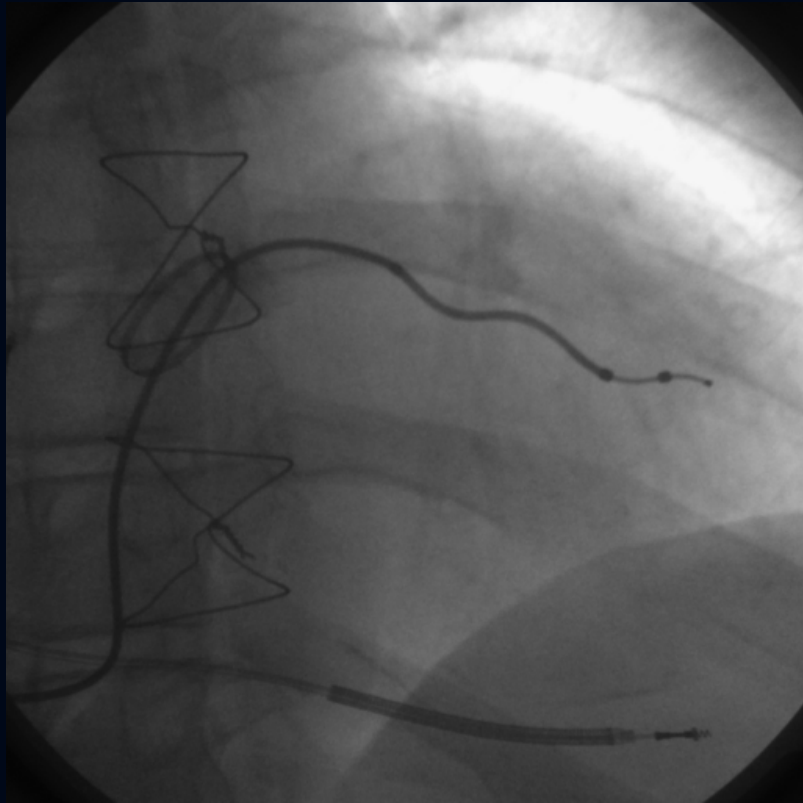
- Miocardiopatia dilatada valvular
- FE 30%
- CF III NYHA
- Tractament optimitzat
- QRS ample

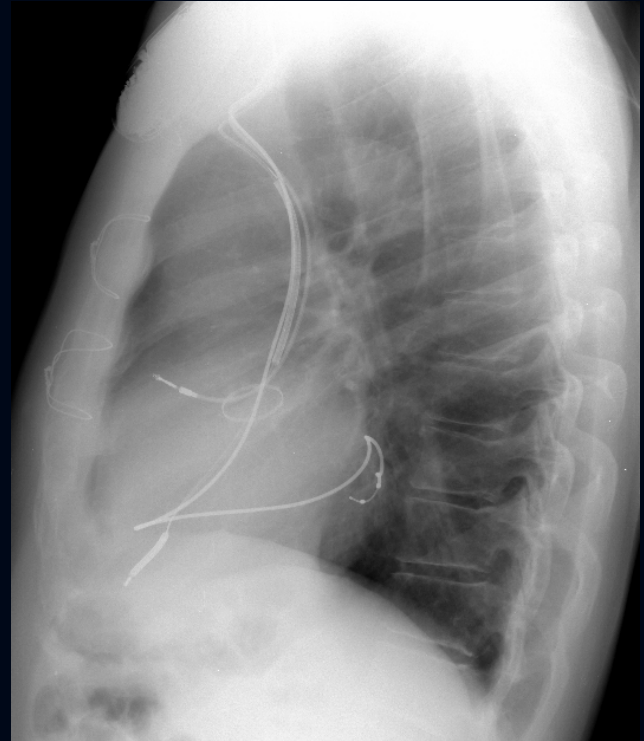
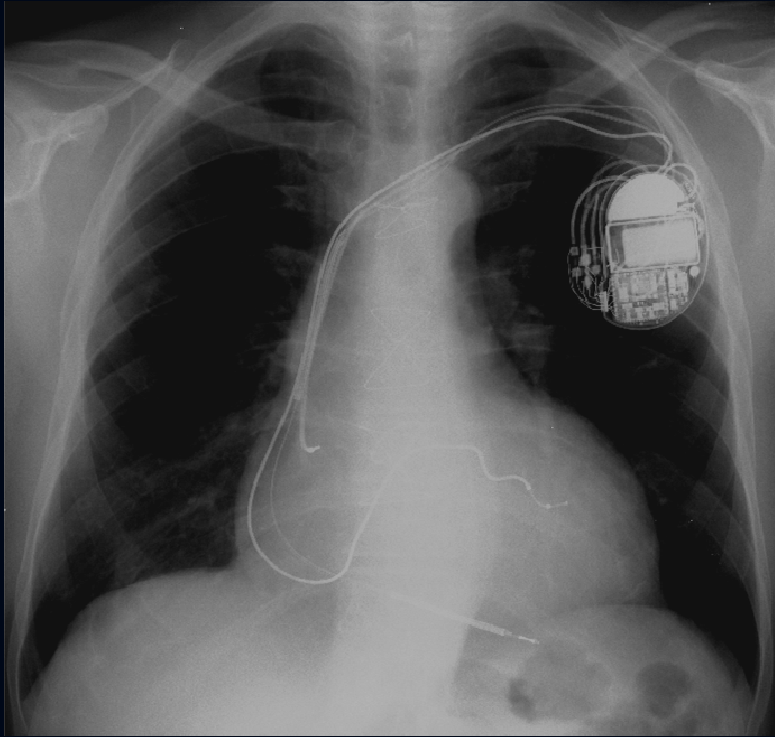


Es decideix implant de DAI-tricameral





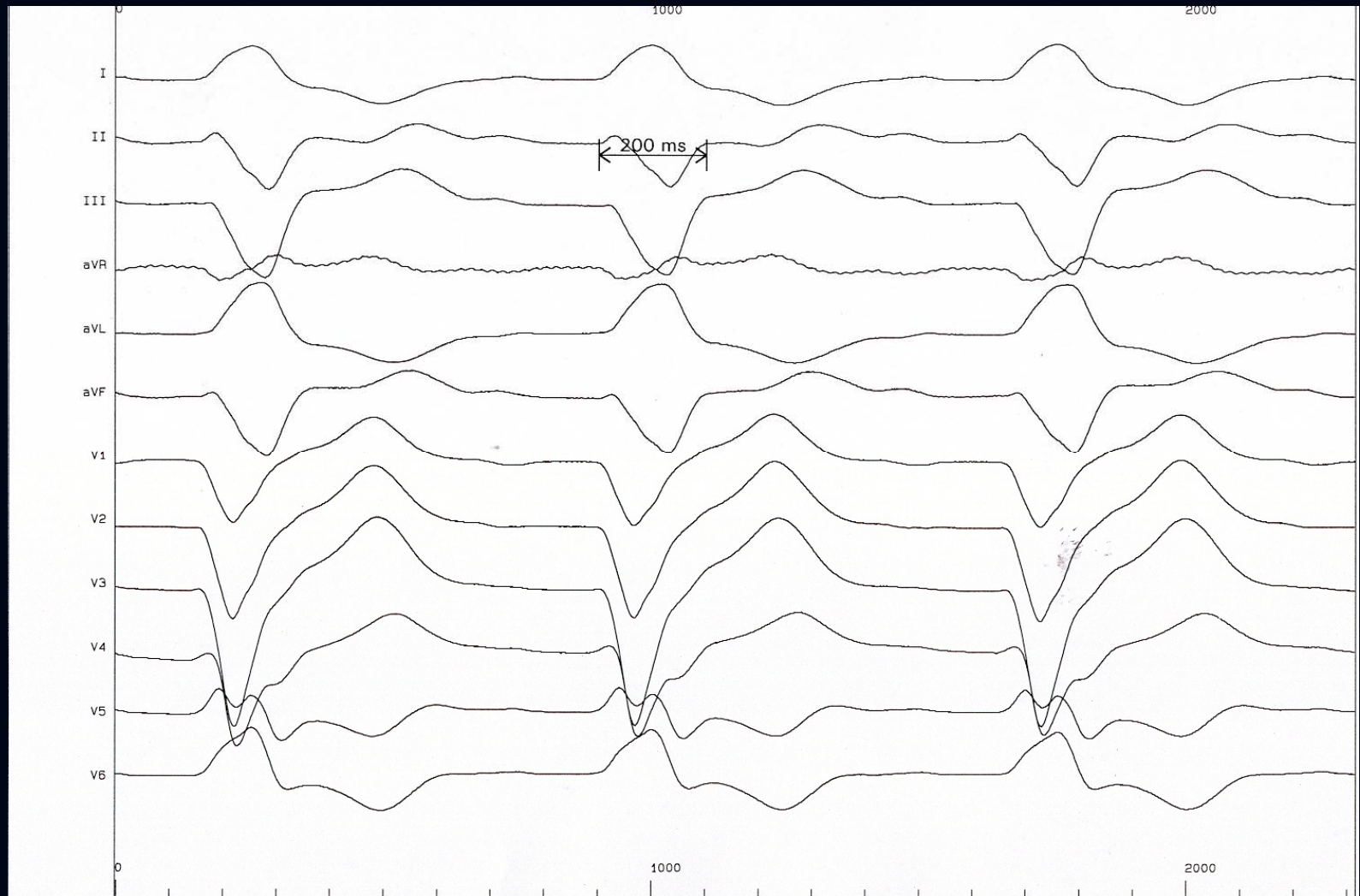




Ritme propi



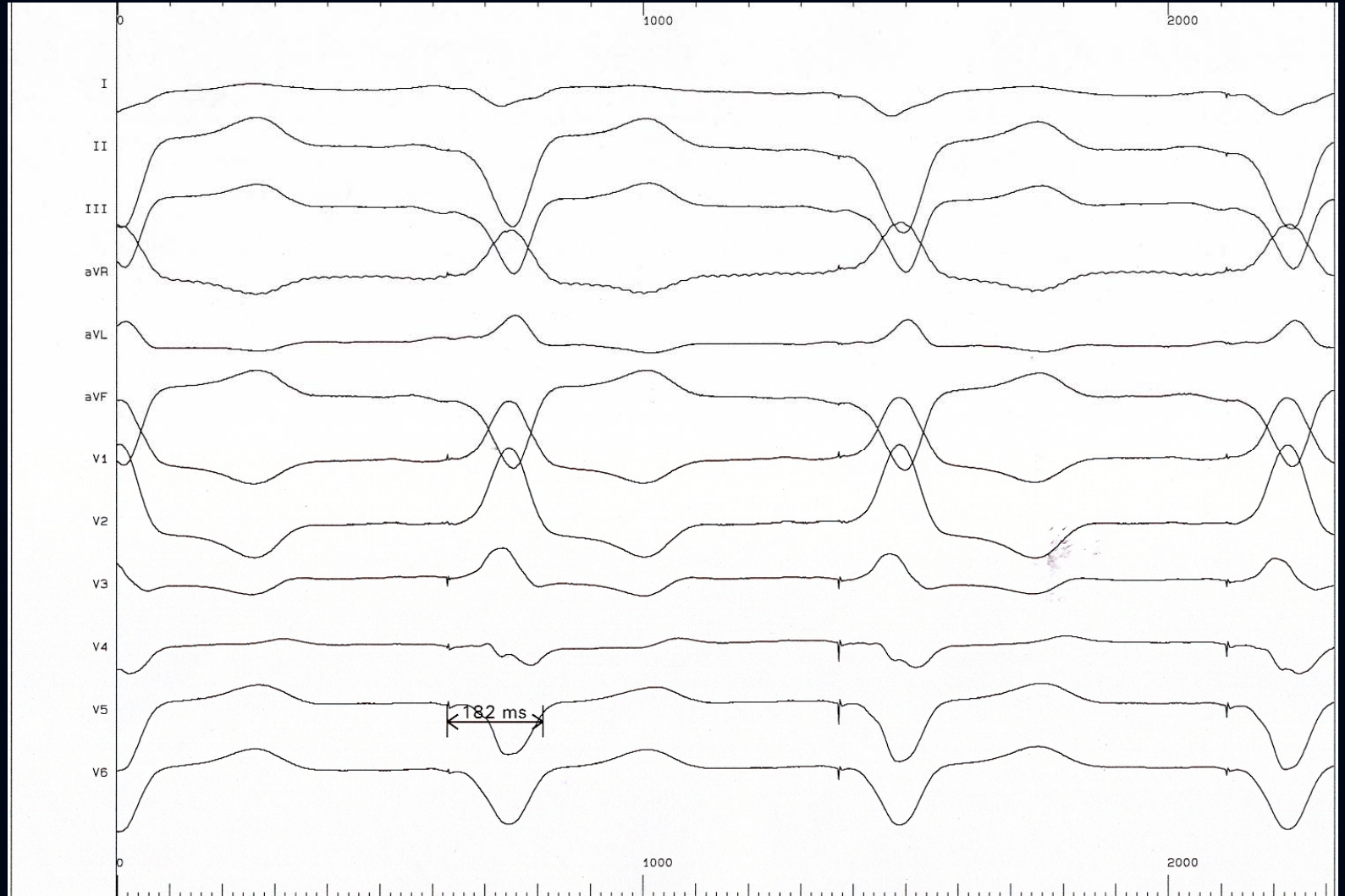
Ritme propi



Biventricular



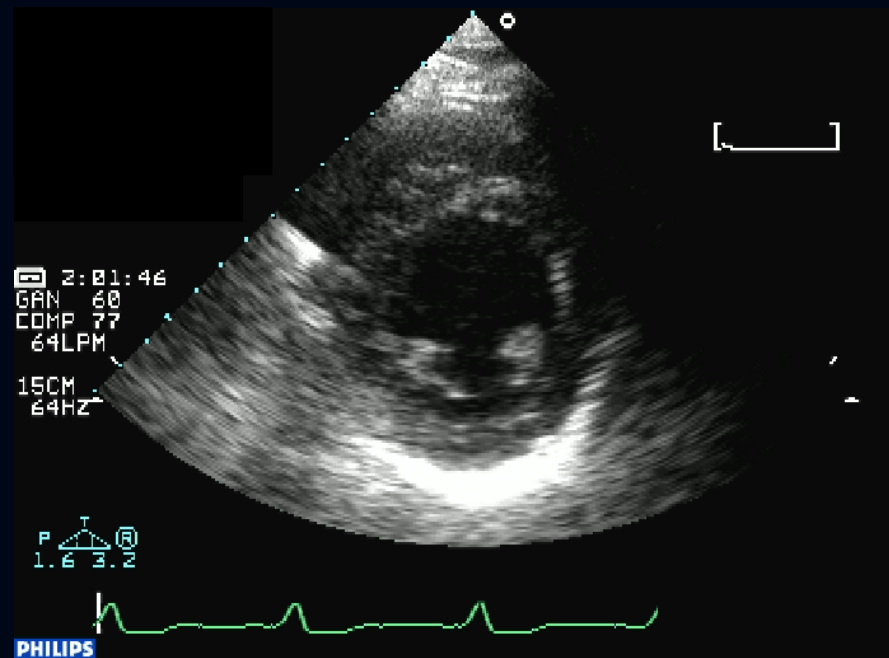
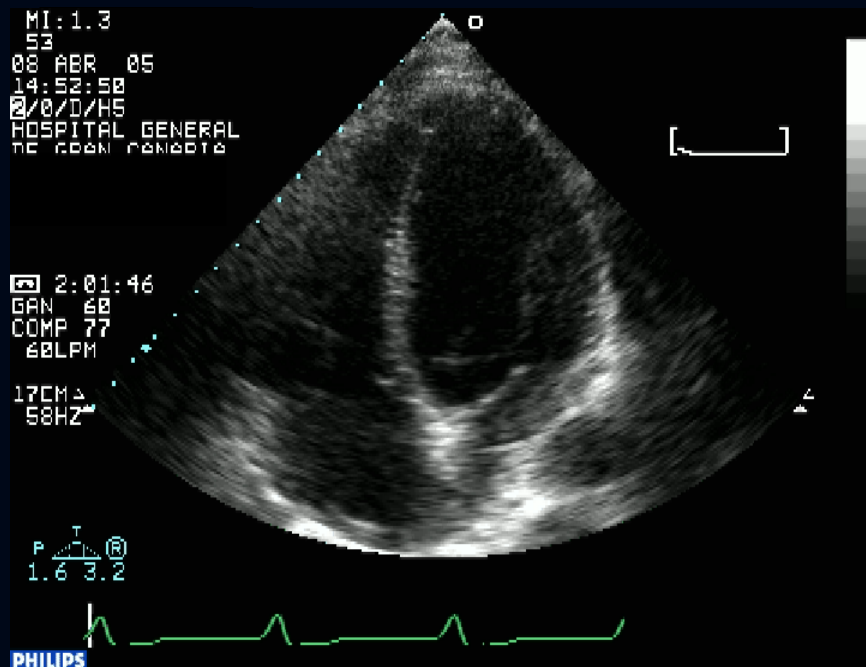
Biventricular



Seguiment 1 any després

- Milloria clínica franca
- CF I-II NYHA

Ecocardiograma post-TRC



DTDVE 57,2 mm
DTSVE 40,5 mm

Moltes gràcies!!

