



Prezentare de caz

INSTITUTUL DE BOLI
CARDIOVASCULARE
TIMIȘOARA



Nume si prenume: I.G.

Sex: F

Varsta: 54

Domiciliu: Timisoara

Ocupatie: pensionar

Data internarii: 9.10.2014

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Motivele internarii:

- Dispnee
- Fatigabilitate

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Istoricul bolii:

- Sindrom de preexcitație WPW (1987)
- Tahicardie jonțională (2000)
- Ablatie prin radiofrecvență (2000)
- HTA esențială gr 2, risc adițional foarte înalt (2009)
- DZ tip 2 (2013)

AHC:

- Mama: patologie cardiovasculară
- Tata : decedat (post infarct miocardic)

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APF

- Menarha: 11 ani
- Menopauza: 52 ani

APP

- Uter infantil
- Fibrom uterin
- Toxoplasmoza / 3 avorturi spontane

CVM

- Fosta fumatoare (30 ani, 10 tigari/zi)
- Economist (pensionata pe caz de boala)

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Examen obiectiv:

- IMC: 28
- Circumferinta abdominala: 95 cm (obezitate abdominala)
- Sistem cardiovascular:
 - Arie precordiala de aspect normal
 - soc apexian in spatiul V intercostal stang
 - zgomote ritmice bine batute, fara sufluri
 - alura ventriculara 60bpm
 - TA 145/85 mmHg.

BMI classification	
Underweight	< 18.5
Normal range	18.5 - 24.9
Overweight	> 25.0
<i>Preobese</i>	25.0 - 29.9
Obese	≥ 30.0
<i>Obese class I</i>	30.0 - 34.9
<i>Obese class II</i>	35.0 - 39.9
<i>Obese class III</i>	≥ 40.0

Diagnostic prezumtiv:

- Boala coronariana - angina pectorala stabila de efort
- Insuficienta cardiaca NYHA II
- HTA gr II ~~risc aditional foarte inalt~~
- Sindrom metabolic
- Diabet zaharat tip 2

Hemoleucograma

Leucocyte	$5,85 \times 10^3$ uL
Eritrocite	$4,480 \times 10^6$ uL
Hb	13,1 g/dl
Ht	40,5 %
Trombocyte	265×10^3 uL

RFG (MDRD) = 48,4 ml/min

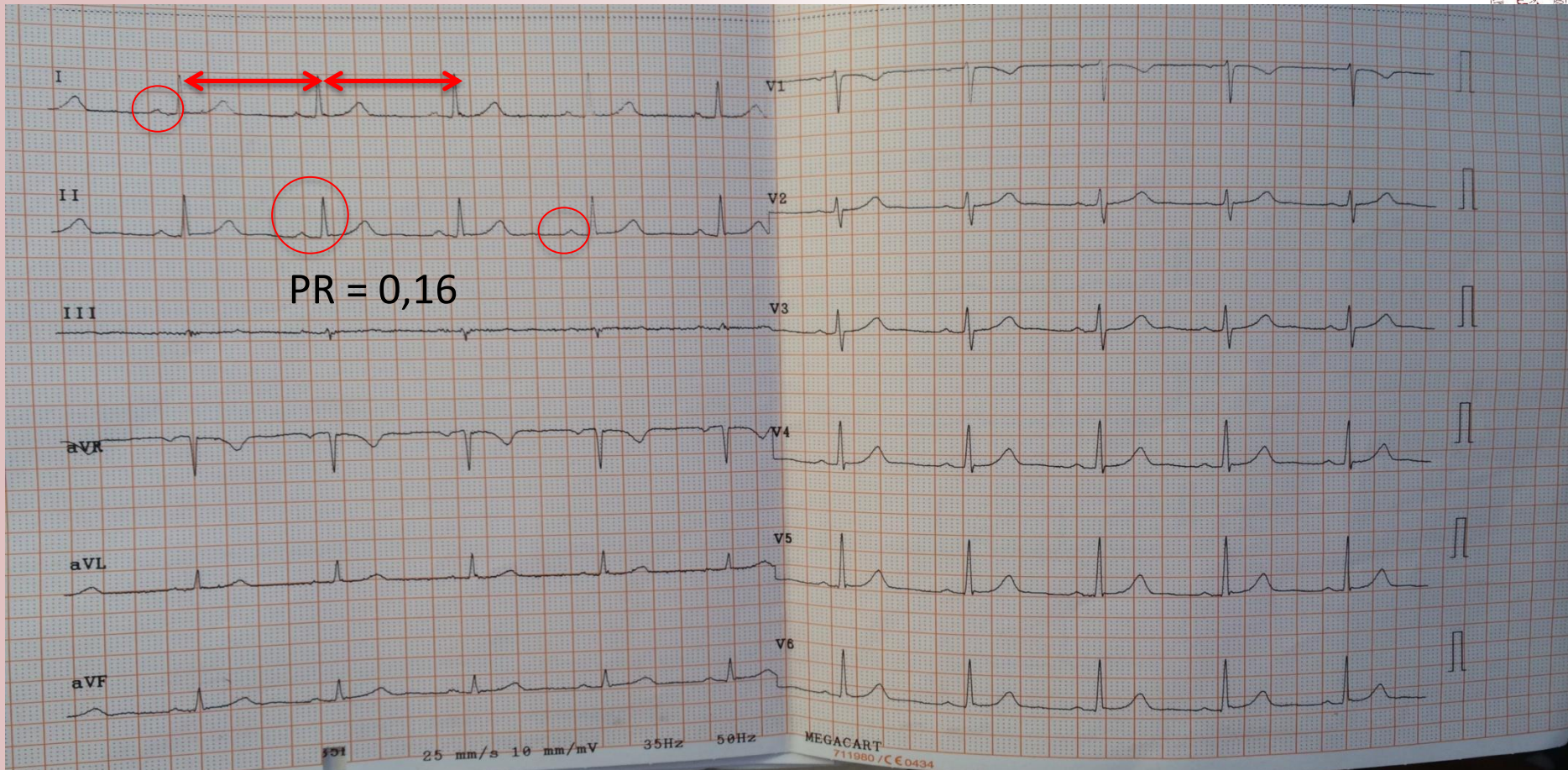
Biochimie

ALT	21U/L
AST	22U/L
Creatinina serica	1.23 mg/dl
Acid uric seric	4,2 mg/dl
Colesterol total	169 mg/dl
HDL c	61 mg/dl
LDL c	80 mg/dl
Trigliceride	77 mg/dl
Na	144 mEq/L
K	4,5 mEq/L
Glicemie	86
HbA1c	7,17 %

Ritm sinusal, regulat

Ax normal

60 bpm





Eco cardiac

- Cavitati in limite normale
- Functie sistolica si diastolica normala
- Regurgitare mitrala si tricuspидiana gr I

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Testul de efort

Patient ID 2600405354753
01.10.2014
10:51:56

54yrs
Meds:

Test Reason:
Medical History:

Ref. MD: Ordering MD:
Technician: Test Type:
Comment:

WHO: Total Exercise Time 07:05
Max HR: 155 bpm 93% of max predicted 166 bpm HR at rest: 74
Max BP: 190/100 mmHg BP at rest: 126/97 Max RPP: 27740 mmHg*bpm
Max. Load: 100 Watt = 5.3 METS
Max. ST: -0.18 mV, 0.00 mV/s in V5; EXERCISE STAGE 4 07:00
Arrhythmia: A:46, PVC:1, PSVC:2
ST/HR index: 2.23 μ V/bpm

Reasons for Termination: Target heart rate achieved

Summary: Resting ECG: normal. Functional Capacity: normal. HR Response to Exercise: appropriate. BP Response to Exercise: resting hypertension - exaggerated response. Chest Pain: none. Arrhythmias: none. ST Changes: none. Overall impression: Normal stress test.

Conclusion: Comportament hipertensiv

Location Number: * 0 *

Phase Name	Stage Name	Time in Stage	Load (W)	Revs (rpm)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP (mmHg*bpm)	VE (/min)	ST Level (V5 mV)	Comment
PRETEST		03:26	0	0	1.0	86	126/97	10836	0	0.04	
EXERCISE	STAGE 1	02:00	25	49	2.0	100			0	0.01	
	STAGE 2	02:00	50	49	3.1	116	160/95	18560	0	-0.05	
	STAGE 3	02:00	75	48	4.2	130	170/100	22100	0	-0.10	
	STAGE 4	01:05	100	43	5.3	153	190/100	29070	0	-0.15	
RECOVERY		06:04	0	0	1.0	100	130/70	13000	1	-0.02	

New York Heart Association (NYHA) Classification of Heart Failure

Class	Patient Symptoms
Class I (Mild)	No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, rapid/irregular heartbeat (palpitation) or shortness of breath (dyspnea).
Class II (Mild)	Slight limitation of physical activity. Comfortable at rest, but ordinary physical activity results in fatigue, rapid/irregular heartbeat (palpitation) or shortness of breath (dyspnea).
Class III (Moderate)	Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes fatigue, rapid/irregular heartbeat (palpitation) or shortness of breath (dyspnea).
Class IV (Severe)	Unable to carry out any physical activity without discomfort. Symptoms of fatigue, rapid/irregular heartbeat (palpitation) or shortness of breath (dyspnea) are present at rest. If any physical activity is undertaken, discomfort increases.

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Diagnostic pozitiv

- Boala coronariana. Cardiopatie ischemica dureroasa
- Angina pectorala stabila de efort
- Insuficienta cardiaca NYHA II
- HTA gr 2 risc aditional foarte inalt
- Sindrom metabolic
- Diabet zaharat tip 2 complicat cu microangiopatie diabetica
- Boala cronica de rinichi

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Diagnostic diferential

- WPW
 - Sindroame de preexcitație: LGL
 - Etiologie : ischemica
congenitala
diselectolitemica
- Stop cardiorespirator
 - Fibrilație ventriculară
 - Asistolie
- HTA esențială
 - Secundare renală, hipertiroidie
- Dureri precordiale
 - Cardiace necoronariene endocardită, miocardită, embolie pulmonară, disecție de aortă
 - Extracardiace pulmonare, digestive
- Dispnee
 - Pulmonară
 - Cardiaca
 - Metabolica
 - Psihogenă

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Evolutie

- Fara ablatie: prognostic nefavorabil
- Cu ablatie: prognostic bun

Complicatii:

- HTA : - boala coronariana (ATS)
 - insuficienta cardiaca (functie diastolica)
 - afectare vase mari (disectie, anevrism, tromboza)
 - afectare vase cerebrale (ischemie, tromboza, hemoragie)
 - afectare renala (nefroangioscleroza, BCR)
- DZ: -microangiopatie(retinopatie diabetica BCR)
 - macroangiopatie
 - neuropatie

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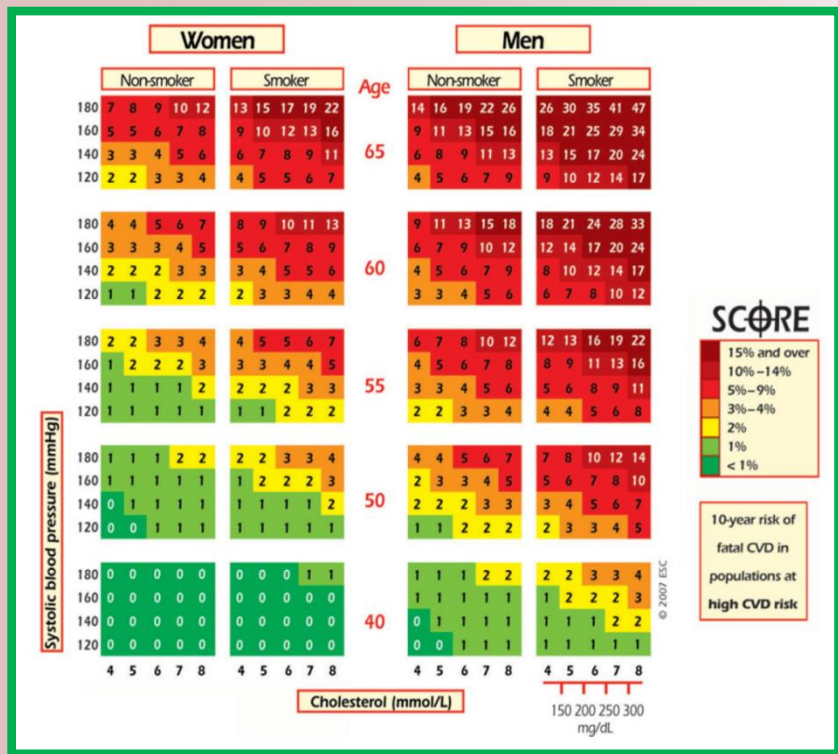


Prognostic:

- Ad vitam : bun
- Ad laborem: in functie de profilul psihologic
- Ad functionum: -controlul valorilor tensionale si al diabetului zaharat
- - test de efort si scintigrafie miocardica – in functie de rezultat se indica coronarografie

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Profilaxie primara



Numerele sanatatii

0	Fara fumat
3	km mers (teren plat)
5	Portii/zi de legume si fructe
140	mmHg TAS
5	mmol CT (<190mg/dl)
3	mmol LDL (<115 mg/dl)
0	Fara obezitate

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Profilaxie secundara

- Greutate
- TA < 140/90
- Glicemie, HbA1c <7
- Fractiuni lipidice, CT <155, LDL<80, TGL <150



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Tratament

❖ Igieno-dietetic:

-G 55%

-P30%

-L15%

❖ Medicamentos:

-IECA : Prestarium 5mg (1-0-0)

-B-Blocant : Nebivolol 5mg (1-0-0)

-Blocant canal Ca : Amlodipina 5mg (1-0-0)

-Statina : Rosuvastatina 20mg (0-0-1)

-MAO: Metformin 1000mg (1 2-0-1 2)



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Particularitatea cazului:

- fond congenital - WPW
 - uter infantil
- AHC pentru HTA
- Factori de risc : fumat, stres, sedentarism, toxoplasmoza

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