Akutni infarkt miokarda kao posljedica embolizacije u fibrilaciji atrijske – prikaz slučaja

Acute myocardial infarction caused by cardiac embolisation in atrial fibrillation: a case report

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UVOD: Fibrilacija atrijske je jedna je od najčešćih aritmija i nosi veliki rizik kardioembolizacije, s moždanim udarom, akutnom ishemijom udova ili crijeva kao jednim od najtežih posljedica. Infarkt miokarda rjeđe se povezuje s tromboembolizacijom u sklopu fibrilacije atrijske.

PRIKAZ SLUČAJA: Prikazujemo slučaj 73-godišnje žene liječene u Koronarnoj jedinici u Općoj bolnici Slavonski Brod zbog akutnog infarkta miokarda bez elevacije ST-segmenta (NSTEMI). Bila je u sinus ritmu pri prijemu. Liječena je s acetilsalicilatnom kiselinom (ASK), klopido-grelom i niskomolekularnim heparinom (LMWH) i predviđena za koronarni angiogram u istom boravku u bolnici. Trećeg dana hospitalizacije, prije planirane koronarografije razvila je veliki retroperitonealni hematoma bez znakova aktivnog krvarenja CT-om iz bilo kojeg velike krvne žile. Liječena je konzervativno s dobrim oporavkom. Tijekom liječenja dokumentirano je nekoliko epizoda fibrilacije atrijske. Nakon uvođenja amiodarona bila je u stabilnom sinus ritmu. Nakon povlačenja hematoma učinjena je koronarna angiografija koja je pokazala potpuno normalne koronarne arterije. Opuštena je kući u sinus ritmu s ASK-om, ACE inhibitorom, beta-blokatorom i statinom. Nakon 2 mjeseca primljena je u bolnicu s kliničkim znakovima akutne ishemije lijeve ruke. Color Doppler pretraga je pokazala znakove akutne okluzije na razini aksilarne arterije. Bazalni EKG pokazivao je sinus ritam. Hitno je embolektomirana Foleyevim kateterom uz potpun i brz oporavak cirkulacije. Rana transezofagealna ehokardiografija pokazala je trombu u lijevoj atrijskoj aurikuli. Kontinuirano praćenje EKG pokazalo je kratke epizode atrijske fibrilacije i undulacije. Uz LMWH, uvedena je antikoagulantna terapija varfarinom s kojom je i otpuštena kući, bez znakova krvarenja.

ZAKLJUČAK: Prethodni NSTEMI s normalnim nalazom koronarne angiografije i akutna ishemija lijeve ruke pripisane su tromboembolizaciji iz lijeve atrijske aurikule. Optimalna strategija liječenja u ovom konkretnom slučaju raspravljena je u ovom prikazu.

INTRODUCTION: Atrial fibrillation is one of the most common arrhythmias and carries a great risk for cardioembolisation, with stroke and acute limb or mesenteric ischemia as one of the most severe consequences. Myocardial infarction is not commonly reported thromboembolic complication of atrial fibrillation.

CASE REPORT: We present a case of a 73-year-old woman who was first admitted in coronary care unit in General hospital Slavonski Brod because of non-ST-segment elevation myocardial infarction (NSTEMI). She was admitted in sinus rhythm. She was treated with aspirin, clopidogrel and low-molecular-weight heparin (LMWH) and scheduled for a coronary angiogram during the same hospital stay. On the third day of hospitalization, before planned coronarography, she developed a large retroperitoneal hematoma with no CT signs of active bleeding from any large vessel. She was treated conservatively with good recovery. During treatment several episodes of atrial fibrillation were documented. After introduction of amiodarone she was in stable sinus rhythm. After partial resolution of retroperitoneal heamatoma, coronary angiography was performed showing normal coronary arteries. She was discharged home in sinus rhythm, with aspirin, ACE inhibitor, beta-blocker, and statin. After 2 months she presented to emergency room with clinical signs of acute left arm ischemia. Color Doppler investigation showed signs of acute closure of left axillar artery. Basal ECG showed sinus rhythm. Urgent thrombendarterectomy with a Foley catheter was performed with prompt restoration of circulation. Early transesophageal echocardiography was performed showing a large thrombus in the left atrial appendage. Continuous ECG monitoring showed short episodes of atrial fibrillation and undulation. Along with LMWH, anticoagulation therapy with warfarin was introduced.

CONCLUSIONS: Previous NSTEMI with normal coronary angiography and acute left arm ischemia were attributed to thromboembolisation from left atrial appendage. Optimal treatment strategies in this particular patients need to be discussed.

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LITERATURE

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