Nagla srčana smrt mlade osobe izazvana benignom idiopatskom ventrikularnom ekstrasistolijom

Sudden cardiac death of a young person caused by benign idiopathic ventricular arrhythmia

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UVOD: Više od 50 godina je idiopatska ventrikularna ekstrasistolija/tahikardija prepoznata kao zaseban i čest aritmijski entitet. Ventrikularna ekstrasistolija (VES) iz izlaznog trakta desne klijetke (RVOT) je najčešći oblik ove aritmije. Javlja se u osoba bez strukturne bolesti srca, a već je Fromet 1953. godine ukazao na njenu benignost. Gaita i sur. nisu u skupini bolesnika (iako s "niskom učestalošću" VES) praćenih kroz razdoblje od 15 godina zabilježili razvoj tahikardiomiopatije ili pojavu nagle srčane smrti.

METODE I REZULTATI: Radiofrekventna ablacija je metoda izbora u liječenju simptomatskih bolesnika i onih s visokom učestalošću VES (više od 20.000/24 sata) radi prevencije razvoja tahikardiomiopatije. Nagla srčana smrt je vrlo rijetka i na nju gotovo i ne mislimo. Prikazujemo slučaj bolesnice kojoj je 1992. god. u dobi od 19 godina ustanovljena RVOT VES. Proteklo razdoblje je bila bez ikakvih tegoba i usprkos učestale ventrikularne ektopije (15.000-30.000 VES/24 sata) nije razvila tahikardiomiopatiju. Bez ikakvih novih ili reverzibilnih razloga doživjela je 2009. god. kod kuće zastoj srca. Suprug je započeo s reanimacijom, a liječnik hitne pomoći verificirao ventrikularnu fibrilaciju (VF). Slijedi razvoj multiorganskog zatajivanja. Postupno dolazi do potpunog oporavka, bez neurološkog deficita osim praznina u sjećanju. Bolesnici smo ugradili implantabilni kardioverter-defibrilator. I dalje je asimptomatična, s visokom učestalošću VES, i nakon 22 godine urednog ehokardiograma. Nagla srčana smrt u ovih bolesnika je rijetka. Noda i sur. su 2005. god. prikazali 16 bolesnika kod kojih su verificirali VF ili polimorfnu ventrikularnu tahikardiju (VT) izazvanu RVOT VES.

ZAKLJUČAK: Uspoređujući ovu malignu skupinu sa skupinom bolesnika bez navedenih aritmija nisu našli nikakve značajne razlike u učestalosti VES-a, intervalu vezivanja VES-a za prethodni QRS, širini QRS-a. Jedino je frekvencija VT-a bila značajno veća i sinkopa značajno češća u skupini bolesnika s malignim oblikom. Zaključno, nagla srčana smrt u bolesnika s ovom benignom, ali ne i bezazlenom, aritmijom, iako je rijetka, predstavlja dodatnu odgovornost i opterećenje kardiologu koji liječi i prati ove mlade bolesnike.

INTRODUCTION: For more than 50 years the idiopathic premature arrhythmia is recognized as a separate entity. Ventricular extrasystoles (VES) from the right ventricular outflow tract (RVOT) is the most common form of this arrhythmia. It occurs in patients without structural heart disease. Fromet in 1953 revealed that these patients have a good prognosis. Gaita et al did not record development of tachycardiomyopathy or occurrence of sudden cardiac death (SCD) in a group of patients with this condition (although with a "low daily frequency" of VES) through a 15-year long follow-up period.

METHODS AND RESULTS: Radiofrequency ablation is the treatment of choice for symptomatic patients and those with a high number of VES (more than 20.000/24 h) in order to prevent the development of tachycardiomyopathy. SCD in this group of patients is very rare and is almost never thought of. We present a case of a female patient, who was diagnosed with RVOT VES at the age of 19 years (in 1992). Despite having frequent VES (15.000-30.000 VES/24 h) she was without symptoms for a long period and did not develop tachycardiomyopathy. In 2009, while at home she went into a cardiac arrest, without any new or reversible reason. Her husband started with the resuscitation and upon the arrival of the emergency physician ventricular fibrillation (VF) was verified. After initial multiple organ failure, she gradually made a complete recovery without a significant neurological deficit except a partial memory loss. An implantable cardioverter defibrillator was implanted and the patient is still (after a 22 year follow-up period) asymptomatic, and without a tachycardiomyopathy despite of frequent VES. SCD is rare in these patients, however Noda et al in 2005 presented a group of 16 patients with verified VT/VF induced by RVOT VES.

CONCLUSION: When comparing the group of patients with and without the mentioned "malignant" arrhythmia, no significant difference was found in the frequency of VES, VES interval, Coupling interval, QRS width. Only the frequency of VT and a history of syncope was significantly higher in patients with the "malignant" form. In conclusion, SCD in young patients with this often benign, but not harmless arrhythmia, is rare, but represents an additional responsibility and burden to the cardiologists who treat and monitor them.

LITERATURE

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