Teška trikuspidalna i pulmonalna regurgitacija u pacijenta s karcinoidnim tumorom i znakovima desnostranog srčanog popuštanja

Severe tricuspid and pulmonary regurgitation in patient with carcinoid tumor and signs of right heart failure

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CILJ: Srčano oštećenje uzrokovano karcinoidnim sindromom je rijedak, ali zanimljiv i važan uzrok trikuspidalne i pulmonalne regurgitacije koje mogu dovesti do značajnog morbiditeta i mortaliteta uzrokovanog zatajivanjem desnoga srca. Kada se stanje liječi medikamentozno, i u adekvatnih kandidata kirurški, može se postići značajna korist za ukupnu kvalitetu života i dugogodišnje preživljenje. Uloga ovoga prikaza slučaja je naglasiti važnost kliničke prosudbe u liječenju pacijenata s karcinoidnim sindromom uz zahvaćanje desnoga srca, kao i prikaz tipičnih i zanimljivih ehokardiografskih zapisa.

PRIKAZ SLUČAJA: Pacijent, star 41 godinu, hospitaliziran je zbog desnostranog srčanog popuštanja. Pacijent je liječen oktreotidom zbog metastatskog karcinoidnog tumora. Ehokardiografskim zapisom prikazu se zadebljani, retrahirani i ukočeni listići trikuspidalne valvule s posljedičnom masivnom trikuspidalnom regurgitacijom uz tipičan kolor doplerski prikaz regurgitacijskoga mlaza u obliku „bodeža“ s naglim porastom i vršnom vrijednošću brzine i potom brzim smanjenjem. Zajedno s trikuspidalnom regurgitacijom zabilježena je i teška pulmonalna regurgitacija uz reduciranu sistoličku funkciju desnoga ventrikula i znakove volumnog opterećenja desne klijetke. S obzirom na nalaz, u pacijenta je optimalan način liječenja bila kirurška korekcija valvularnoga aparata te je pacijentu učinjena kardiokirurška operacija zamjene trikuspidalne i pulmonalne valvule biološkom protezom.

ZAKLJUČAK: Kirurška korekcija srčane greške izbor je liječenja za pacijente sa znacima zatajivanja desne klijetke uslijed destrukcije desnostranog valvularnoga aparata. Pacijenti s karcinoidnom srčanom bolesti obično umru češće zbog teške trikuspidalne regurgitacije nego karcinomatoze. Zbog toga je potreban kirurški pristup u liječenju takvih pacijenata unatoč činjenici da se radi o diseminiranoj malignoj bolesti, osim u slučajevima u kojima je palijativna skrb jedini mogući pristup liječenju takvog bolesnika.

AIM: Carcinoid heart disease is a rare, but important and interesting cause of intrinsic tricuspid and pulmonary valve disease leading to significant morbidity and mortality caused by right heart failure. When treated medically and in appropriate candidate surgically, significant benefits in overall quality of life and long term survival can be achieved. The goal of this case report is to show importance of clinical judgment in treatment of patients with carcinoid syndrome and cardiac involvement as well as to show some typical echocardiographic findings.

CASE PRESENTATION: A 41-year-old patient was hospitalized due to right heart failure. Patient was treated with octreotide for metastatic carcinoid tumor. Echocardiographic findings showed thickened, shortened and retracted tricuspid valve leaflets with incomplete coaptation causing severe tricuspid regurgitation and typically continuous wave Doppler profile of tricuspid regurgitation with characteristic dagger shaped spectrum with an early peak pressure and rapid decline. In addition, we found severe pulmonary regurgitation and volume overload of the right ventricle with impaired systolic function. Considering severe valve damaged the optimal treatment was surgery. Patient was treated surgically with implantation of bioprosthetic tricuspid and pulmonary valve. Operation and postoperative care was without any complications and patient continued his cancer therapy.

CONCLUSION: In suitable candidates, valve surgery is the only definitive treatment for severe right heart failure caused by right-sided valvular destruction. Patients with carcinoid heart disease usually die as a result of severe tricuspid regurgitation rather than carcinomatosis. For that reason, consideration should be given to the surgical approach to treating those patients even in metastatic disease, unless the metastatic process is so severe that support care is the only possible medical approach to patient in such clinical condition.

LITERATURE

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