Magnetna rezonancija srca u miokarditisu i kardiomiopatijama

Cardiac magnetic resonance in management of myocarditis and cardiomyopathy

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UVOD: Miokarditis je upalna bolest miokarda čija se definitivna dijagnoza određuje histološkim (Dallas kriteriji), imunološkim i imunohistokemijskim kriterijima.

METODE I REZULTATI: Iako histologija ostaje zlatni standard za utvrđivanje dijagnoze kod bolesnika s niskim rizikom u kliničkoj je praksi često dovoljan kompatibilni klinički tijek i oslikavanje magnetnom rezonancijom (MR) srca bez endomiokardijalne biopsije. Oslikavanje pomoću MR srca omogućuje otkrivanje različitih značajki miokarditisa, u prvom redu upale i edema, nekroze mišićnih stanica i ožiljka, promjene u volumenu i geometriji klijetki, poremećajima kontraktilnosti i pratećih manifestacija zahvaćenosti perikarda. U slučaju kardiomiopatija neobično je važno pravovremeno postavljanje dijagnoze jer je navedeno direktno povezano s liječenjem i preživljenjem bolesnika.

ZAKLJUČAK: Napredak u brzini, kvaliteti slike, pouzdanosti i rasponu primjene MR srca evoluirali su do točke u kojoj je oslikavanje MR sve više doživljava kao rutinski klinički alat u bolesnika s kardiomiopatijama.

INTRODUCTION: Myocarditis is an inflammatory illness of the myocardium in which the ultimate diagnosis is determined by histological (Dallas criteria), immunological and immunohistochemical criteria.

METHODS AND RESULTS: Histology remains the gold standard, however in low risk patients a course of compatible clinical symptoms, laboratory diagnostics and cardiac magnetic resonance imaging (MRI) soothes very well for confirming of diagnosis. Cardiac MRI offers utility of detection to the various features of myocarditis, as inflammation, tissue edema, necrosis and scarring. Also we can detect changes in the volume and geometry of the ventricle, contractility disorders and other relevant events as pericardial effusion. Timely established diagnosis is extraordinarily important, especially in case of cardiomyopathy since overall course was found to be connected with the treatment and survival.

CONCLUSION: Technical innovations as speeding up, increasing image quality, reliability and range of applications cardiac MRI evolved to the point in which MR imaging is recognized as a routine clinical tool, especially in patients with myocarditis and cardiomyopathies.

LITERATURE

1. Richardson P, McKenna W, Bristow M, et al. Report of the 1995 World Health Organization/International Society and Federation of Cardiology Task Force on the Definition and Classification of cardiomyopathies. *Circulation*. 1996;93(5):841-2.
2. Friedrich MG, Sechtem U, Schulz-Menger J, et al. Cardiovascular magnetic resonance in myocarditis: A JACC White Paper. *J Am Coll Cardiol*. 2009;53(17):1475-87.

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