Fibroelastom trikuspidalnog zalistka koreliran sa zatajivanjem srca – ehokardiografska studija

Fibroelastoma of the tricuspid valve correlated with the worsening heart failure – echocardiographic study

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UVOD: Papilarni fibroelastom (PF) je rijedak, slabo poznati, benigni tumor srca koji se obično nalazi na endokardu, najčešće na poziciji aortnog ili mitralnog zalistka. Klinički se uobičajeno prezentira kao slučajni nalaz tijekom pregleda, ali nije neobično da bude uzrokom infarkta miokarda, moždanog udara ili nagle srčane smrti. Desnostrani PF citira se u literaturi kao mogući uzrok ponavljanih plućnih embolija ili povremenog nedostatka zraka, ali nije uobičajeno da bude uzrokom progresivnog srčanog zatajivanja.

PRIKAZ BOLESNIKA: Prikazujemo 67-godišnjeg muškarca koji je zaprimljen u hitnu službu pod kliničkom slikom progresivnog srčanog zatajivanja, s izraženim edemima nogu. Recentna medicinska anamneza uključuje ishemijsku bolest srca, kronično zatajenje bubrega i višegodišnju nereguliranu arterijsku hipertenziju s reperkusijama na kardiovaskularnom sustavu. Prije nekoliko godina učinio je perkutanu koronarnu intervenciju na cirkumfleksnoj arteriji s implantacijom jednog stenta, bez komplikacija. Nakon prijema na kardiološki odjel učinjena je transtorakalna ehokardiografija (TTE) koja je prikazala značajno uvećanu lijevu klijetku s globalno reduciranom sistoličkom funkcijom (EF LV oko 25%) uz prateću dijastoličku disfunkciju. Na razini mitralnog zalistka teška mitralna regurgitacija, primarno kao rezultat dilatacije mitralnog prstena. Na razini trikuspidalnog zalistka umjereno teška trikuspidalna regurgitacija s umjereno pokretnom hiperhogenom pedunkuliranom tumorskom masom, glatke površine, koja je mjerila 22x19mm u promjeru povezana s prednjim kuspisom trikuspidalnog zalistka. Po svojim ehokarakteristikama prvenstveno je odgovarala fibroelastomu. Interesantno, prije dvije godine ista tvorba nije prikazana na TTE. Kao bolesnik sa srčanim zatajivanjem prikazan je na kardiološko-kardiokirškom konziliju te je zbog visokog perioperativnog rizika preporučena dalje optimalna medikamentozna terapija. Nakon nekoliko mjeseci, na kontrolom pregledu bolesnik je bio stabilan u NYHA III statusu.

INTRODUCTION: Papillary fibroelastoma (PFE) are rare, poorly characterized benign tumors that are usually found on the endocardium, most frequently on the aortic and mitral valve. Clinically, they usually present as incidental finding, but they can be the also the cause of myocardial infarction, stroke or sudden death syndrome. Right-sided PFEs have been cited in literature as rare causes of repeated pulmonary embolism and intermittent dyspnea, but are uncommon to cause progressive heart failure.

CASE PRESENTATION: We present a 67-year-old Caucasian male who was admitted to our emergency department with worsening heart failure with predominant leg edema and enlarged liver. Past medical history included ischemic heart disease, renal failure and hypertensive disease. Several years ago, he underwent percutaneous coronary intervention with stent implantation in circumflex artery without any complications. After admittance to cardiology department transthoracic echocardiography (TTE) revealed signs of severely dilated left ventricle with severe global systolic dysfunction (EF LV of 25%), accompanied with diastolic dysfunction graded as restrictive. At the valve level, severe mitral regurgitation was present, predominately of ischemic origin due to dilatation of the mitral ring. At tricuspid valve moderate to severe tricuspid regurgitation was present with the presence of a moderately mobile hyperechogenic oval pedunculated mass with smooth surface measuring 22x19mm in diameter adherent to the anterior leaflet of the tricuspid valve. Interesting enough, two years ago a TTE was performed and there was no such findings on the tricuspid valve. As a complex heart failure patient, he was presented to the cardiac surgeons suggesting surgical treatment, but due to high perioperative risk was deferred from surgery, and optimal medication therapy was recommended. In several months follow-up, he was stable on conservative therapy compliant with NYHA III status.

LITERATURE

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