■ Oporavak izolirane dijastoličke disfunkcije ishemijske geneze ovisno o kompletnosti revaskularizacije

Isolated diastolic dysfunction recovery depending on completeness of revascularization in ischemic heart disease

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CILJ: Utvrditi stupanj oporavka prethodno dijagnostici-
rane izolirane dijastoličke disfunkcije ishemijske geneze
nakon revaskularizacije te postoji li razlika ovisno u opo-
ravku dijastoličke disfunkcije ovisno o kompletnosti reva-
skularizacije i kolika je trajnost oporavka (akutni oporavak,
kratkoročni oporavak te dugoročni oporavak).

PACIJENTI I METODE: 65 bolesnika s prethodno dijagno-
stičanom izoliranom dijastoličkom disfunkcijom predvi-
đenih za revaskularizaciju postupkom perkutane koronar-
ne intervencije (PCI) podijeljeno je u dvije skupine ovisno o
postignutoj kompletnosti revaskularizacije: 33 bolesnika
kod kojih je postignuta inkompletna revaskularizacija te 32
bolesnika s postignutom kompletnom revaskularizacijom.
Ultrazvučni poremećaj procjenio se ehokardiografski te
direktno invazivno mjerenjem krajnjeg dijastoličkog tlaka
lijeve klijetke (LVEDP). Dvije promatrane skupine bile su us-
poredive po svojim karakteristikama, uz jednaku sistoličku
funkciju lijeve klijetke te neznčajne razlike u distribuciji di-
jastoličkog poremećaja na početku istraživanja. Dijastolički
poremećaj praćen je neposredno nakon učinjenog postupka
PCI invazivnom mjerenjem LVEDP-a, a zatim ehokardio-
grfski nakon tri i šest mjeseca.

REZULTATI: Nema jasnog akutnog oporavka dijastolič-
ke disfunkcije neposredno nakon PCI. Kratkoročni opora-
vak (nakon tri mjeseca) bio je izvrstan u obje promatrane
skupine ($p < 0.001$), a slično tome oporavak perzistira i šest
mjeseci nakon zahvata u visokom postotku, bez statistički
značajne razlike među promatranim skupinama ($p < 0.001$).

ZAKLJUČAK: Ishemija je jedan od glavnih uzroka dijasto-
ličke disfunkcije srca. Neposredno nakon revaskularizacije
nema jasnog oporavka dijastoličke funkcije nego se ista
tranzitorno može i pogoršati. Nakon tri mjeseca od učinjene
PCI oporavak dijastoličke funkcije je izvrstan, što perzistira i
šest mjeseci nakon učinjenog zahvata. Oporavak dijastolič-
kog poremećaja ovisan je o indikaciji za revaskularizacijom,
a neovisan o kompletnosti revaskularizacije.

AIM: to assess the recovery level of isolated diastolic
dysfunction in ischemic heart disease after revasculari-
zation, to analyse the eventual differences in recovery
depending on completeness of revascularization and to
estimate the persistence of the recovery (acute, short-
time, long-time).

PATIENTS AND METHODS: This study included 65
consecutive patients with previously recognized diastol-
ic dysfunction that met criteria for PCI revascularization.
Two groups of patients were identified; one with complete
revascularization achieved (32 patients) and another one
with incomplete one (33 patients). Assessment of diastol-
ic function was done by echocardiogram. Left ventricle
enddiastolic pressure was measured directly, invasively.
Two previously identified groups of patients were com-
parable considering their characteristics, including no
differences in systolic function neither in diastolic dys-
function distribution at the beginning of the study. The
diastolic dysfunction behavior was analysed immediat-
ely after PCI procedure (invasively measured, LVEDP) and
after 3 and 6 months by echocardiogram.

RESULTS: Immediately after PCI procedure there is
no clear acute recovery. The short-time recovery period
(3 months) is excellent, regardless of completeness of
revascularization ($p = 0.001$), and the long-time recovery
period as well, excellent, with no statistical differences
and two groups ($p = 0.001$).

CONCLUSION: Ischemia is one of the major causes of
diastolic dysfunction. Immediately after revasculariza-
tion there is no clear acute recovery, but diastolic func-
tion could deteriorate, temporarily. In 3 months follow-up
period the recovery is excellent and it persists during 6
months follow-up period, regardless of completeness of
revascularization. The diastolic dysfunction recovery is
much more depending on revascularization indication
than on the completeness of revascularization.

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