Atrijski septalni defekt i pulmonalna stenoza u odraslog bolesnika

Atrial septal defect and pulmonic stenosis in an adult patient

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UVOD: Atrijski septalni defekti (ASD) čine oko 10-15% slučajeva kongenitalnih bolesti srca. Najčešći tip je ostium secundum, koji često ne daje simptome do odrasle dobi. Izolirana valvularna pulmonalna stenoza (PS) čini oko 10% slučajeva kongenitalnih bolesti srca. Većina bolesnika je asimptomatska, dok se oni s teškom PS mogu pojačano umarati i doživljavati dispneju u naporu. U odraslih pacijenata je kombinacija ASD-a i pulmonalne stenozе rijetka.

PRIKAZ SLUČAJA: 20-godišnji muškarac, prethodno zdrav, došao je u hitnu ambulantu zbog palpitacija i pritiska u prsištu. U statusu je nađen sistolički šum 5/6 iznad Erbove točke i pulmonalnog područja. Zna za šum od svoje 6. godine. Obiteljska anamneza za srčane bolesti je negativna. Puši 20 cigareta dnevno. U EKG-u je registriran sinusni ritam s inkompletnim blokom desne grane, vertikalnom osi i mogućom hipertrofijom desne klijetke. Transtorakalna ehokardiografija otkrila je urednu sistoličku i dijasoličku funkciju lijeve klijetke (EF 65%), umjereno povećanu desnu klijetku, atrijski septalni defekt tipa secundum s lijevo-desnim shuntom i hemodinamski značajnu pulmonalnu stenozu. Transezofagealnom ehokardiografijom nađen je veliki secundum defekt promjera 23-25 mm. Donji venokavalni rim je bio gracilan, aortalni još manji. Učinjena je desnoprana kateterizacija srca kojom je izračunat lijevo-desni shunt od 2:1. Gradijent preko pulmonalne valvule bio je 70-80 mmHg. Koronarografija je bila uredna. Zbog anatomskih odnosa koji su bili nepovoljni za perkutano zatvaranje ASD-a (nedovoljan rim), odlučeno je da se i ASD i PS korigiraju kirurški. Učinjena je komisurotomija i patch-plastika ASD-a. Kasnija ehokardiografija pokazuje da shunta nema, uz mali srednji gradijent preko pulmonalne valvule.

INTRODUCTION: Atrial septal defects (ASD) account for 10-15% of cases of congenital heart disease. The most common type is ostium secundum. It is often asymptomatic until adulthood. Isolated valvular pulmonic stenosis (PS) comprises approximately 10% of all congenital heart disease. The majority of patients are asymptomatic. Those with severe PS may experience exertional dyspnea and fatigue. In adult patients, combined occurrence of secundum type ASD and pulmonic stenosis is an uncommon condition.

CASE PRESENTATION: 20-years-old male, previously healthy, presented to the hospital emergency department with palpitations and chest pressure. Cardiac examination was notable for a grade 5/6 systolic murmur over Erb's point and over the pulmonary area. Cardiac murmur was first noted at the age of 7. There was no family history of CHD. He is a smoker (20 cigarettes daily). ECG demonstrated sinus rhythm with an incomplete right bundle branch block, vertical axis and possible right ventricular enlargement. Transthoracic echocardiography revealed normal systolic and diastolic left ventricular function with ejection fraction of 65%, moderately enlarged right ventricle, secundum atrial defect with left-to-right shunting and hemodynamically significant pulmonic stenosis. Transesophageal echocardiography revealed a large secundum type defect measuring 23-25 mm in diameter. Inferior vena caval rim was gracile, aortic rim was even smaller. Right heart catheterisation was performed. The left-to-right shunt ratio of pulmonary blood flow to systemic blood flow was assessed to be 2:1. The peak-to-peak pressure gradient across the pulmonary valve was 70-80 mmHg. Coronary angiography findings were normal. Because of unfavorable anatomy for percutaneous ASD closure (inadequate septal tissue rim), we opted to surgically repair both PS and ASD. Valvulotomy was performed and the ASD was closed with a patch. Follow-up echocardiogram showed no shunt and a small mean gradient on pulmonic valve.

LITERATURE

1. Bonow RO, Carabello BA, Chatterjee K, et al. ACC/AHA 2006 guidelines for the management of patients with valvular heart disease. J Am Coll Cardiol. 2006;48:e1-e148.
2. Baumgartner H, Bonhoeffer P, De Groot NM, et al. ESC Guidelines for the management of grown-up congenital heart disease (new version 2010). Eur Heart J. 2010;31:2915-57.
3. Vasquez AF, Lasala JM. Atrial septal defect closure. Cardiol Clin. 2013;31:385-400.

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