Ekstrakorporalna membranska oksigenacija u liječenju akutnog zatajivanja lijeve klijetke – prikaz slučaja

Extracorporeal membrane oxygenation during treatment of acute heart failure – a case report

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U današnjim smjernicama za liječenje akutnog srčanog popuštanja mehanička cirkulatorna potpora predstavlja legitimnu opciju liječenja nakon iscrpljenja farmakološkog liječenja. Predstavljamo slučaj 47-godina starog muškarca koji je primljen zbog sumnje na miokarditis. Ultrazvučno je dijagnosticirana dilatacija lijeve klijetke uz LVEF 22% i hemodinamski neznatni perikardijalni izljev. Uz standardnu terapiju srčanog popuštanja ne dolazi do poboljšanja. Nastupa daljnje pogoršanje srčane funkcije, bolesnik postaje hipotenzivan uz LVEF 19%. Nakon neuspješne farmakološke inotropne terapije bolesnik je priključen na ekstrakorporalnu membransku oksigenaciju (ECMO). U međuvremenu je urađena koronarografija koja je uredna. Narednih dana dolazi do postupnog kliničkog poboljšanja da bi nakon 7 dana bio odvojen od ECMO uz LVEF 30%. Nakon oporavka ugrađen mu je implantabilni kardioverter-defibrilator u svrhu prevencije iznenadne srčane smrti. Nakon 6 mjeseci LVEF je još uvijek 30%. Ovaj slučaj pokazuje kako se ECMO može korisno primijeniti u liječenju akutnog srčanog popuštanja.

In the current guidelines for treatment of acute heart failure, mechanical circulatory support is a valid option after unsuccessful pharmacological therapy. We present 47-year old man who was admitted because suspicion on myocarditis. Ultrasound was performed and we found left ventricle dilatation, LVEF 22% and hemodynamic non significant pericardial effusion. Conventional medical therapy for heart failure was started but without improvement. Patient was getting worse, hypotensive with LVEF 19%. After unsuccessful pharmacological inotropic support patient was connected on extracorporeal membrane oxygenation (ECMO). In the meantime coronarography was performed with normal finding. During the next days clinical improvement was observed and seventh day patient was disconnected from ECMO with LVEF 30%. After recovery an implantable cardioverter defibrillator was implanted for prevention of sudden cardiac death. After six months LVEF is still 30%. This case supports positive role of ECMO in the treatment of acute heart failure.

LITERATURE

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