Peripartalna kardiomiopatija: prikaz slučaja i kratki pregled literature

Peripartum cardiomyopathy: case report and brief review of literature

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Uvod: Postpartalna kardiomiopatija je rijetka komplikacija trudnoće koja se javlja u zdravih žena jedan mjesec prije poroda i do 5 mjeseci nakon poroda. Češće se javlja u rodilja starijih od 30 godina, višerotki, višeplođnih trudnoća, trudnica koje boluju od arterijske hipertenzije i preeklampsije.^{1,2}

Prikaz slučaja: 44-godišnja bolesnica je hospitalizirana zbog otežanog disanja, osjećaja nedostatka zraka i lupanja srca. Radi se o bolesnici koja je 3 mjeseca ranije vaginalnim putem rodila šesto dijete, a 4 godine ranije je preboljela subakutni tireoiditis. Ehokardiografski se verificira fenotip dilatativne kardiomiopatije uz teško oštećenu sistoličku funkciju lijeve klijetke (EF 25%). Na primjenu standardne terapije i bromokriptin, prati se kliničko poboljšanje i postupna regresija sistoličke disfunkcije.

Zaključak: Postpartalna kardiomiopatija je po život opasna bolest. Iako je akutna endotelna disfunkcija vjerojatni primarni poremećaj, za bolje poznavanje peripartalnih kardiovaskularnih promjena, njihovu prevenciju, rano otkrivanje i optimalno liječenje, potrebna su daljnja istraživanja, kao i osnivanje nacionalnih registara u skladu s inicijativom Europskog kardiološkog društva.

Introduction: Postpartal cardiomyopathy is a rare complication in pregnancy which occurs in healthy mothers to-be in last month of pregnancy and up to 5 months after delivery. It is more common in pregnant women older than 30 years who suffer from hypertension and preeclampsia and in multiple pregnancies.^{1,2}

Case report: 44-year-old woman presented with new onset of dyspnea and palpitation. The patient gave birth to her sixth child 3 months ago and who suffered from subacute thyroiditis in 4 years before. Phenotype of dilative cardiomyopathy with low left ventricular function (EF 25%) was verified by echocardiography. After the standard medical treatment and bromocriptin, the symptoms withdrew and the left ventricle systolic function recovered.

Conclusion: Postpartal cardiomyopathy is a rare but life-threatening complication of pregnancy. Our goal is to emphasize the importance of its prevention, early diagnosis, and timely adequate treatment. We also want to highlight the importance of the national and global peripartum cardiomyopathy registries as counseled by the European Society of Cardiology initiative.

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