Efuzivno-konstriktivni perikarditis kao kasna komplikacija biopsije miokarda

Effusive-constrictive pericarditis as late complication of endomyocardial biopsy

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KLJUČNE RIJEČI: transplantacija srca, biopsija miokarda, efuzivno-konstriktivni perikarditis.

KEYWORDS: heart transplantation, endomyocardial biopsy, effusive-constrictive pericarditis.

CITATION: Cardiol Croat. 2016;11(10-11):406. | DOI: <http://dx.doi.org/10.15836/ccar2016.406>

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Uvod: Unatoč sve većem korištenju alternativnih tehnika, endomiokardijalna biopsija (EMB) ostaje primarna metoda za dijagnosticiranje odbacivanja srca te se smatra sigurnim postupkom, uz vrlo nisku stopu komplikacija kada je izvode iskusni operateri. Glavne komplikacije uključuju perforaciju miokarda, tamponadu i endokarditis.^{1,2}

Prikaz slučaja: Ovo je prikaz bolesnika, starog 65-godina koji je podvrgnut transplantaciji srca u kolovozu 2014. godine zbog dilatativne kardiomiopatije. Rani postoperativni tijek liječenja je kompliciran pneumonijom i dekubitusom sakralne regije. Posljednja predviđena biopsija miokarda izvršena je u prosincu 2015. godine. Periproceduralno nije bilo komplikacija s urednim kontrolnim transtorakalnim ehokardiogramom (TTE). Do travnja 2016. god. se prati postupno kliničko pogoršanje uz gubitak apetita, gubitak težine, otežano disanje, intoleranciju napora te oticanje trbuha i nogu. TTE je pokazao umjerenu količinu perikardijalnog izljeva oko inferiorne stijenke te ispred desne klijetke. Transmitralni utok je ukazivao na ventrikularnu interdependencu, ali nije bilo znakova kolapsa srčanih šupljina. Višeslojnom kompjutoriziranom tomografijom je nađena tekuća kolekcija debljine 3,4 cm u perikarda i zadebljanje perikarda od 1,3 cm. Stoga je bolesnik podvrgnut kardiokirurškom zahvatu lokalizirane parijetalne i visceralne perikardiektomije kroz sternotomiju. Intraoperativnom transezofagusnom ehokardiografijom je potvrđena bolja kinetika inferiorne stijenke lijeve klijetke i prednjeg zida desne klijetke. Bolesnik je otpušten nakon 3 tjedna. Na ambulantnoj kontroli nakon trideset dana bolesnik je bio klinički značajno bolje, a kontrolni TTE nije pokazivao znakove perikardijalnog izljeva.

Zaključak: Dijagnoza konstriktivno-efuzivnog perikarditisa kao kasna komplikacija EMB je moguća i treba je uzeti u obzir u slučaju novonastalog pogoršanja bolesnika nakon transplantacije srca. Perikardiektomiju kao terapijsku opciju treba uzeti u obzir kod bolesnika s znakovima konstriktivnog perikarditisa i kliničkim obilježjima progresivnog srčanog popuštanja.

Introduction: Despite the increasing use of alternative techniques, endomyocardial biopsy (EMB) remains the primary method for diagnosing cardiac allograft rejection, and is considered a safe procedure, with a very low complication rate when performed by experienced operators. Major complications include cardiac perforation, tamponade and endocarditis.^{1,2}

Case report: We present a case of a 65-year-old male patient who underwent heart transplantation in August 2014 due to dilative cardiomyopathy. The early postoperative course was complicated with pneumonia and ulcers of sacral region. The last scheduled biopsy was performed in December 2015 and the control transthoracic echocardiography (TTE) was unremarkable. By April 2016 a gradual clinical deterioration was observed, with loss of appetite, weight loss, shortness of breath, effort intolerance and swelling of the abdomen and legs. TTE showed a moderate pericardial effusion around the inferior wall and in front of the right ventricle. Mitral inflow velocities suggested ventricular interdependence, but chamber collapse was not evident. Dense collection of 3.4 cm in the pericardium and pericardial thickening of 1.3 cm was noted on. Therefore, a localized parietal and visceral pericardectomy was performed via sternotomy with intraoperative transeofageal echocardiogram confirming better kinetics of the inferior wall of the left ventricle and the anterior wall of the right ventricle following procedure. The patient was discharged after 3 weeks and was seen in an out-patient clinic a month later with significant improvement in his symptoms. Repeat TTE showed no pericardial effusion.

Conclusion: The diagnosis of effusive-constrictive pericarditis as a late complication of EMB is possible and should be considered in new onset worsening of heart transplant recipient. Pericardectomy should be considered in patients with evolution to constrictive pericarditis and clinical features of severe and persistent heart failure.

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DOI: <http://dx.doi.org/10.1002/clc.22368>

RECEIVED:
September 25, 2016

ACCEPTED:
October 10, 2016