Rezultati transplantacije srca u bolesnika Zavoda za bolesti srca i krvnih žila Kliničke bolnice Dubrava

Heart transplantation results of patients referred by Division of Cardiology of University Hospital Dubrava

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Usprikoš svom napretku medikamentoznog liječenja i raspoloživosti mehaničke cirkulacijske potpore, transplantacija srca (HTx) ostaje zlatni standard i metoda izbora za bolesnike s uznapredovalim srčanim zatajivanjem koje ne odgovara na druge metode liječenja.^{1,2}

U ovom pregledu donosimo iskustva i podatke o ishodima u bolesnika koji su upućeni na HTx sa Zavoda za bolesti srca i krvnih žila Kliničke bolnice Dubrava (KBD). Svi su bolesnici podvrgnuti HTx na Zavodu za kardijalnu i transplantacijsku kirurgiju KBD te su potom praćeni u uskoj suradnji oba zavoda.

Retrospektivno smo analizirali ishode u 70 primatelja srca, koji su HTx podvrgnuti između 1995. i listopada 2016. godine. Srednja dob primatelja je bila 53,9 ± 7,7 godina, od toga su 84% bili muškarci. Dilatativna kardiomiopatija je bila glavna dijagnoza u 51% bolesnika, ishemijska u 43%, a druge bolesti u 6%. Desetero bolesnika (14%) je bilo uvršteno na hitnu listu *Eurotransplanta* ili pak hitnu nacionalnu listu. Kao terapija za indukciju imunosupresije korišten je antitimocitni globulin, dok smo za održavanje primjenjivali koncept individualizirane imunosupresije, koristeći kombinacije lijekova sukladno potrebama bolesnika i prema profilu nuspojava. Preživljenje smo analizirali primjenom Kaplan-Meierove analize. Rana unutarbolnička smrtnost je bila 12%, dok je preživljenje nakon prve, pete i desete godine iznosilo 84%, 79% i 73%. Prosječno preživljenje je bilo 134 mjeseca (95% IP, 114,1-153,4). Glavni uzroci rane smrtnosti su bili sepsa (44%) i primarno zatajivanje grafta (19%), a među kasnim su uzrocima vaskulopatija allografta srca (13%) te ostali uzroci (25%).

U KBD stope preživljenja su bolje nego prosjek preživljenja prema *International Society of Heart and Lung Transplantation*, a što je rezultat pažljivog odabira bolesnika te združenog napora svog medicinskog osoblja koje je uključeno u pre-, peri- i posttransplantacijsku skrb. Centar nastoji i nastavlja usvajati nove strategije liječenja kako bi se unaprijedila kvaliteta života i preživljenje naših primatelja.

Despite all efforts in conservative medical treatment and the availability of mechanical circulatory support, heart transplantation (HTx) remains the gold standard and treatment of choice for advanced heart failure refractory to other methods.^{1,2}

In this study we report single center experience and outcomes of patients referred to HTx by Division of Cardiology, University Hospital Dubrava. All patients underwent HTx at the Department of Cardiac and Transplant Surgery of University Hospital Dubrava, and were subsequently referred for follow up in close collaboration of two departments.

We retrospectively examined the outcomes from 70 HTx recipients between 1995 and October 2016. The mean recipient age was 53.9±7.7 years, and 84% were male. Dilated cardiomyopathy was present in 51%, ischemic in 43% and 6% were other causes. Ten recipients (14%) were placed either on high urgent list of Eurotransplant or on national high urgent list. As induction of immunosuppressive therapy antithymocyte globulin was used, while for maintenance we apply the concept of individualized immunosuppression, using combinations of drugs according to patients' needs and occurrence of side effects. Survival was studied using Kaplan-Meier curves. Early in-hospital mortality was 12%. The global survival rates at 1, 5, and 10 years are 84%, 79% and 73% respectively. The mean survival is 134 months (95% CI, 114.1-153.4). Early main causes of death were sepsis (44%) and primary graft failure (19%) while late causes were cardiac allograft vasculopathy (13%), malignant disease and other causes (25%).

In University Hospital Dubrava, post-HTx survival rates at 1, 5, and 10 years are better than those reported by the International Society of Heart and Lung Transplantation, as a result of careful selection of patients and combined effort of all medical personnel involved in pre-, peri- and postoperative management. Our program strives and continues to adopt new strategies to improve the quality of life and life expectancy of our HTx recipients.

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