Infarkt miokarda u odrasloj dobi kao posljedica preboljelog nodoznog poliarteritisa u djetinjstvu – prikaz bolesnika

Myocardial infarction as a consequence of polyarteritis nodosa diagnosed in childhood – case report

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KLJUČNE RIJEČI: nodozni poliarteritis, infarkt miokarda, mlada dob.

KEYWORDS: polyarteritis nodosa, myocardial infarction, young age.

CITATION: Cardiol Croat. 2016;11(10-11):440. | DOI: <http://dx.doi.org/10.15836/ccar2016.440>

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Poliarteritis nodoza (PAN) sistemski je vaskulitis histološki karakteriziran nekrotizirajućim lezijama srednje velikih i malih arterija, ponajviše na njihovim bifurkacijama. PAN je multiorganski poremećaj koji zahvaća sve visceralne arterije te zbog posljedica upale i nekroze može dovesti do ishemije vitalnih organa. Etiologija bolesti je nepoznata. Postoje četiri oblika – kutani (koji je najčešći), klasični, sistemski i mikroskopski. PAN ponajprije zahvaća renalne i koronarne arterije. Najčešći nalaz zahvaćenih krvnih žila su aneurizme, tromboze te stenoze. Kardijalne komplikacije su rijetke u djece, no 35% bolesnika u odrasloj dobi razvija neku komplikaciju. Najčešća komplikacija u odrasloj dobi je kardijalna dekompenzacija koja se objašnjava kao posljedica dugogodišnje arterijske hipertenzije te promjena na koronarnim krvnim žilama.¹⁻³

U ovom radu opisan je 25-godišnji bolesnik s akutnim infarktom miokarda s promjenama na koronarnim krvnim žilama te perzistirajućom arterijskom hipertenzijom kao posljedica dijagnosticiranog PAN-a u djetinjstvu

Polyarteritis nodosa (PAN) is a systemic vasculitis histologically characterized by necrotic lesions of medium-sized and small arteries, mostly in their bifurcations. PAN is a multi-organ disorder that affects more visceral arteries and the consequences of inflammation and necrosis can lead to ischemia of vital organs. The etiology of the disease is unknown. There are four forms - cutaneous (which is most common), classic, and microscopic system. PAN preferably affects the renal and coronary arteries. The most common finding of affected blood vessels are aneurysm, thrombosis and stenosis. Cardiac complications are rare in children, but 35% of patients in adulthood is developing a complication. The most common complications in adulthood is cardiac decompensation and can be explained as a consequence of long-standing hypertension and changes in coronary blood vessels. The incidence of myocardial infarction is low, particularly in young patients.¹⁻³

This paper describes the 25-year-old patient with acute myocardial infarction with the changes in the coronary blood vessels and persistent arterial hypertension as a result of PAN diagnosed in childhood.

RECEIVED:
September 25, 2016

ACCEPTED:
October 10, 2016

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