Prevalencija čimbenika kardiovaskularnog rizika, akutnog koronarnog sindroma, cerebrovaskularne i periferne vaskularne bolesti u bolesnika s aortnom stenozom

Prevalence of cardiovascular risk factors, acute coronary syndrome, cerebrovascular and peripheral vascular disease in patients with aortic stenosis

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Uvod: Aortna stenoz (AS) najčešća je bolest srčanih zalistaka. Procjenjuje se da 2% do 7% stanovništva starijeg od 65 godina ima AS¹. Razvoj kalcifikata aortne valvule i napredovanje aortne stenoz rezultiraju pasivnog taloženja kalcija na aortne kuspise, međutim, sve je više dokaza kako je to aktivan stanični proces. Prirodni tijek aortne stenoz uključuje razdoblje latencije nakon čega slijedi manje ili više izražena progresija bolesti. Neke studije pokazuju da čimbenici kardiovaskularnog rizika također imaju utjecaj na razvoj degenerativne stenoz aortne valvule², a neki autori opisuju tzv. 'ranu leziju' koja pokazuje sličnosti s početnom lezijom u stvaranju aterosklerotskih plakova te predlažu hipotezu prema kojoj je kalcificirajuća aorta stenoz svojevrsan oblik aterosklerotske bolesti³.

Ispitanici i metode: Retrospektivno smo analizirali medicinsku dokumentaciju svih bolesnika koji su bili hospitalizirani u Kliničkoj bolnici Sveti Duh, bez obzira na indikaciju, s dijagnozom AS, u razdoblju od listopada 2007. do listopada 2016. godine s ciljem procjene učestalosti kardiovaskularnih čimbenika rizika.

Rezultati: Ukupno je bilo hospitalizirano 915 bolesnika, starosti od 44 do 95 godina, od toga 406 (44 %) muškog spola. Šećerna bolest dijagnosticirana je kod 330 (36 %) bolesnika. Povišene razine LDL kolesterola (≥ 3 mmol/L) nađene su kod 317 (45,1 %) bolesnika, a s vrijednosti iznad 4,9 mmol/L kod njih 27 (4,8 %). Razina HDL ≤ 1 mmol/L nađena je kod 258 (36,9 %), a razina triglicerida $\geq 1,7$ mmol/L u 187 (26,8 %) bolesnika. Ukupno 250 (27,3 %) bolesnika imalo je neki od oblika akutnog koronarnog sindroma, kod njih 119 (13 %) učinjena je perkutana koronarna intervencija, a kod 46 (5 %) aortokoronarno premoštenje. Ukupno 176 (19,2 %) imalo je postavljenu dijagnozu cerebrovaskularne bolesti (uključujući moždani udar), a kod njih 139 (15,2 %) značajne aterosklerotske lezije karotidnih arterija verificirane su kolor Doplerom. 75 (8,2%) bolesnika imalo je perifernu vaskularnu bolest koja je također potvrđena kolor Doplerom.

Zaključak: Retrospektivnom analizom medicinskih podataka utvrdili smo da 45% bolesnika nema adekvatno reguliranu razinu LDL kolesterola što sigurno doprinosi progresiji koronarne, cerebralne i periferne bolesti, kao i same aortne stenoz.

Introduction: Aortic stenosis represents the most common valvular heart disease. It is estimated to affect 2% to 7% of the population more than 65 years of age¹. Development and progression of calcific aortic valve disease results from passive calcium deposition within the aortic valve leaflets but there is increasing evidence that this is an active cellular process. The natural history of aortic stenosis includes a latency period followed by a more or less pronounced progression. Some studies found cardiovascular risk factors to have an impact on the development of degenerative aortic valve stenosis² and some authors described an 'early lesion' that had much in common with the early lesion in atherosclerotic plaques, proposing the hypothesis of calcific aortic stenosis to be an atherosclerotic disease³.

Patients and Methods: We retrospectively analyzed medical documentation of all patients who were hospitalized in University Hospital «Sveti Duh» Zagreb, regardless of the indication, but with a diagnosis of aortic stenosis, during the period from October 2007 to October 2016 with the aim to evaluate the prevalence of cardiovascular risk factors.

Results: Overall there were 915 hospitalized patients, aged 44-95 years, of which 406 (44%) men, and 330 (36%) with a history of diabetes mellitus. LDL cholesterol levels were elevated (≥ 3 mmol/L) in 317 (45.1%), with a value above 4.9 mmol/L in 27 (4.8%) patients. HDL levels were ≤ 1 mmol/L in 258 (36.9%) and triglyceride levels ≥ 1.7 mmol/L in 187 (26.8%) patients. There were 250 (27.3%) patients with the history of acute coronary syndrome, 119 (13%) undergoing percutaneous coronary intervention and 46 (5%) coronary artery bypass surgery. Total of 176 (19.2%) had a history of cerebrovascular disease (including stroke) and 139 (15.2%) had significant atherosclerotic lesions of carotid arteries verified with color Doppler. 75 (8.2%) had peripheral vascular disease also verified with color Doppler.

Conclusions: With retrospective analysis of medical data we found that 45% of patients did not have adequately regulated levels of LDL cholesterol which certainly contributes to the progression of coronary, cerebral and peripheral diseases, as well as aortic stenosis.

LITERATURE

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