Prevalencija aortne regurgitacije, mitralne regurgitacije, mitralne stenoze i trikuspidalne regurgitacije kod bolesnika s aortnom stenozom

Prevalence of aortic regurgitation, mitral regurgitation, mitral stenosis and tricuspidal regurgitation in patients with aortic stenosis

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Uvod: Aortna stenoza (AS) predstavlja najčešću srčanu valvularnu grešku, češće se javlja kod muškaraca. Prevalencija AS raste s dobi, u osoba do 60. godine života iznosi 0,2%, a u starijih od 80 godina 9,8%. Umjereni oblik AS se javlja u 2% bolesnika starijih od 70 godina. AS suženjem ušća aortne valvule i posljedičnim nizom patofizioloških događanja dovodi do promjena u geometriji i strukturi lijeve klijetke što za rezultat može imati postupnu disfunkciju ostalog valvularnog aparata srca.¹⁻³

Ispitani, metode i rezultati: U razdoblju od listopada 2007. do listopada 2016. godine bilo je hospitalizirano ukupno 916 bolesnika s dijagnozom AS, od čega je 44,4 % bilo muškaraca. Životna dob bolesnika je bila 44-95 godina. 36,13 % bolesnik je imao šećernu bolest, od kojih je 53,2 % bilo žena. Od ukupnog broja bolesnika, 671 ih je u svojoj medicinskoj dokumentaciji imalo vrijednost urata, od čega ih je 52,5 % imalo hiperuricemiju. 20,8 % bolesnika je imao blagi stupanj AS, 25,7 % umjereni stupanj, 40,8 % teški stupanj AS, dok njih 11,7 % nisu imali procijenjen stupanj stenoze. AS i regurgitaciju je imalo 30,8 % bolesnika, od čega 17,7 % blagi, 28,01 % umjereni, a 53,5 % teški stupanj AS. 440 bolesnika s AS je ujedno imalo i mitralnu insuficijenciju (MI). Od tog broja 19,6 % bolesnika je uz MI imalo blagi, 29,3 % umjereni, a 48,9 % teški stupanj AS. 44 bolesnika (4,8 %) je kao pridruženu valvularnu bolest imalo mitralnu stenozu (MS), od toga je 20,4 % bolesnika bilo s blagim, 34,1 % umjerenim te 47,7 % teškim stupnjem AS. 228 bolesnika s AS je istovremeno imalo trikuspidalnu insuficijenciju, od čega njih 19,3 % imalo blagi, 30,7 % umjereni te 50 % ih je imalo teški stupanj AS. 176 bolesnika je imalo AS, AI i MI, (od toga 22 blagi oblik AS, 53 umjereni stupanj i 101 teški stupanj). Od 101. bolesnika s AI i MI te teškim stupnjem AS 53,6 % je bilo osoba ženskog spola, 46,4 % osoba muškog spola.

Zaključak: Aortna stenoza nije izolirana bolest zaliska nego dovodi do promjena u strukturi i funkciji lijeve klijetke te njezine dijasoličke i sistoličke disfunkcije. Na vrijeme neprepoznata AS dovodi i do oštećenja drugih srčanih zalistaka (koji mogu biti i „sui generis“ oštećeni), dovodeći tako do hemodinamske neuravnoteženosti i zatajivanja funkcije miokarda, odnosno rada srca kao pumpe. Budući da su bolesnici sve stariji, AS kao degenerativne bolesti je sve više te na vrijeme neprepoznata AS postaje veliki socijalni i ekonomski problem.

Introduction: Aortic stenosis is the most common valvular heart disease, that occurs more frequent in men. Its prevalence increases with age and while it occurs rather rarely in people in their fifties (0.2%), it is quite an often comorbidity in octogenarians (9.8%). Around 2% people in their seventies suffer from moderate aortic stenosis. Pressure overload in patients with significant aortic stenosis starts a pathogenetic sequence, that causes structural and geometric remodeling of left ventricle and leads to dysfunction of mitral and tricuspid valve apparatus.¹⁻³

Patients, Methods, and Results: Between October 2007 and October 2016, a total of 916 patients with aortic valve stenosis were hospitalized in University Hospital "Sveti Duh", Zagreb. Patient age range was 44-95 years and 407 of them were men (44.4%). The most significant comorbidity was diabetes, present in over 36.1% of patients, and, interestingly enough, more often in women (53.2%). Hyperuricemia was also found to be a prevalent condition (52.5%). Most of patients had severe aortic stenosis (40.8%), while moderate and mild stenosis were present in 25.7% and 20.8% of patients respectively. Most of our patients had a combined valvular pathology. Aortic valve regurgitation was present in 17.7% patients, most often in those with severe stenosis (53.5%). Nearly half of patients (48.0%) had a significant mitral regurgitation, which correlated with the degree of aortic stenosis, most prominent being in patients with severe stenosis (48.9%). Only 4.8% of patients had mitral stenosis, which is due to a significant decrease in rheumatic fever incidence in our country during the last couple of decades. Combined mitral and aortic valve pathology was more often in women (53.6%). Nearly a quarter of patients (24.8%) had a tricuspid regurgitation, again most often present in patients with severe aortic stenosis (50%).

Conclusions: Aortic stenosis is not an isolated valvular disorder, but a complex syndrome, characterized by left ventricular remodeling, diastolic and systolic dysfunction, and other valvular disorders. If left untreated, aortic valve stenosis can cause advanced heart failure and a high mortality rate. It is important to notice that aortic stenosis represents a significant medical issue in modern societies, while also being a large financial burden on the society.

LITERATURE

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