

CASO CLINICO

Non è mai troppo tardi

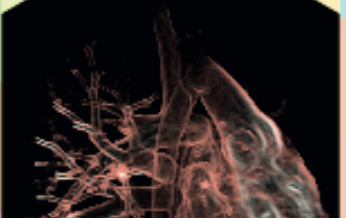
Dott.ssa Silvia Brach Prever

Cardiologia
Ospedale Giovanni Bosco Torino

VI CORSO GUCH

**Il paziente adulto
con cardiopatia
congenita**

**TORINO
03 DICEMBRE 2022**



D.P.

uomo di 45 anni

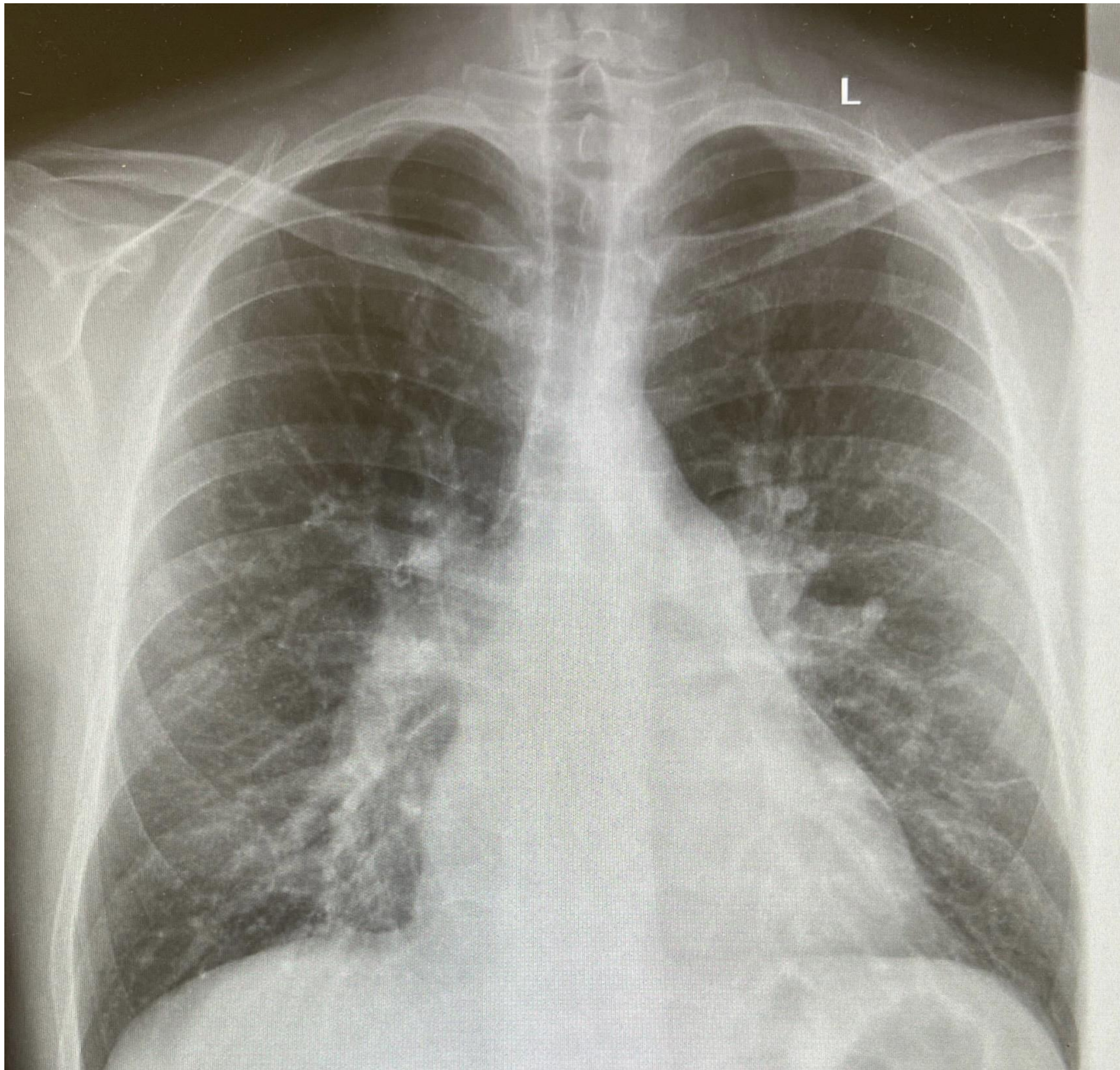
forte fumatore, abuso etilico (2-3 birre da 66 cl al giorno), abuso di sostanze stupefacenti (cannabinoidi, metanfetamine)

ex-detenuato

pregressa colecistectomia, interventi ortopedici

numerosi accessi in DEA negli ultimi anni

- 1/2021 malessere, agitazione, dispnea da sforzo —> Rx torace



1/2021

D.P.

uomo di 45 anni

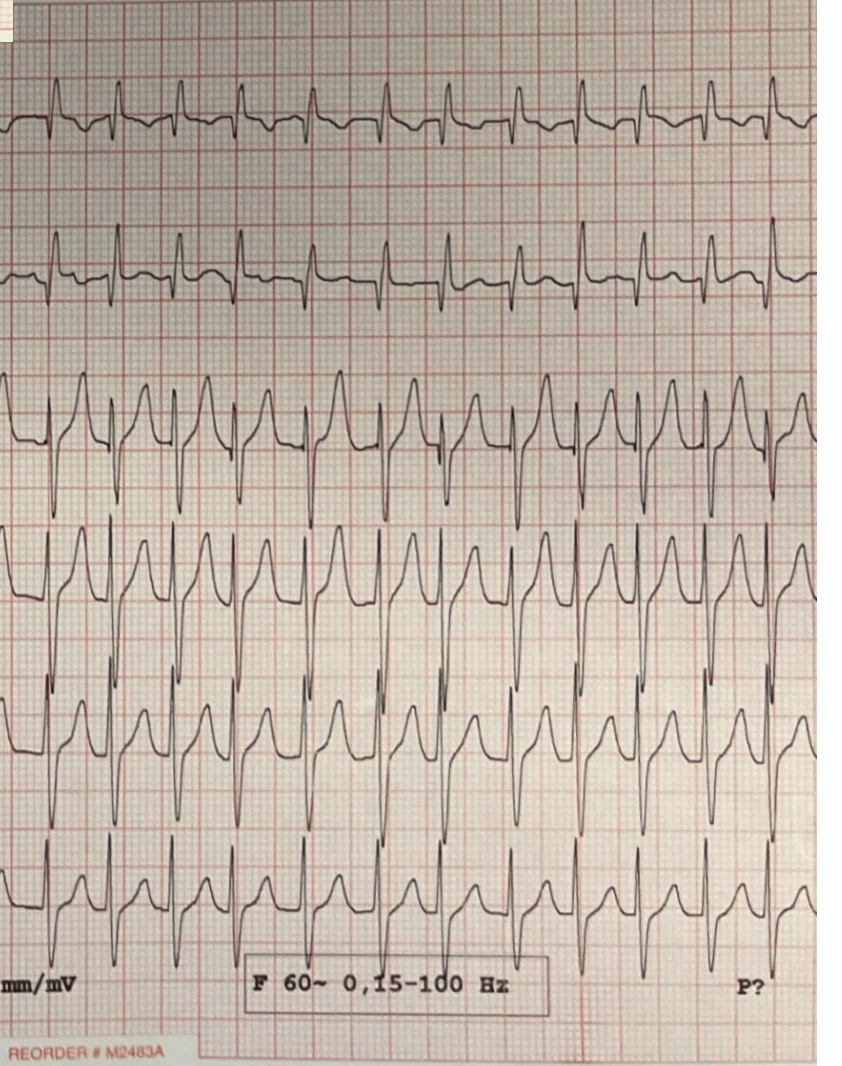
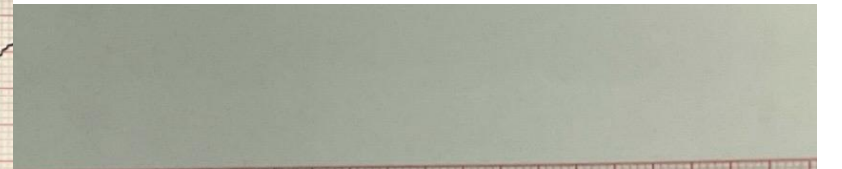
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ex-detenuato

pregressa colecistectomia, interventi ortopedici

numerosi accessi in DEA negli ultimi anni

- 1/2021 malessere, agitazione, dispnea da sforzo —> Rx torace
- 4/2021 malessere, cardiopalmo
- 3/2022 cardiopalmo, dispnea da sforzo —> drug test +
- 9/2022 cardiopalmo, dolore toracico —> accesso in DEA con 118



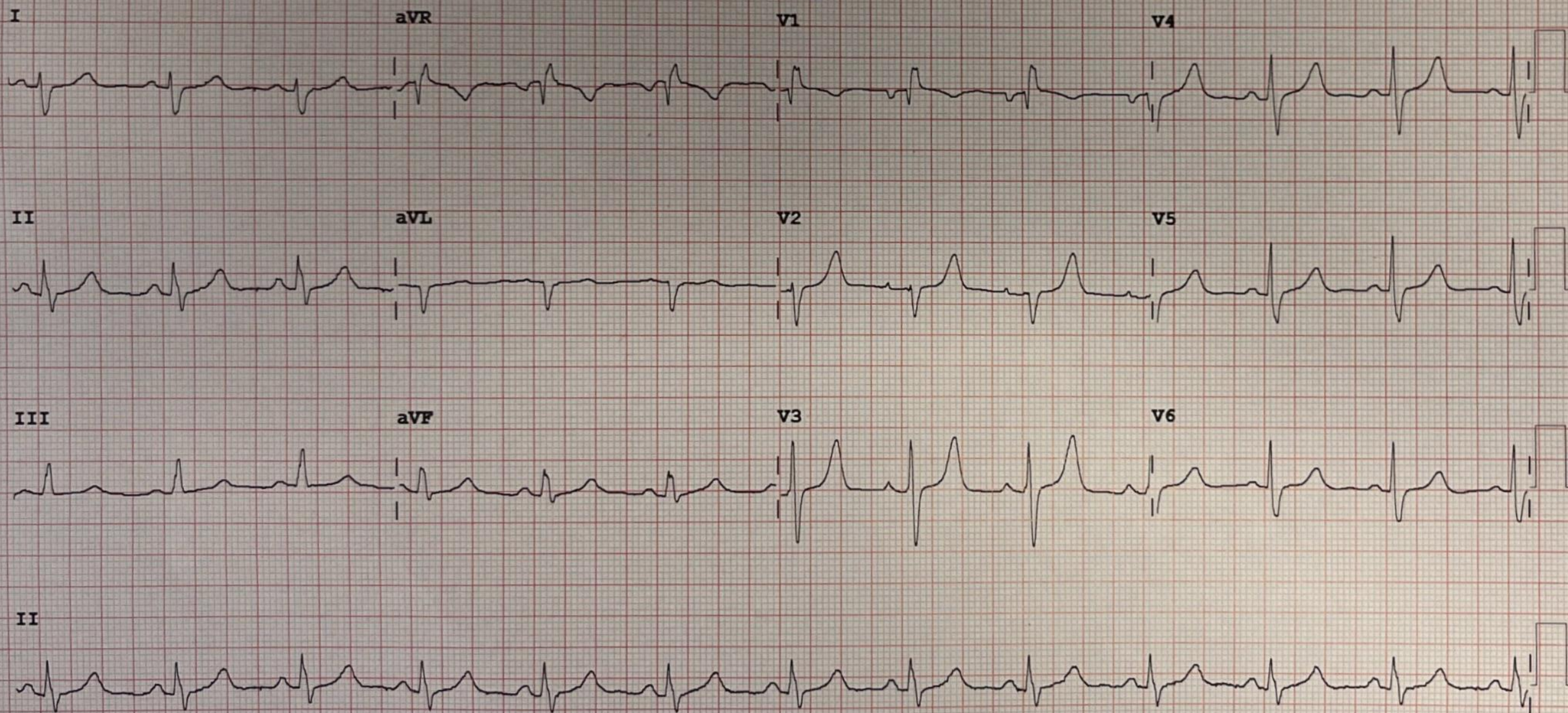
Adenosina inefficace
Ripristino RS con Propafenone 2 fl

Adenosina inefficace

Ripristino RS con Propafenone 2 fl

12 deriv., posizionamento standard

Diagnosi non confermata



Disp.:

Vel.: 25 mm/sec

Arti: 10 mm/mV

Tor.: 10,0 mm/mV

F 50~ 0,15-100 Hz

100B CL

P?

PHILIPS

REORDER # M2483A

Troponina T 54 —> 139 pg/ml (v.n. < 14 pg/ml)

Consulenza cardiologica in DEA:

dispnea da sforzo da qualche anno, episodi di cardiopalmo

EO: toni ritmici, soffio sistolico 1/6, P2 aumentato

Ecofast in DEA: cavità destre dilatate, dilatazione arteria polmonare, IT moderata con velocità 3 m/sec, VCI dilatata

ID: FA in ipertensione polmonare

CARDIO

X5-1

43Hz

20cm

2D

63%

C 47

P Basso

APen



TIS0.3

MI 1.3

M3



70 bpm

CARDIO

TIS0.3 MI 1.3

X5-1
43Hz
18cm

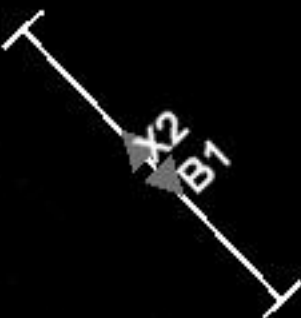


2D
64%
C 47
P Basso
APen

M3



+ Dist 5.93 cm



69bpm

CARDIO

X5-1

43Hz

17cm

2D

64%

C 47

P Basso

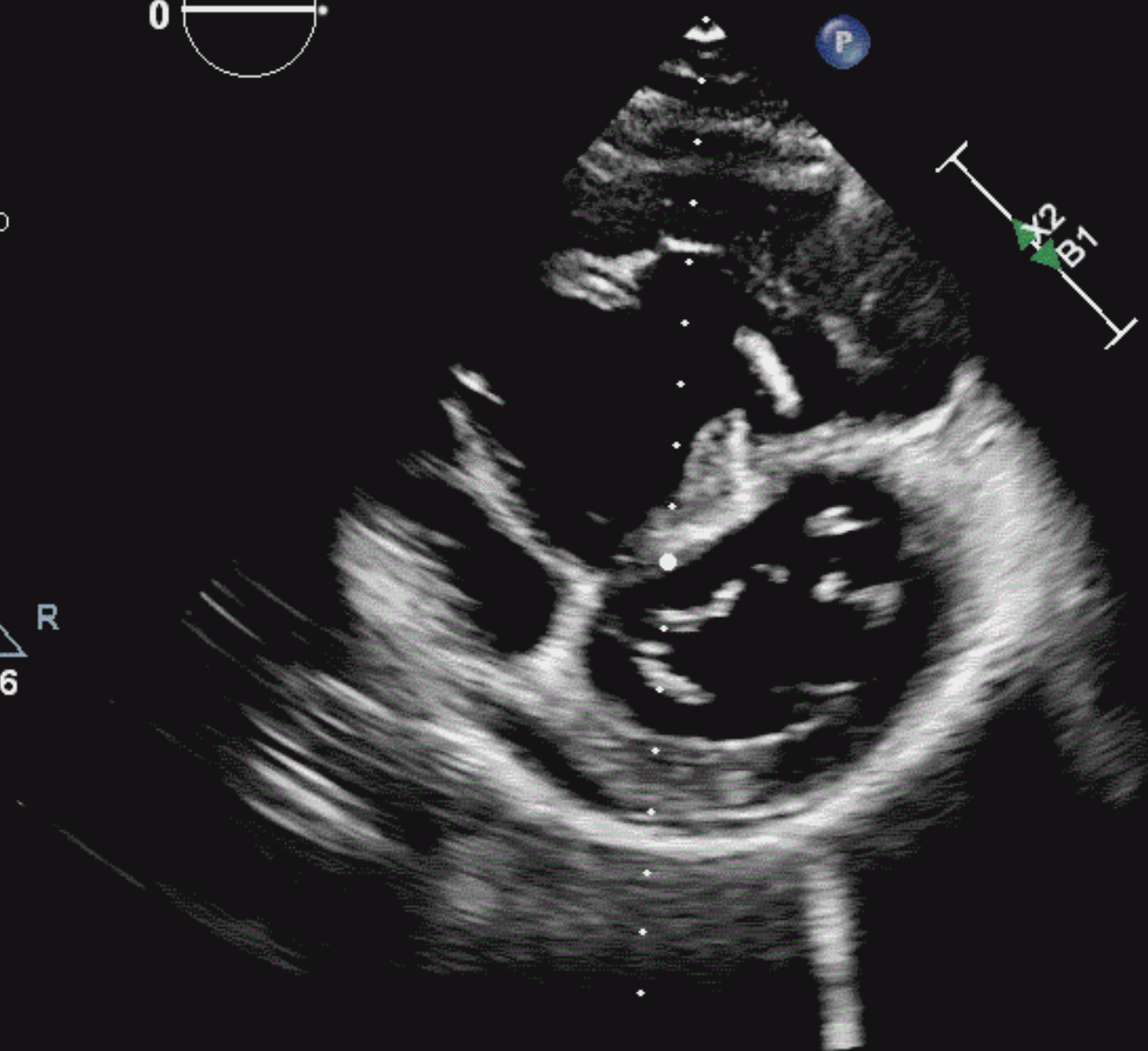
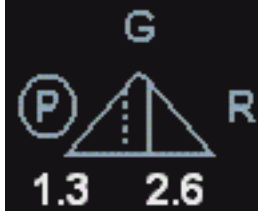
APen



TIS0.3

MI 1.3

M3



72 bpm

CARDIO

X5-1

43Hz

17cm

2D

64%

C 47

P Basso

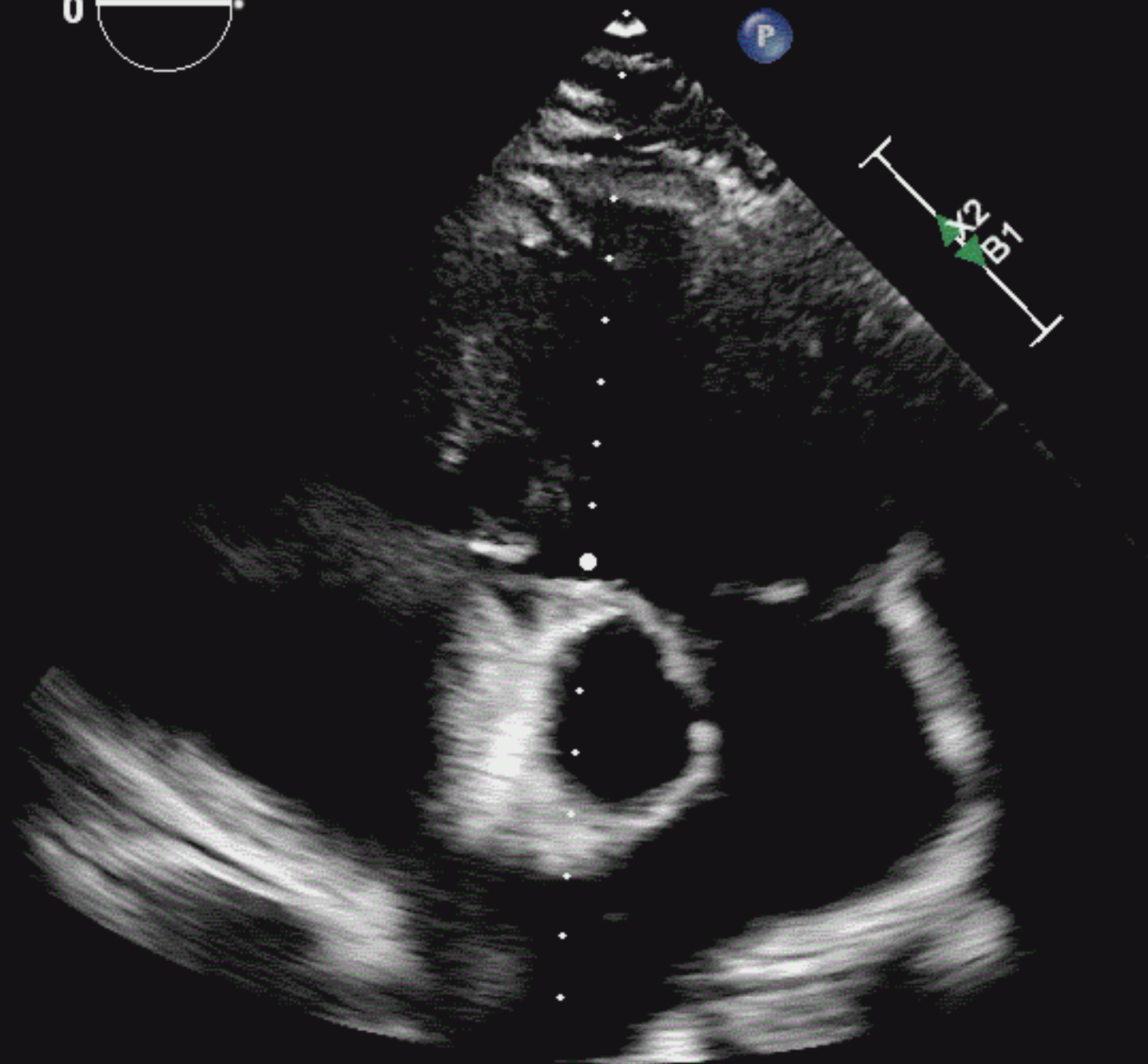
APen



TIS0.3

MI 1.3

M3

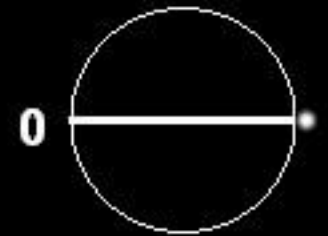


69 bpm

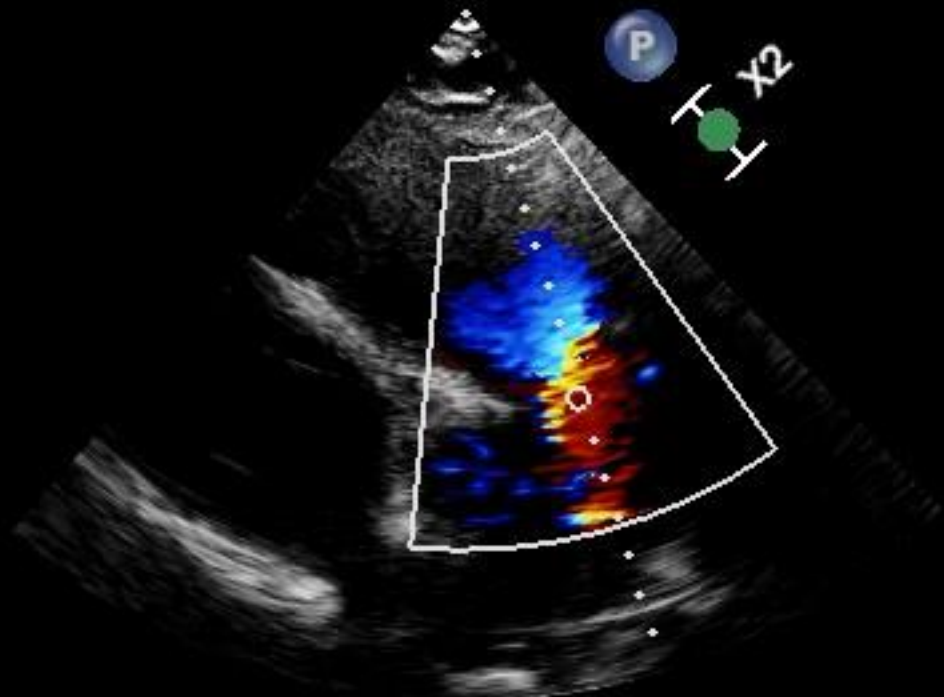
CARDIO

TIS0.6 MI 0.1

X5-1
17Hz
17cm



2D
65%
C 47
P Basso
APen
CF
50%
4000Hz
WF 399Hz
2.5MHz

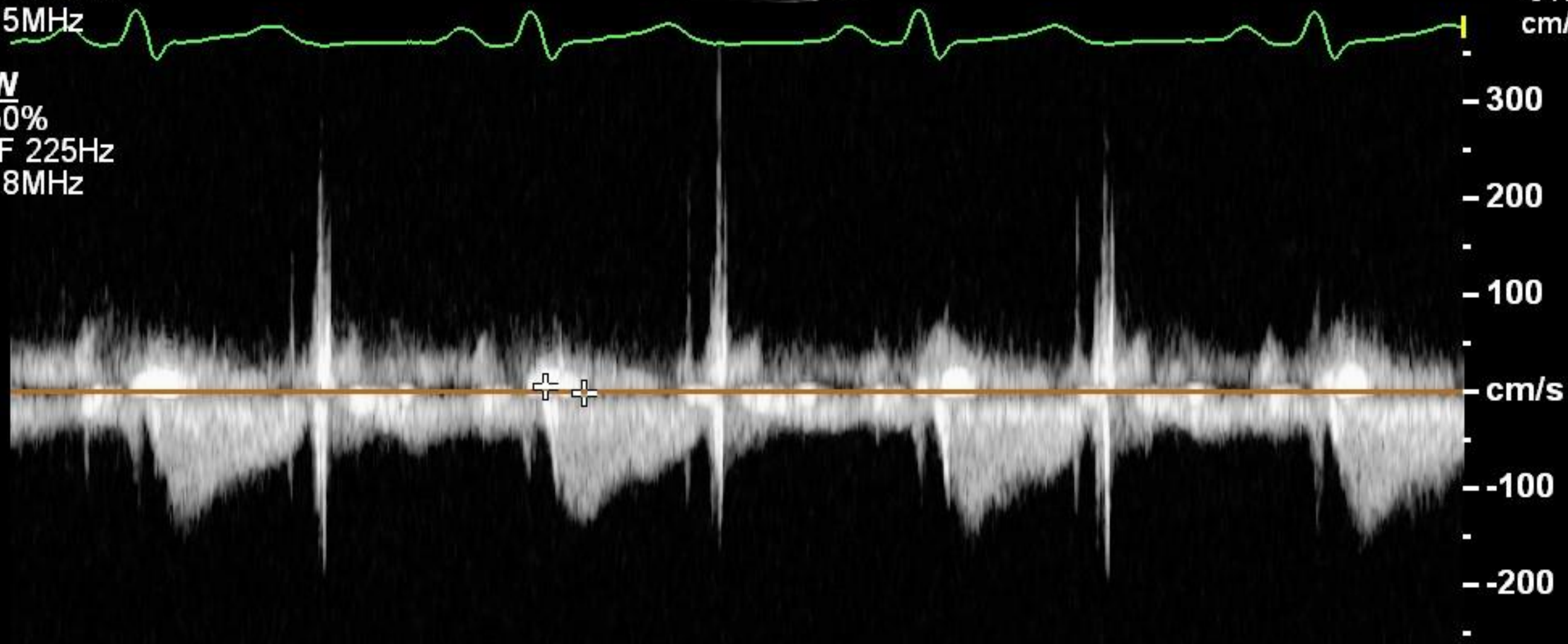


+ Tempo accel PV
Tempo 85 ms
Pendenza 79.1 cm/s²

M3 M4
+61.6



CW
50%
WF 225Hz
1.8MHz



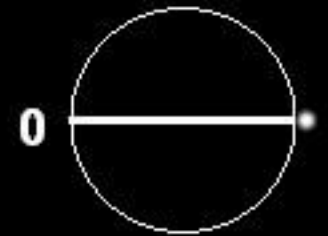
75mm/s

69bpm

CARDIO

TIS0.4 MI 1.2

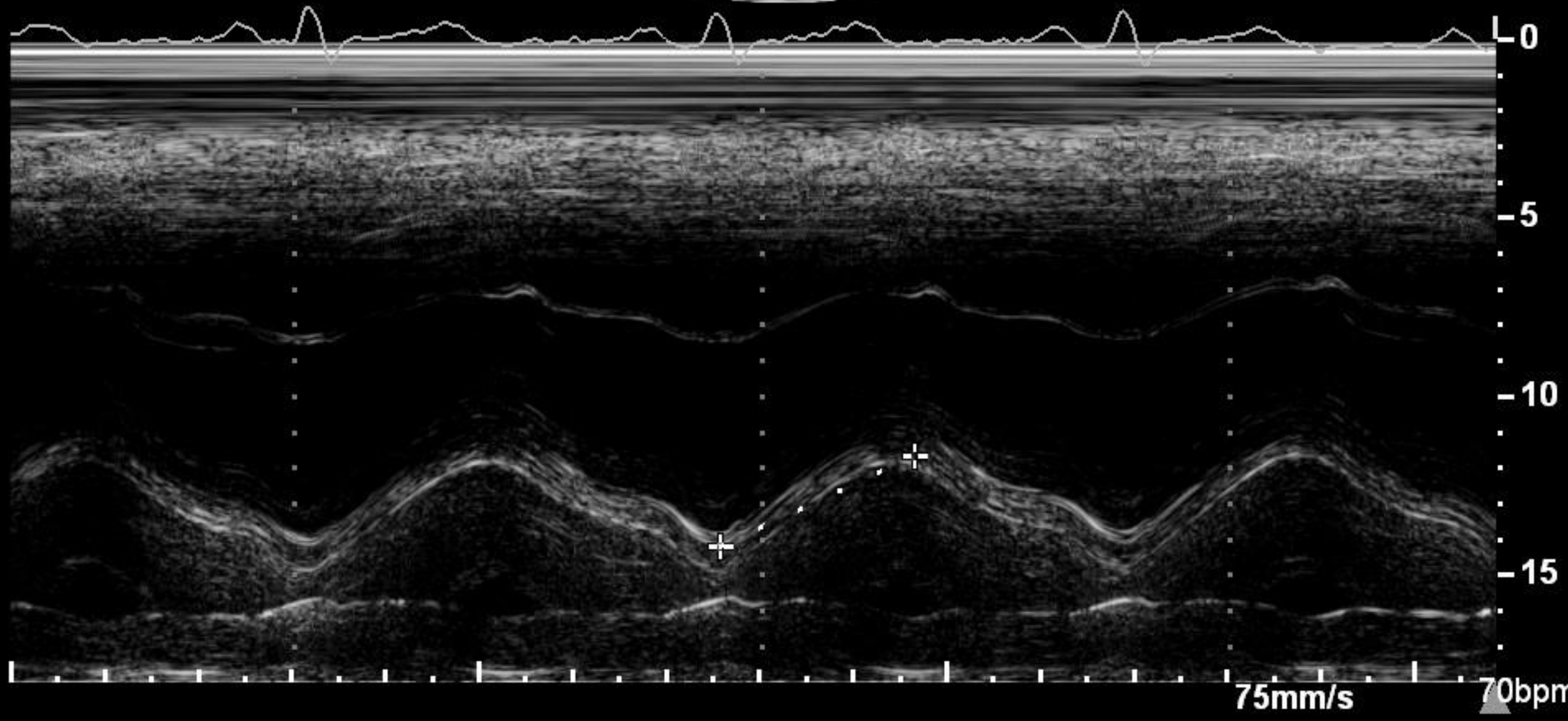
X5-1
45Hz
18cm



2D/MM
68% 62%
C 47
P Basso
APen

M3

+ TAPSE 2.54 cm



CARDIO

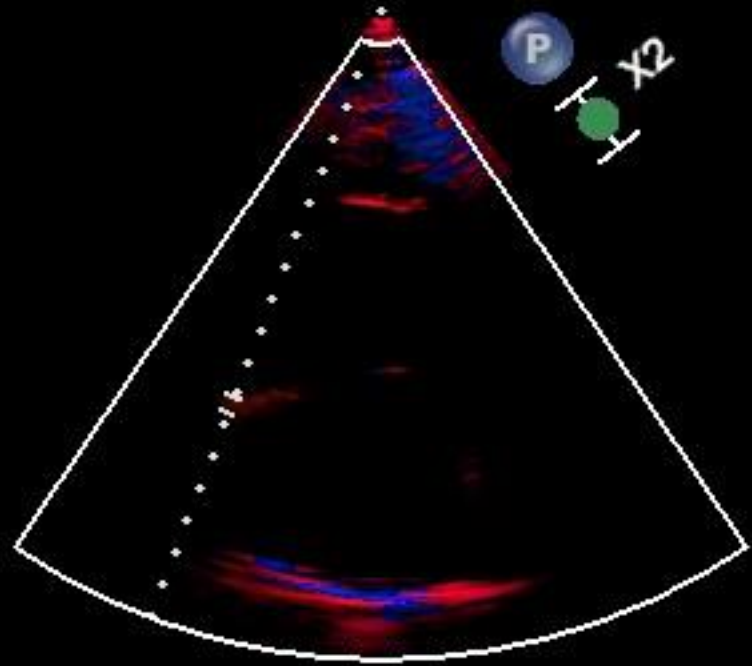
X5-1
111Hz
20cm

2D
72%
C 42
P Basso
APen
TDI
50%
2.7MHz

PW
65%

SV5.0mm
3.2MHz
12.3cm

TIS0.6 MI 0.7



+ Vel S RV 12.9 cm/s

M3 M6
+15.0



-15.0
cm/s

-20

-10

-cm/s

-10

-20

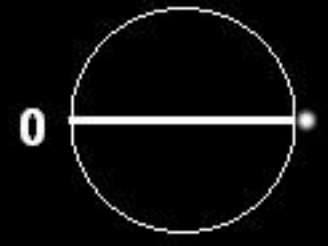
75mm/s

73bpm

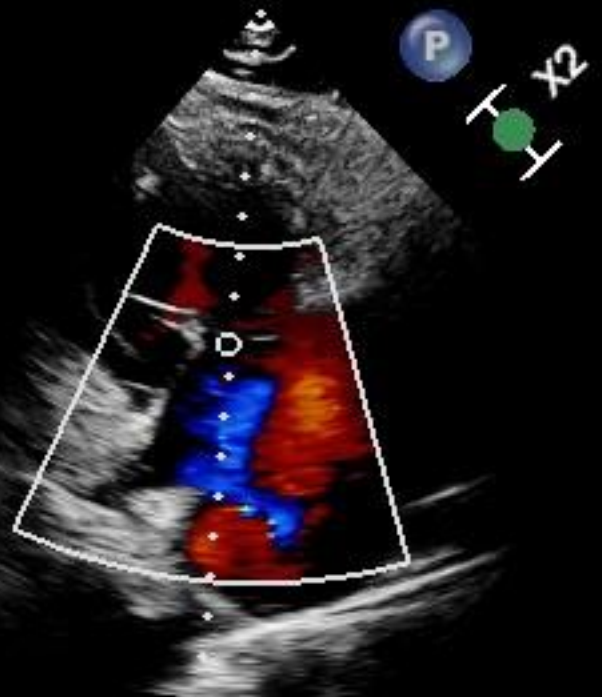
CARDIO

TIS0.5 MI 0.1

X5-1
17Hz
17cm



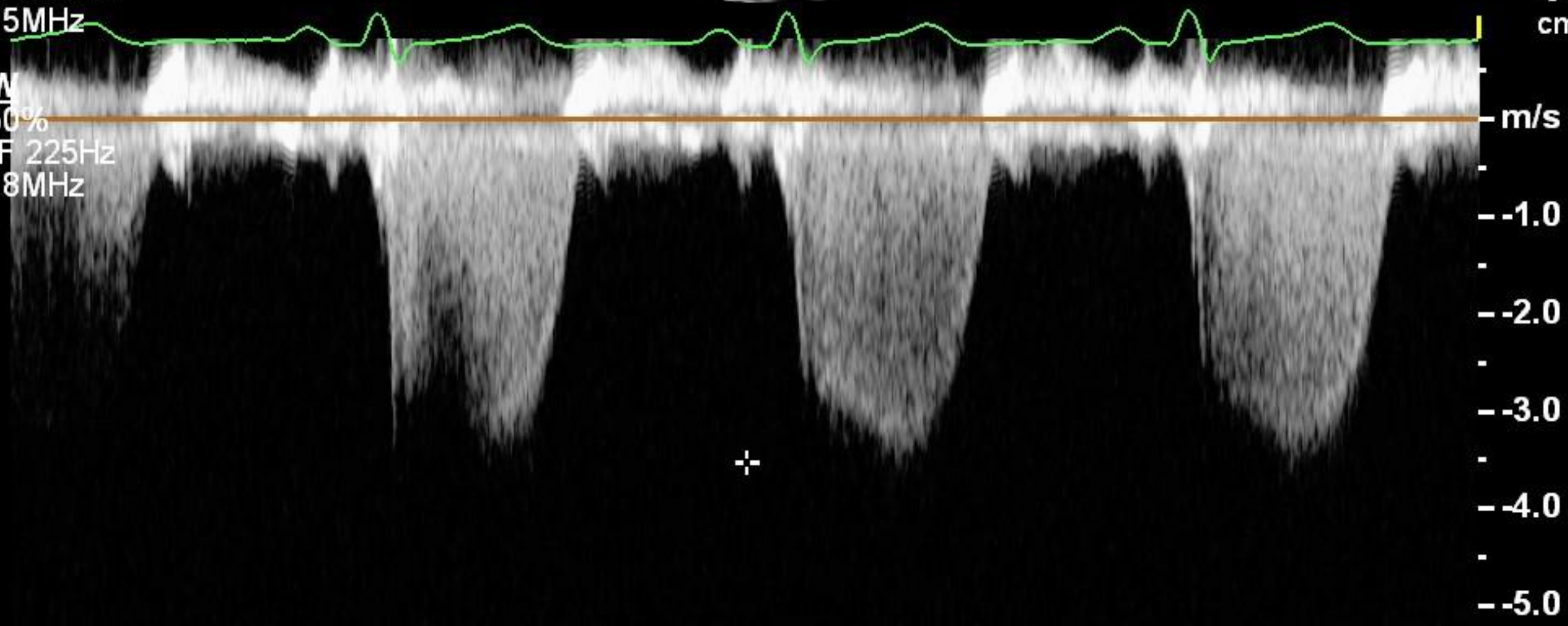
2D
65%
C 47
P Basso
APen
CF
50%
4000Hz
WF 399Hz
2.5MHz



+ V max TR
V max 353 cm/s
PG max 50 mmHg



CW
50%
WF 225Hz
1.8MHz



75mm/s 67bpm

CARDIO

X5-1

16Hz

17cm

2D

65%

C 47

P Basso

APen

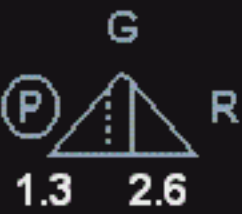
CF

50%

3953Hz

VWF 395Hz

2.5MHz

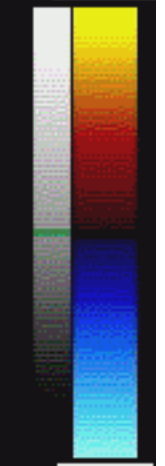


TIS1.0

MI 1.0

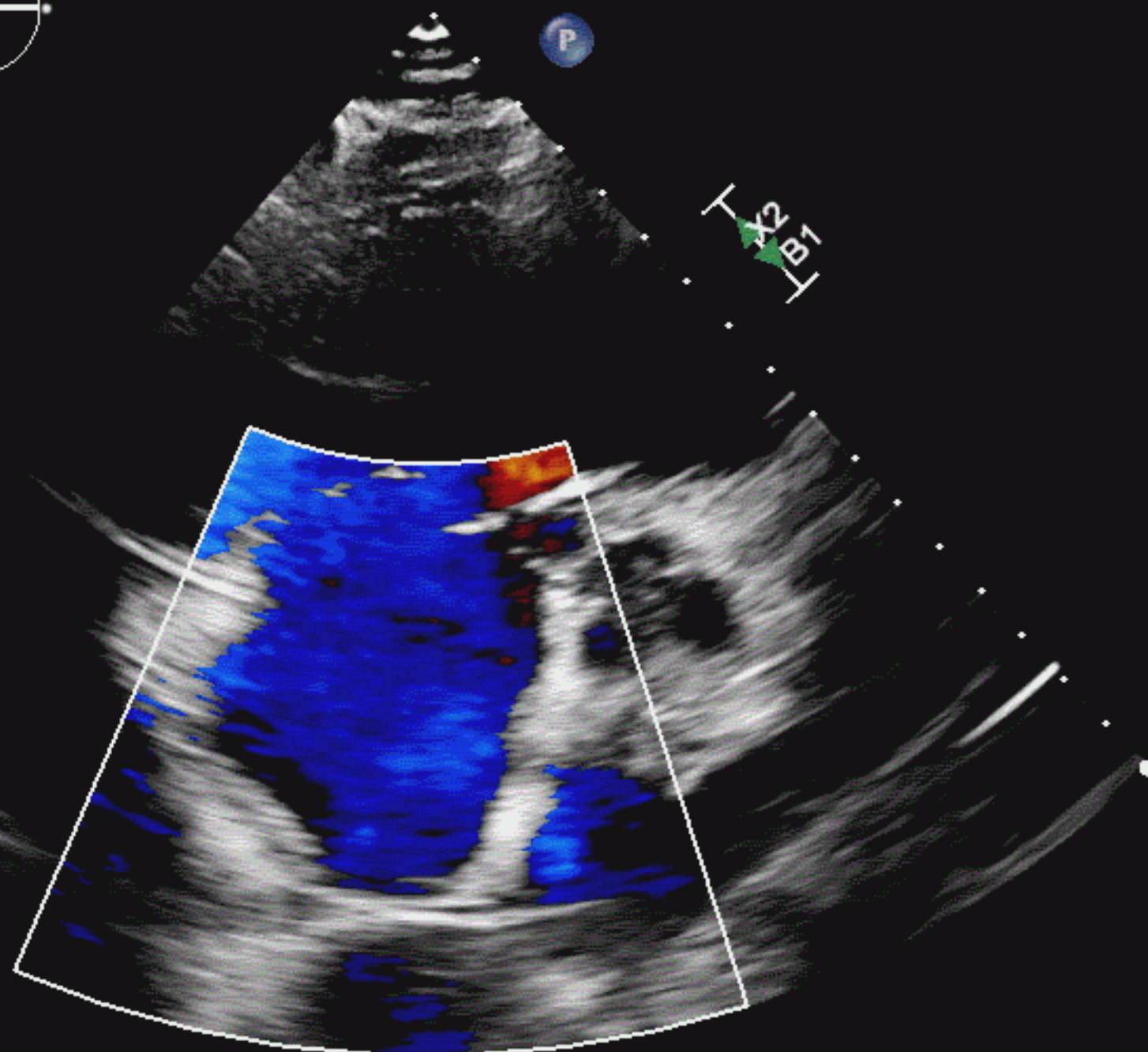
M3 M4

+60.9



-60.9

cm/s



68 bpm

Ecocardiogramma TT:

Ventricolo sx non dilatato, normocinetico, FE=58%

Atrio sx dilatato (volume 49 ml/mq)

Atrio dx severamente dilatato (area 31 cmq)

Ventricolo dx severamente dilatato (DTD in 4C 59 mm), indici di contrattilità longitudinale conservata

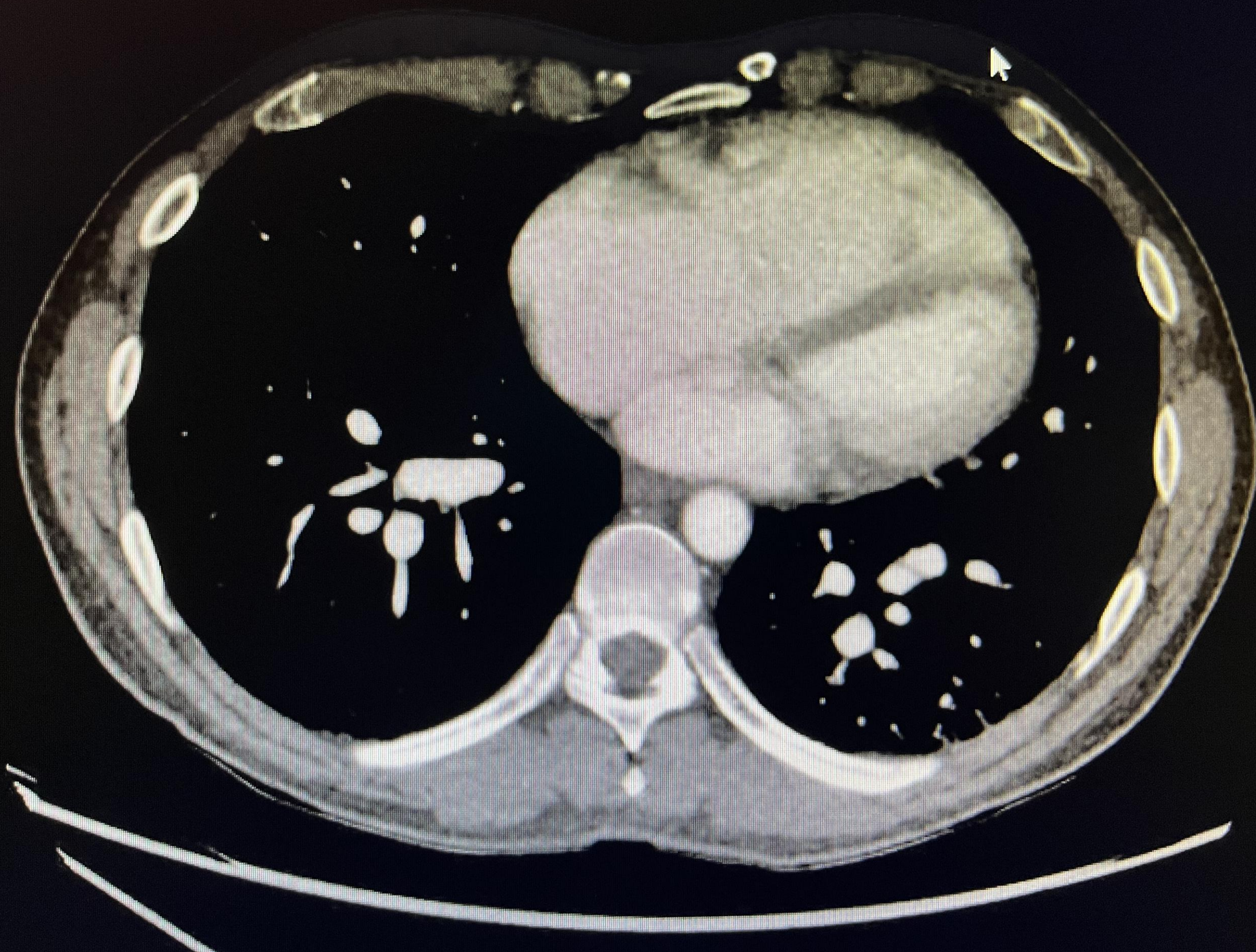
IT moderato-severa, gradiente VA di 50 mmHg

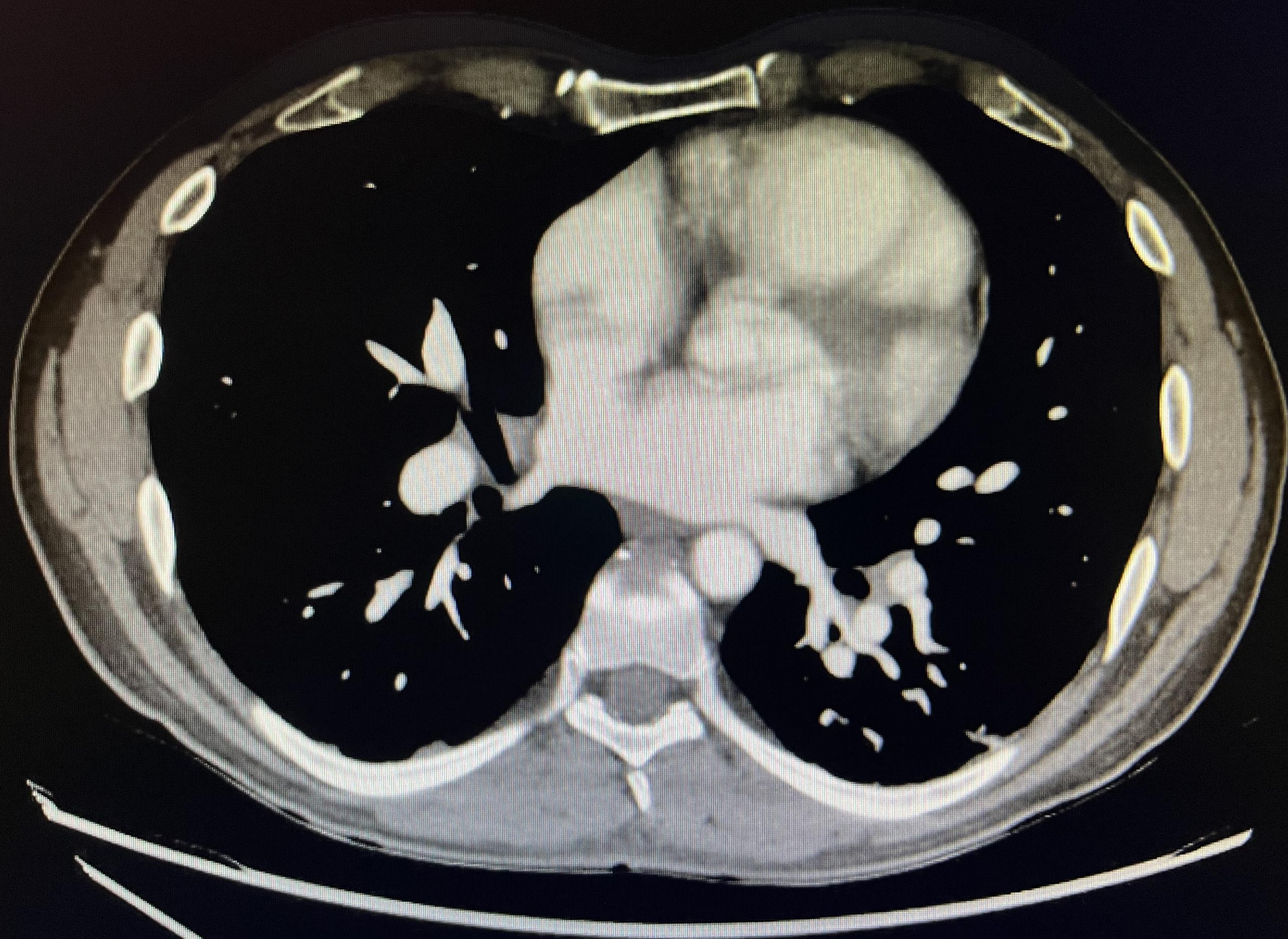
non visualizzati shunt

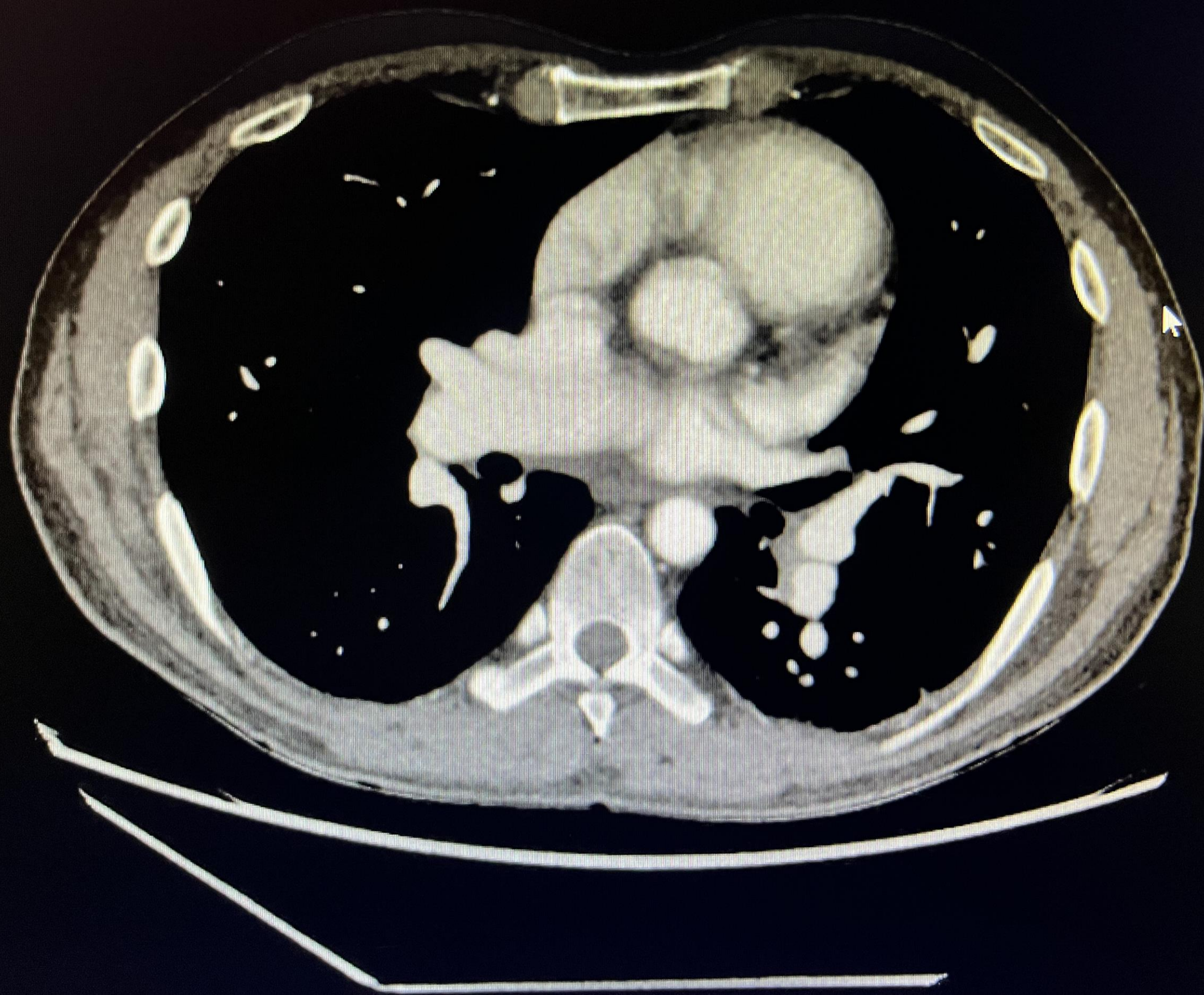
QP/QS → 3

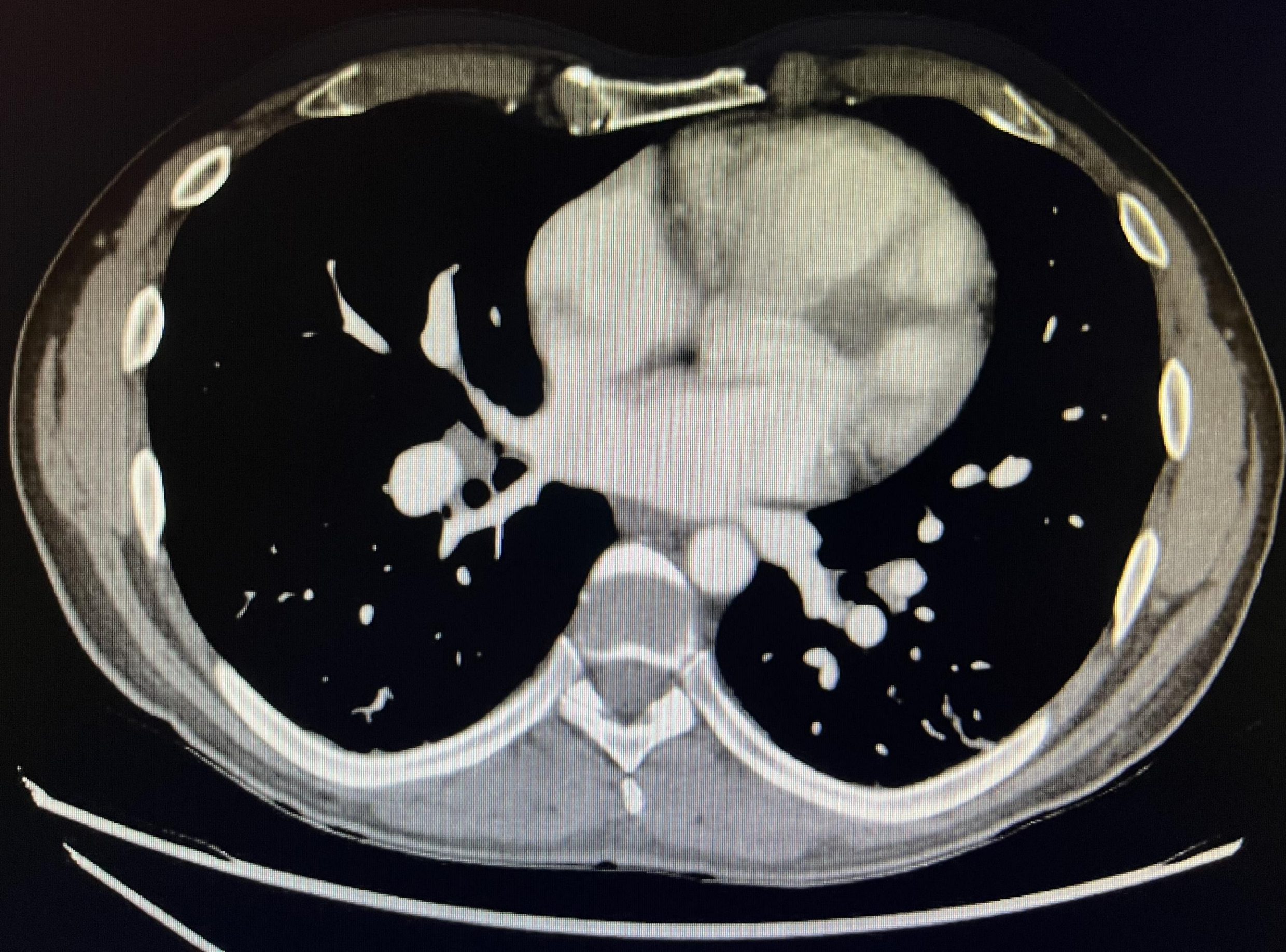
Angio TC:

- regolare opacizzazione dei principali vasi polmonari
- dilatazione delle camere cardiache destre
- normale ritorno venoso polmonare in atrio sinistro
- non altri reperti patologici









Quale esame diagnostico successivo?

1 - risonanza cardiaca

2 - cateterismo cardiaco

3 - ecocardiogramma transesofageo

Ecocardiogramma transesofageo

Eco adulti

X8-2t

53Hz

15cm

2D

65%

C 50

P Off

Gen.



TIS0.2

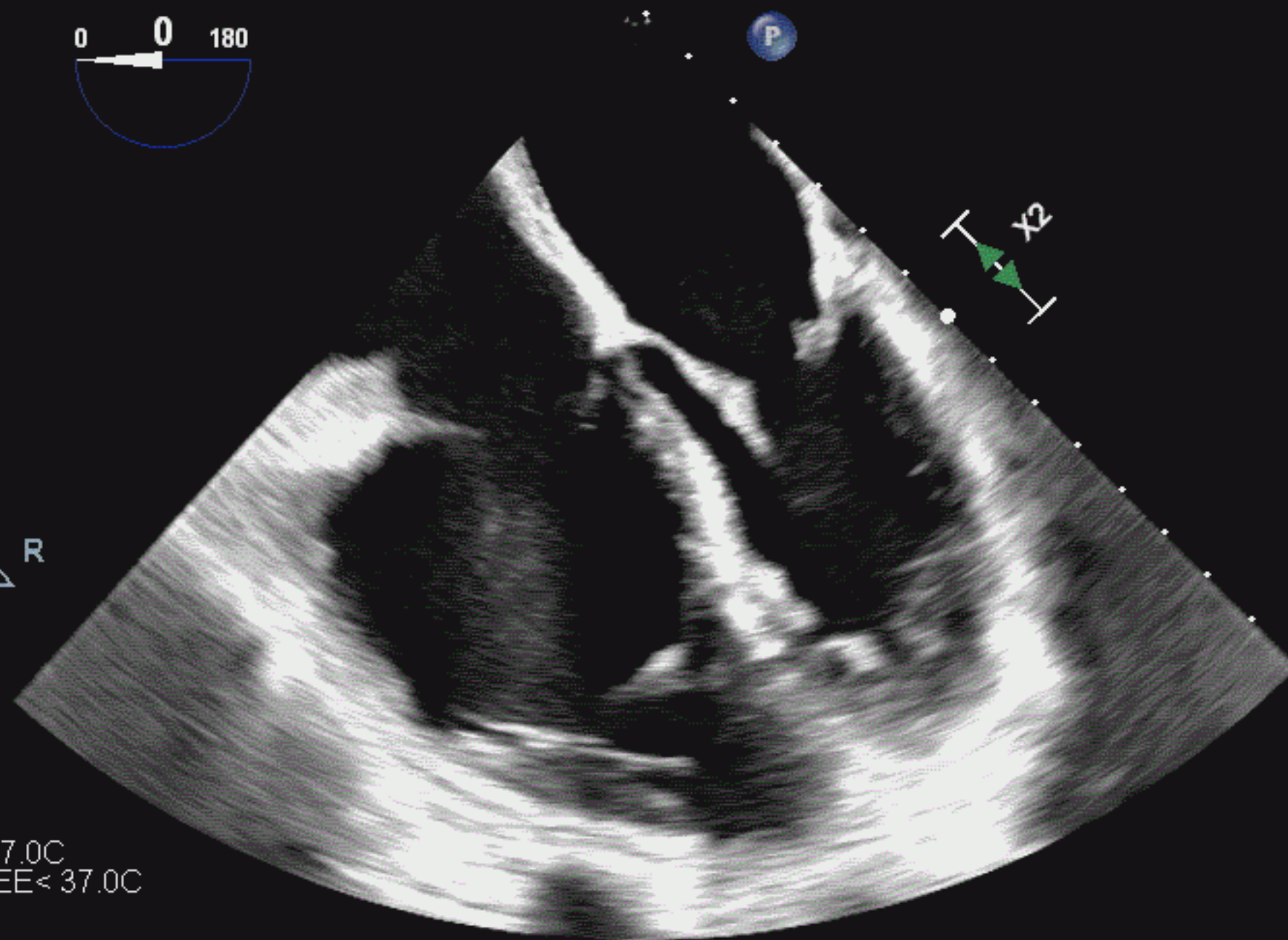
MI 0.5

M4



PAT T: 37.0C
Temp. TEE < 37.0C

70 bpm



Eco adulti

X8-2t

53Hz

12cm

2D

63%

C 50

P Off

Gen.



TIS0.2

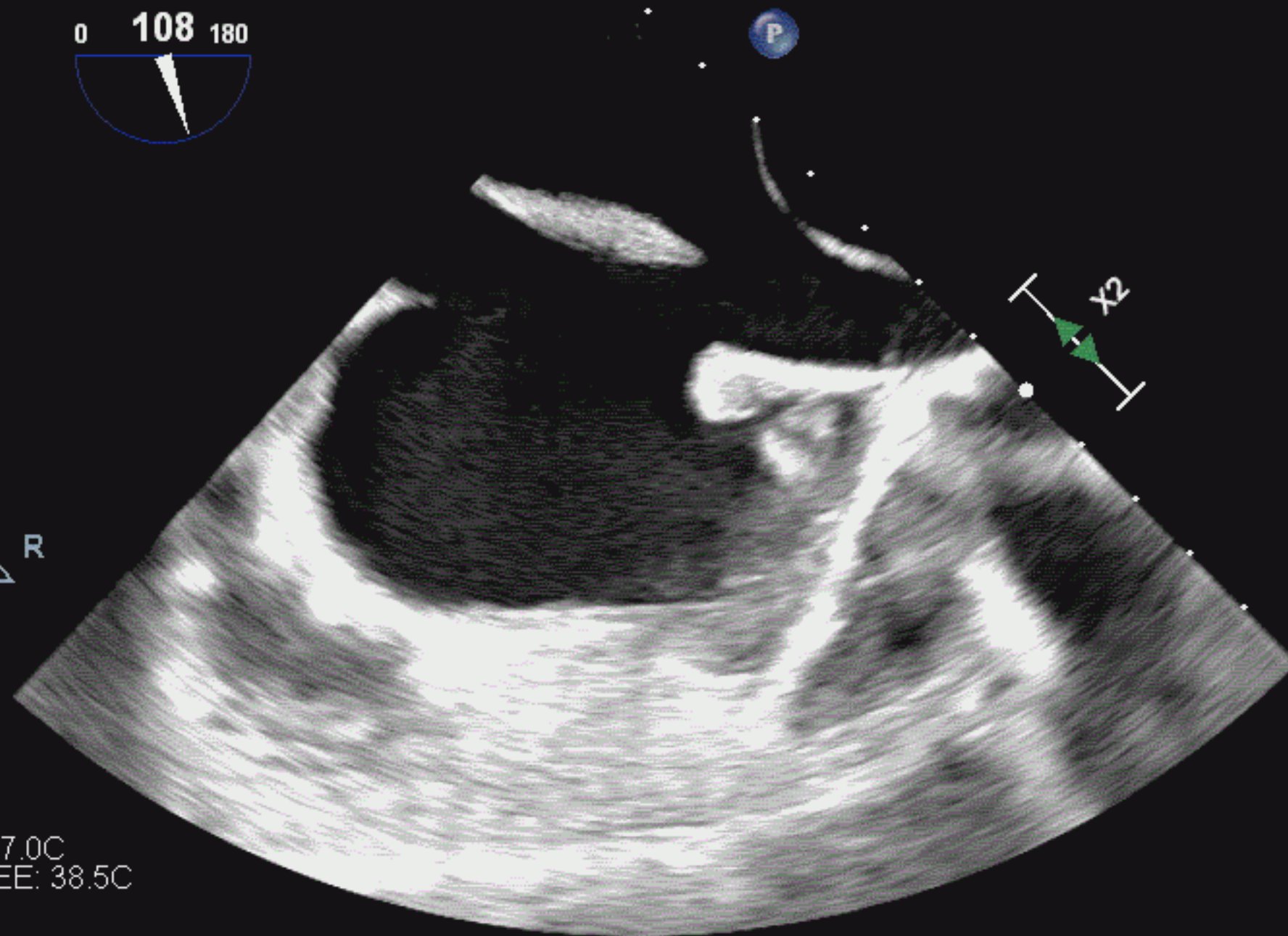
MI 0.5

M4



PAT T: 37.0C
Temp. TEE: 38.5C

69 bpm



Eco adulti

X8-2t

17Hz

12cm

2D

65%

C 50

P Off

Gen.

CF

48%

7104Hz

VWF 639Hz

4.4MHz



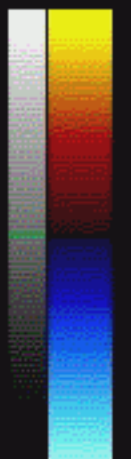
PAT T: 37.0C
Temp. TEE: 39.4C

TIS0.5

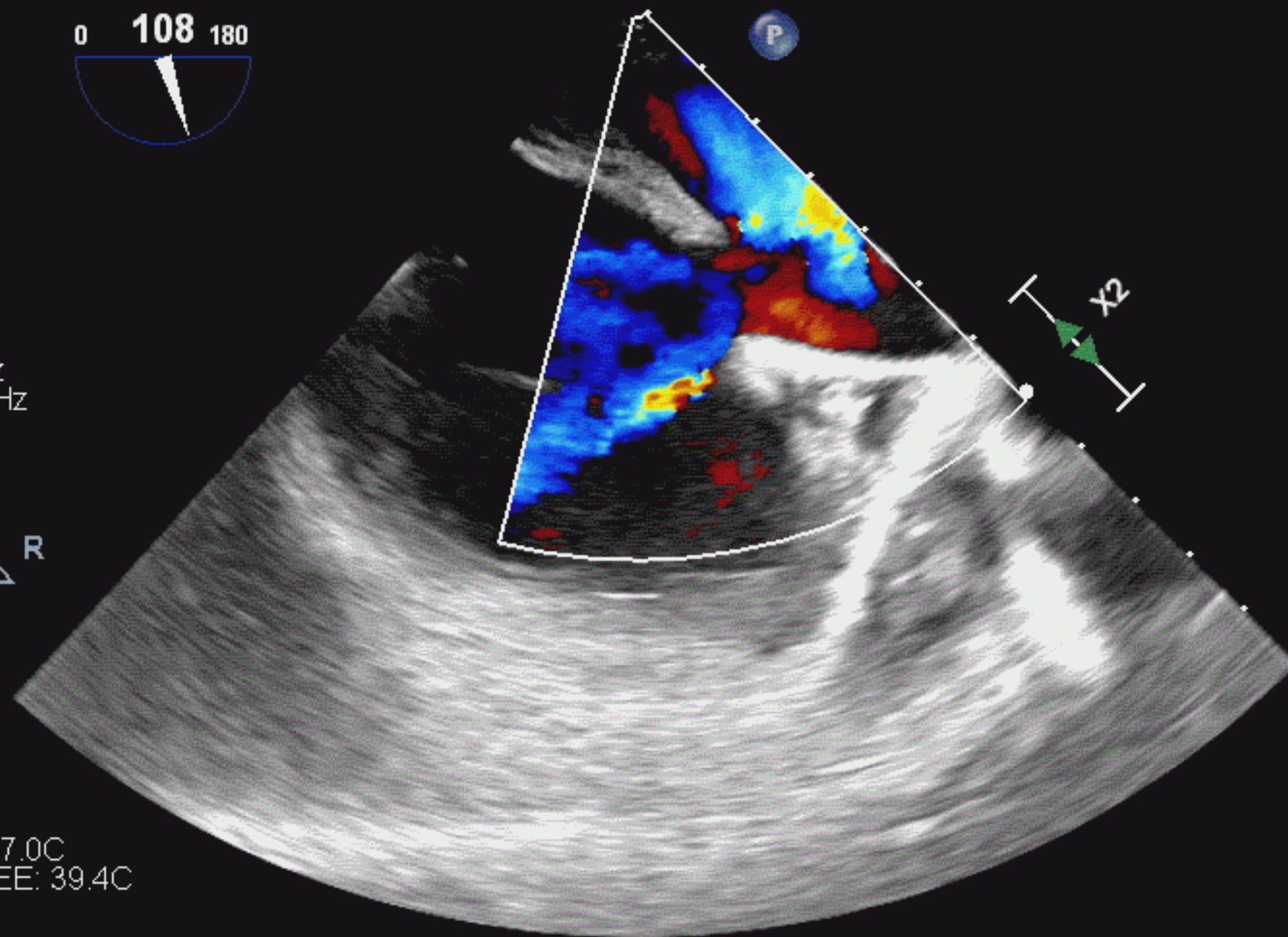
MI 0.7

M4 M4

+61.6



-61.6
cm/s



67 bpm

Eco adulti

TIS0.5 MI 0.7

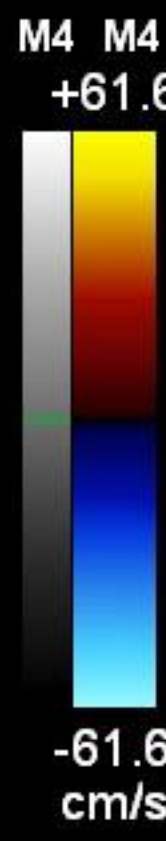
X8-2t
17Hz
12cm



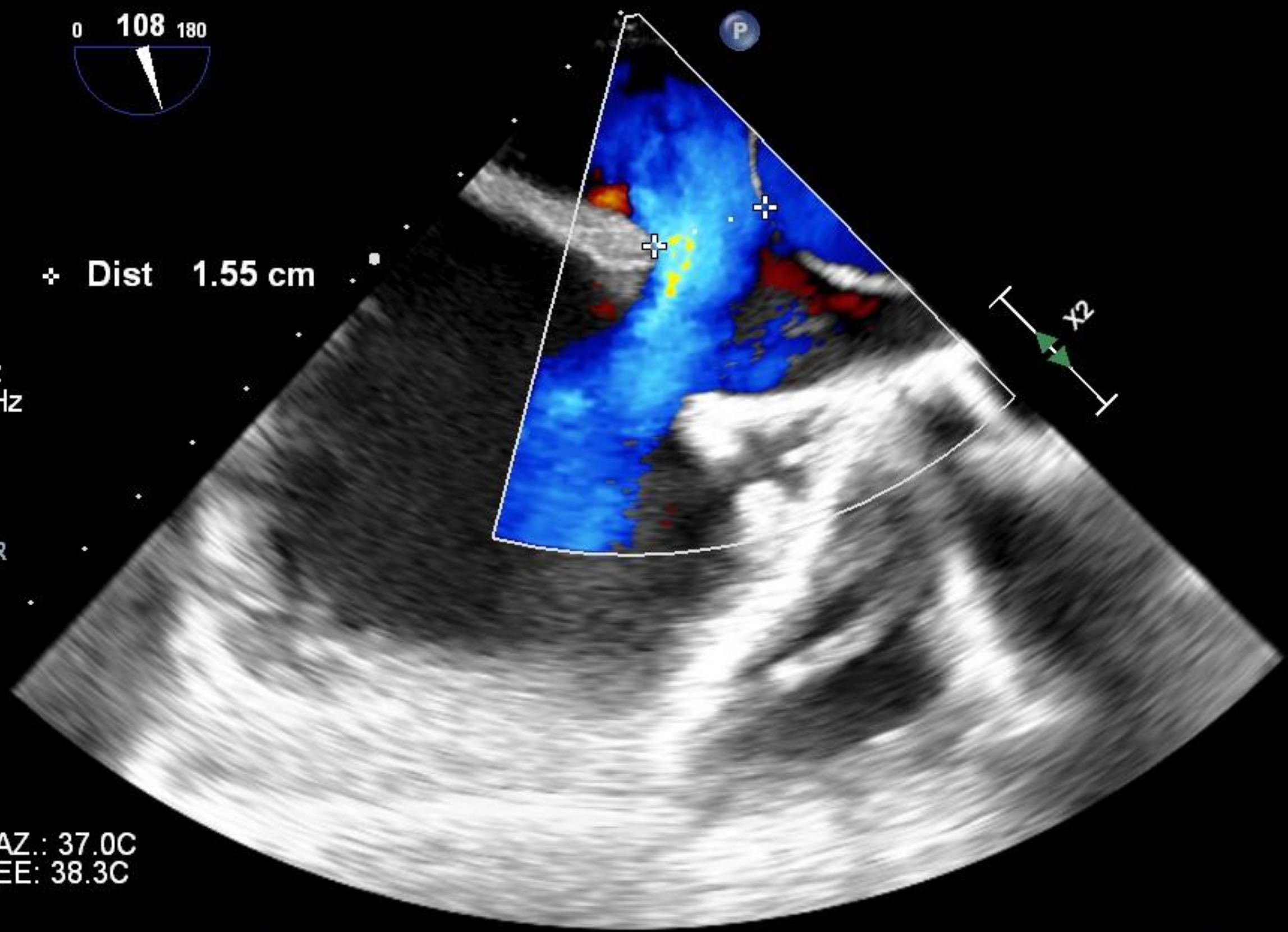
2D
65%
C 50
P Off
Gen.

+ Dist 1.55 cm

CF
48%
7104Hz
WF 639Hz
4.4MHz



Temp. PAZ.: 37.0C
Temp. TEE: 38.3C



Eco adulti

X8-2t

53Hz

12cm

2D

63%

C 50

P Off

Gen.

TIS0.2

MI 0.5

M4



PAT T: 37.0C
Temp. TEE: 39.5C

67 bpm



Eco adulti

X8-2t

53Hz

12cm

2D

63%

C 50

P Off

Gen.

TIS0.2

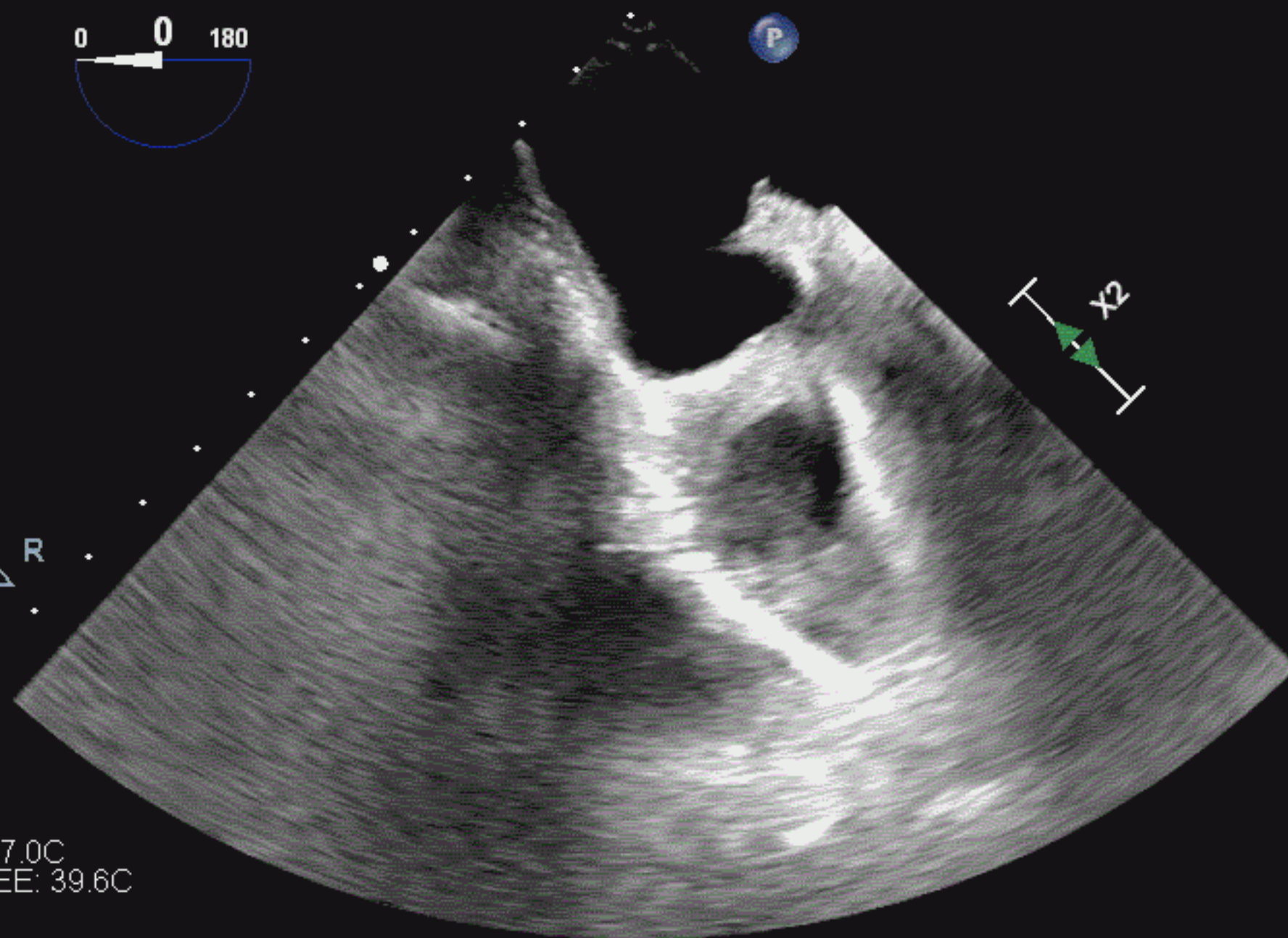
MI 0.5

M4



PAT T: 37.0C
Temp. TEE: 39.6C

67 bpm

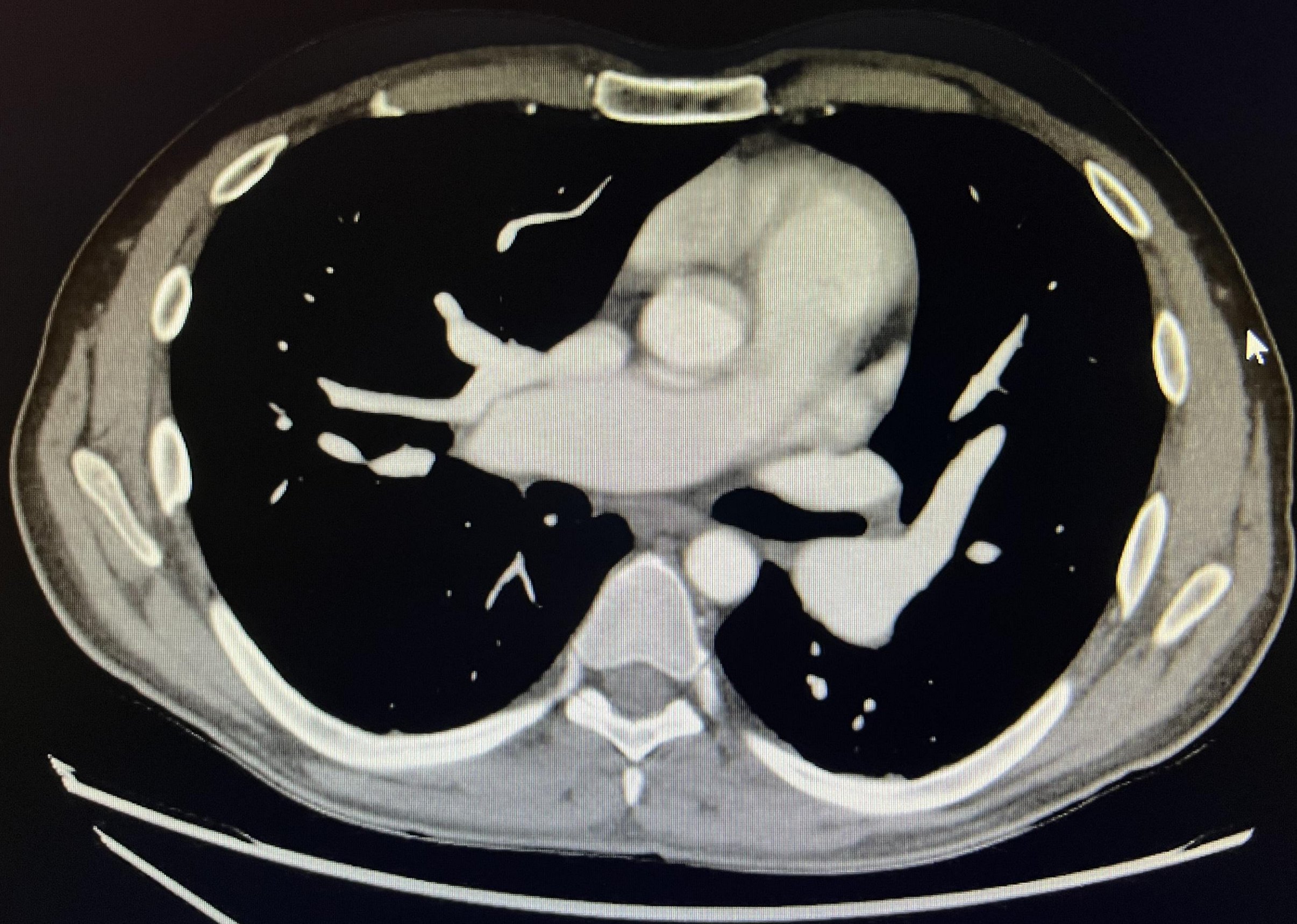


Ecocardiogramma transesofageo

DIA tipo seno venoso

Rivalutazione angioTC:

presenza di ritorno venoso anomalo parziale del lobo superiore destro
con evidenza di due vene polmonari che sboccano in vena cava
superiore



Cateterismo cardiaco (Ospedale Molinette):

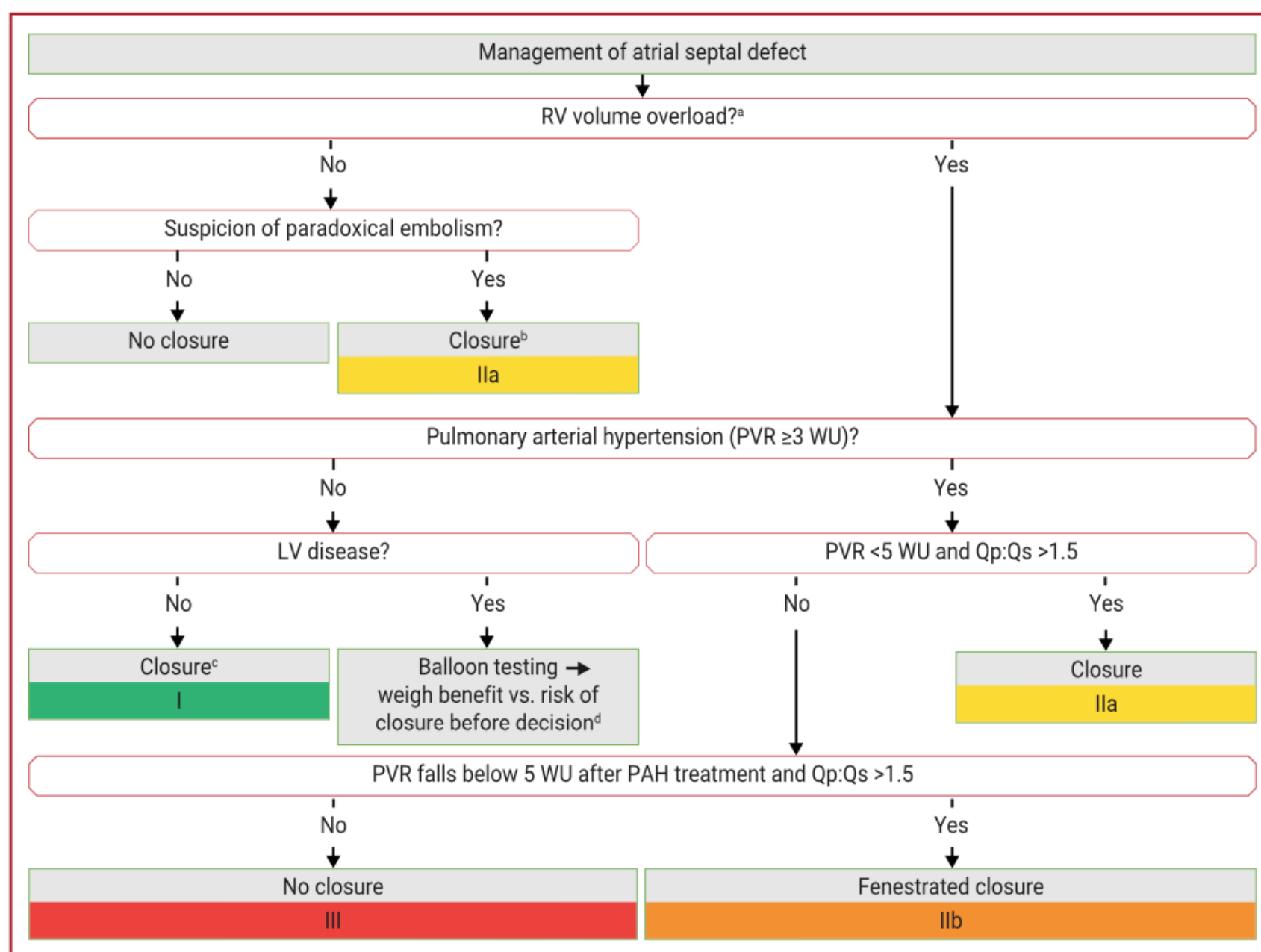
- coronarie indenni
- ipertensione polmonare precapillare
 - > sistemica 47, diastolica 16, media 28 mmHg
- resistenze polmonari 1.34 UW
- QP/QS 2.9

DIAGNOSI:

DIA tipo seno venoso con ritorno venoso anomalo parziale del lobo superiore destro in vena cava superiore

Ipertensione polmonare secondaria ad iperafflusso polmonare con normali resistenze polmonari

2020 ESC Guidelines for the management of adult congenital heart disease



13/10/2022 intervento CCH ospedale Molinette

... atriotomia destra allargata alla vena cava superiore, individuazione degli osti delle due vene polmonari anomale, posizionamento di Hemapatch Knitted per reindirizzare le due vene polmonari tramite il DIA seno venoso in atrio sinistro.

Nuova atriotomia destra in sede adatta a garantire miglior esposizione della valvola tricuspidale. Impianto di anello Contour 3D 32 mm.

Grazie per l'attenzione