HARTTEAM BESPREKING

Martin Swaans, cardioloog

Erik Hofman, cardio-thoracaal chirurg

St. Antonius Ziekenhuis

CarVasZ 2022

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- Man 69-jaar komt voor second opinion.
- Huisarts i.v.m. trage pols bij diabetes mellitus => ECG en doorverwezen voor echo i.v.m. hart geruis.
- Anamnese: Sportief (40 km fietsen, 6-10km wandelen per dag). Nooit klachten, geen pijn op de borst, geen dyspnoe, duizelingen of (near) collaps
- Lichamelijk onderzoek: RR 136/74 mmHg, Pols 55 regulair, systolische souffle

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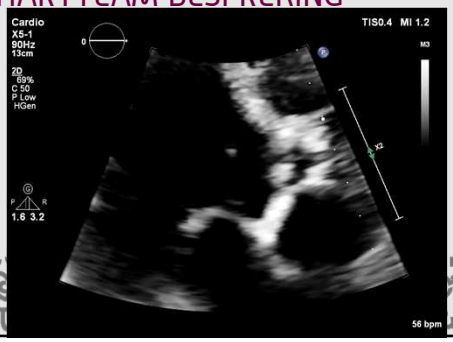
- TTE



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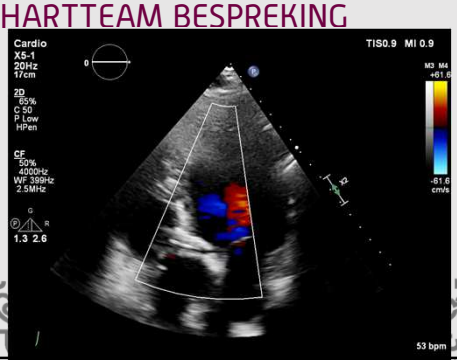

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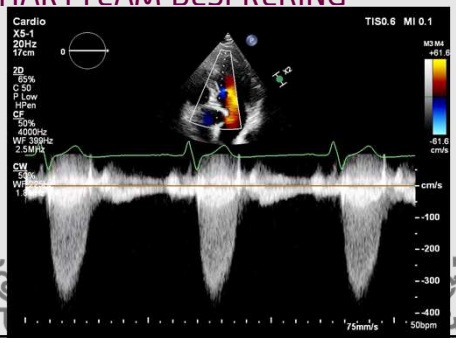

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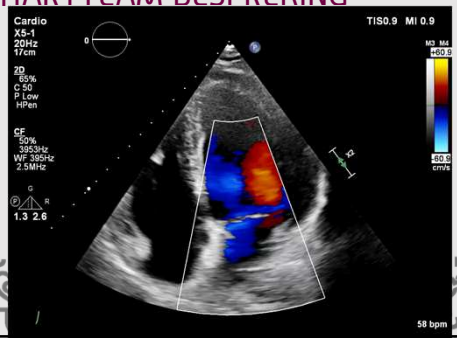

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- Trans thoracaal echocardiografie (TTE):

- Redelijke-goede LVF, iets gedilateerde LV. RVF goed.
- Aortaklep: Bicuspide (matig-)ernstige aortaklepstenose, opent verminderd. Max peak gradient 62.2mmHg, mean gradient 31.2mmHg, AVA 0.75cm2.
- Mitralisklep: ernstige insufficiëntie, eccentrisch. Systolische flowomkering in longvene
- Aorta: wortel 45mm, ascendens 43mm.

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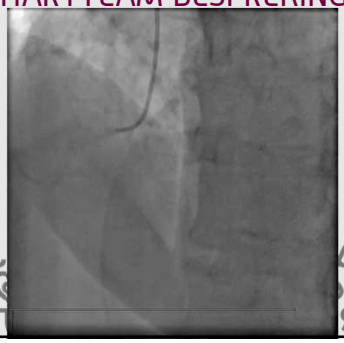
- CAG:



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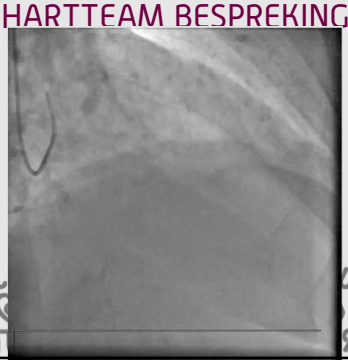

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- CAG:

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- Coronair angiografie

- Geen belangrijke afwijkingen, kalk t.p.v. aortaklep

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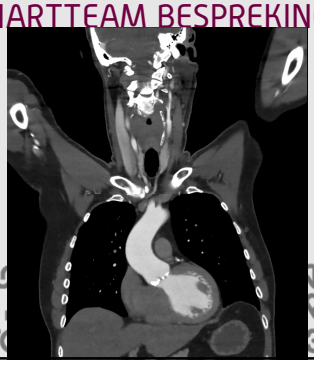
- CT-aorta:



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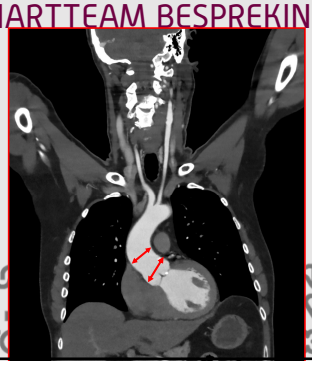

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- CT-aorta:
- Aortawortel 43mm, aorta ascendens 40mm

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- Conclusie:
- 69-jarige man zonder klachten met:
  - Ernstige aortaklepstenose
  - Ernstige mitralisklep insufficiëntie
  - Gedilateerde aortawortel (43mm) en ascendens 40mm
  - Lichte verminderde, licht gedilateerde linker ventrikel, waarschijnlijk overschatting van de functie door ernstige MI.

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- Wat te doen?
- Inspanningstest
- Conservatief, vervolgen en klachten afwachten
- Behandeling

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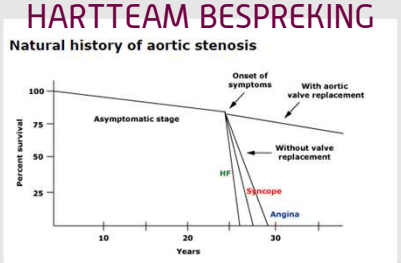

Schematic representation of the natural history of aortic stenosis and of the major impact of aortic valve replacement. Survival is excellent during the prolonged asymptomatic phase. After the development of symptoms, however, mortality exceeds 90 percent within a few years. Aortic valve replacement prevents this rapid downhill course.

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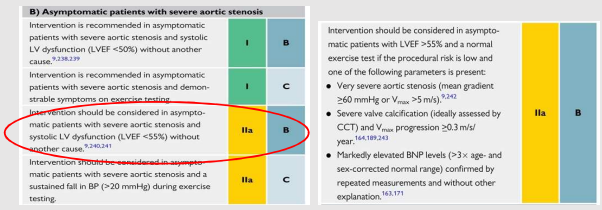

B) Asymptomatic patients with severe aortic stenosis		
Intervention is recommended in asymptomatic patients with severe aortic stenosis and systolic LV dysfunction (LVEF <50%) without another cause.[9,238,239]	I	B
Intervention is recommended in asymptomatic patients with severe aortic stenosis and demonstrable symptoms on exercise testing.	I	C
Intervention should be considered in asymptomatic patients with severe aortic stenosis and systolic LV dysfunction (LVEF <55%) without another cause.[9,240,241]	IIa	B
Intervention should be considered in asymptomatic patients with severe aortic stenosis and a sustained fall in BP (>20 mmHg) during exercise testing.	IIa	C
Intervention should be considered in asymptomatic patients with LVEF >55% and a normal exercise test if the procedural risk is low and one of the following parameters is present: • Very severe aortic stenosis (mean gradient ≥60 mmHg or V_{max} >5 m/s).[9,242] • Severe valve calcification (ideally assessed by CCT) and V_{max} progression ≥0.3 m/s/year.[164,189,243] • Markedly elevated BNP levels (>3× age- and sex-corrected normal range) confirmed by repeated measurements and without other explanation.[163,171]	IIa	B

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- Bespreking met patiënt:
- Gezien licht verminderde LVF bij aortaklepstenose EN mitralisklepinsufficiëntie is gekozen voor operatie, ook al waren er geen symptomen.
- Indicatie voor bijkomende aorta chirurgie was er niet (< 45mm).
- Indien twijfel over klachten kan inspanningstest helpen.

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- Operatie:
- Aortaklepvervanging met biologische prothese
- Mitralisklepreparatie
- Nu 4 maanden na operatie: gaat het goed, conditie nog iets minder dan voor operatie. Nog bezig met opbouwen conditie.

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