CARDIO-GERIATRIA NEI SETTING RESIDENZIALI

CASO CLINICO:
Fibrillazione atriale nella pratica clinica

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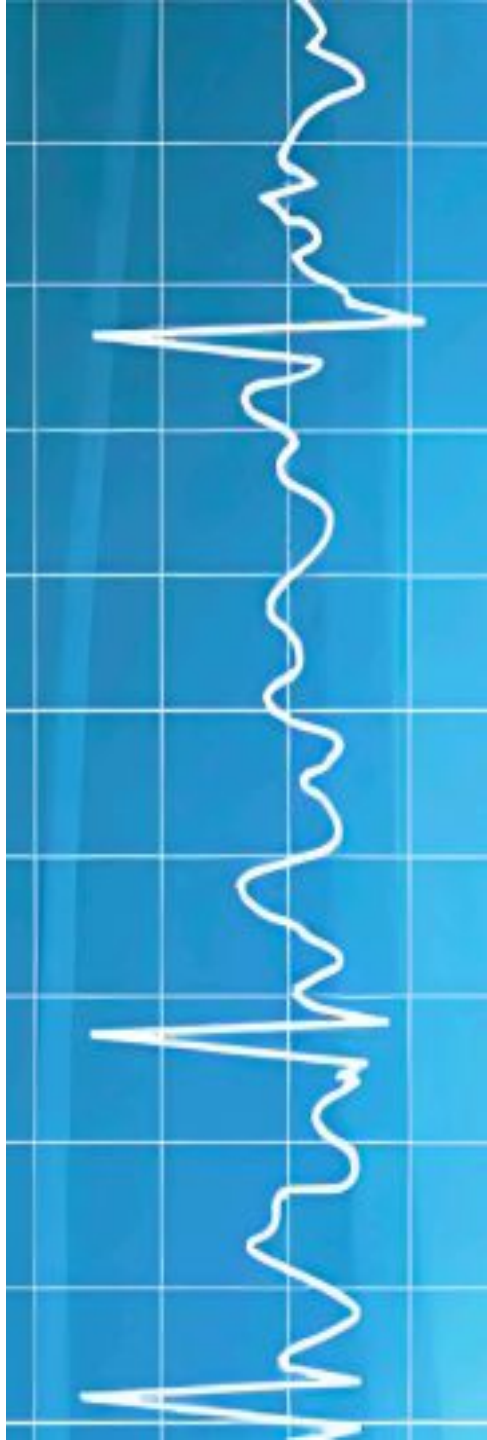
CREMONA SOLIDALE
AZIENDA SPECIALE COMUNALE PER I SERVIZI ALLA PERSONA



Anamnesi Patologica Remota

- Donna, 72 anni
- Peso: 59 kg; altezza 1.60 m, BMI 26.9 kg/m^2
- Cardiomiopatia dilatativa idiopatica con lieve disfunzione sistolica VSx (FEVS 44%)
- Coronarie indenni (coronarografia 2019)
- Pregresso impianto di PM bicamerale per SSS dal 2014
- IRC stadio III (creatinina 1.4 mg/dL)
- Dislipidemia
- Diabete Mellito tipo II
- Ex tabagista
- Pregresso intervento di protesi ginocchio dx (2021)
- MRGE

Terapia farmacologica in atto

Bisoprololo 2.5 mg ore 8
Luvion 50 mg ore 16
Ramipril 2.5 mg ore 8
Atorvastatina 20 mg
Pantoprazolo 20 mg ore 7

La paziente si è rivolta al MMG perchè nelle ultime 2 settimane avverte come se il cuore battesse troppo forte e quando fa le scale inizia ad avere un affanno che prima non aveva

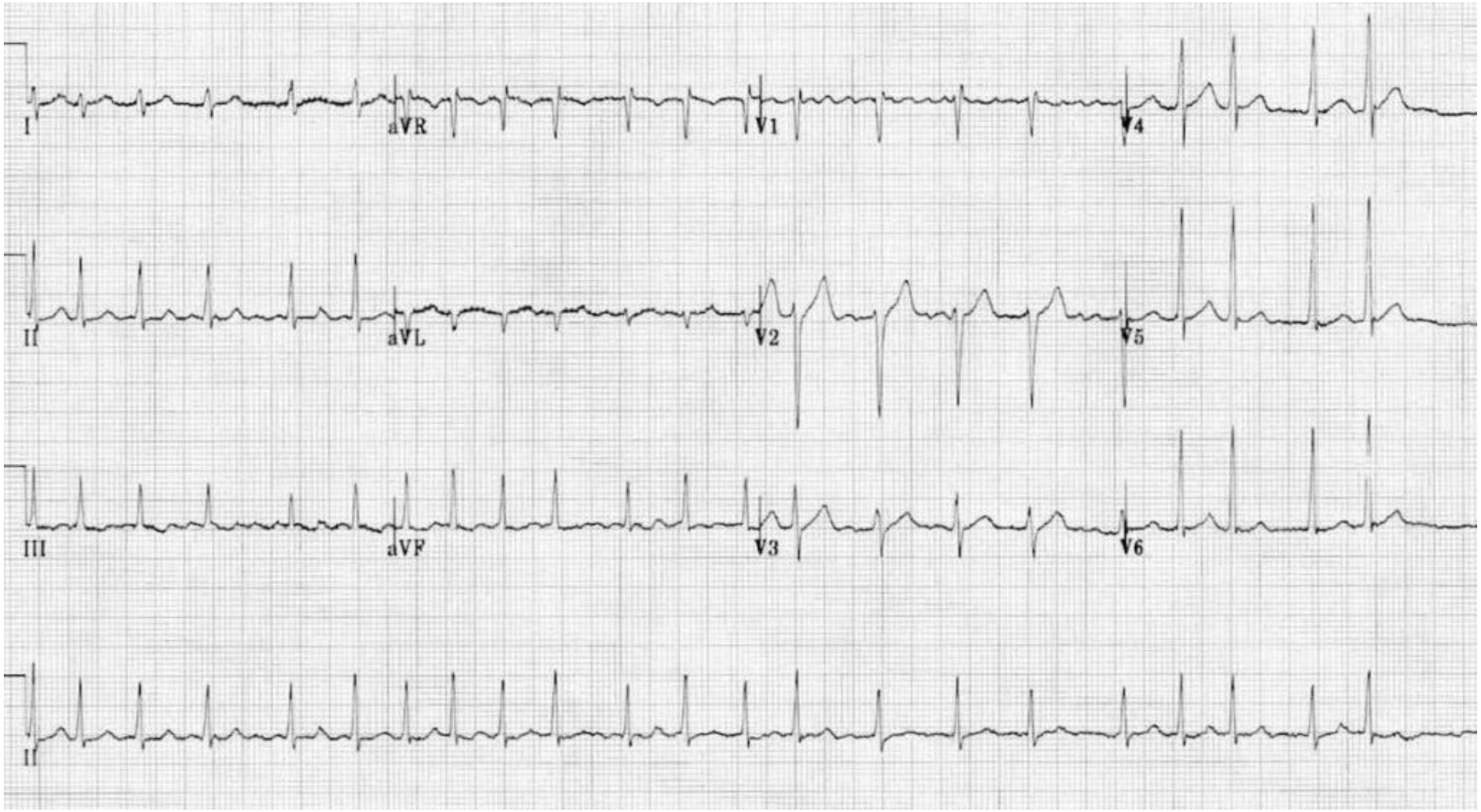
Riscontro di **polso aritmico tachifrequente**

In Pronto Soccorso:

- PA 145/85 mmHg, FC 125 bpm AR, SpO2 95% in AA
- Vigile, orientata e collaborante
- EO: toni cardiaci aritmici, validi e tachifrequenti. Al torace MV diffuso, fini crepitii bibasilari. Lievi edemi declivi bilaterali perimalleolari
- Addome trattabile, non dolente, peristalsi presente

In Pronto Soccorso:

ECG



In Pronto Soccorso:

Esami ematochimici:

- Hb 13.2 g/dL
- WBC 7900 /uL
- PLT 244.000/uL
- PCR 0.4 mg/dL
- Creatinina 1.5 mg/dL
- eGFR 37 ml/min sec. C-G
- Potassio 4.7 mmol/mol
- Sodio 141 mmol/mol
- TSH 1.12 mIU/L
- AST 30 U/L
- ALT 41 U/L
- NT-proBNP 770 mg/dL
- TnT 2 ng/L

EGA:

- pH 7.38
- pCO2 44 mmHg
- pO2 86 mmHg
- HCO3 22 mmol/L
- SO2 95% in aa
- LAC 0.7 mmol/L

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In Pronto Soccorso:

Ecocardiogramma TT:

- Ventricolo sinistro dilatato (DTD 65 mm, VTD 166 ml), normali spessori parietali (SIV 9 mm, PP 9 mm), acinesia con spessori conservati della metà distale del SIV anteriore e della parete anteriore distale (FE 36%), riempimento monofasico.
- Atrio sinistro dilatato (Vol 38 ml/m_2)
- Valvola mitrale: rigurgito a jet centrale di grado moderato (++)
- Valvola aortica: tricuspide, non ostruzione, continente
- Aorta ascendente non dilatata
- Ventricolo destro: non dilatato, normocinetico (TAPSE 21 mm, S'TDI 11 cm/s)
- Valvola tricuspide: non stenosi, rigurgito lieve (+), PAPs 40 mmHg se PVC 10 mmHg
- VCI lievemente congesta (22 mm) con parziale dinamica respiratoria
- Non versamento pericardico

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In Pronto Soccorso:

Lettura del pacemaker:

- Buon funzionamento del device
- Batteria residua 1.5 anni
- Negli ultimi 6 mesi Burden AF 4%, in particolare si documenta insorgenza di fibrillazione atriale persistente da 12 giorni
- Percentuale Pacing ventricolo destro <1%

ESC European Society of Cardiology
European Heart Journal (2024) **45**, 3314–3414
https://doi.org/10.1093/eurheartj/ehae176

ESC GUIDELINES

2024 ESC Guidelines for the management of atrial fibrillation developed in collaboration with the European Association for Cardio-Thoracic Surgery (EACTS)

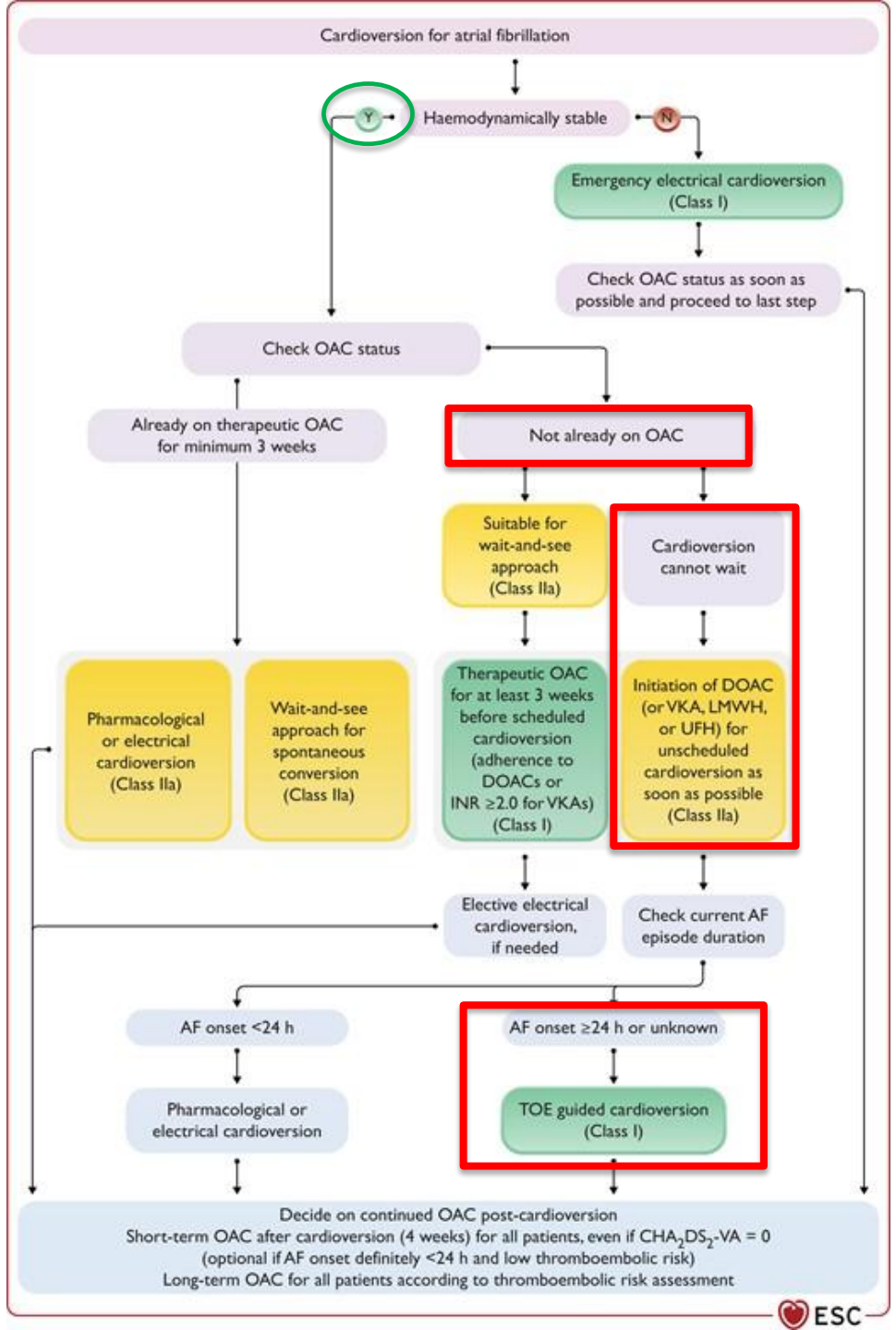
- Somministrato Clexane 6000 UI sc

(CHA_2DS_2Va : 3)

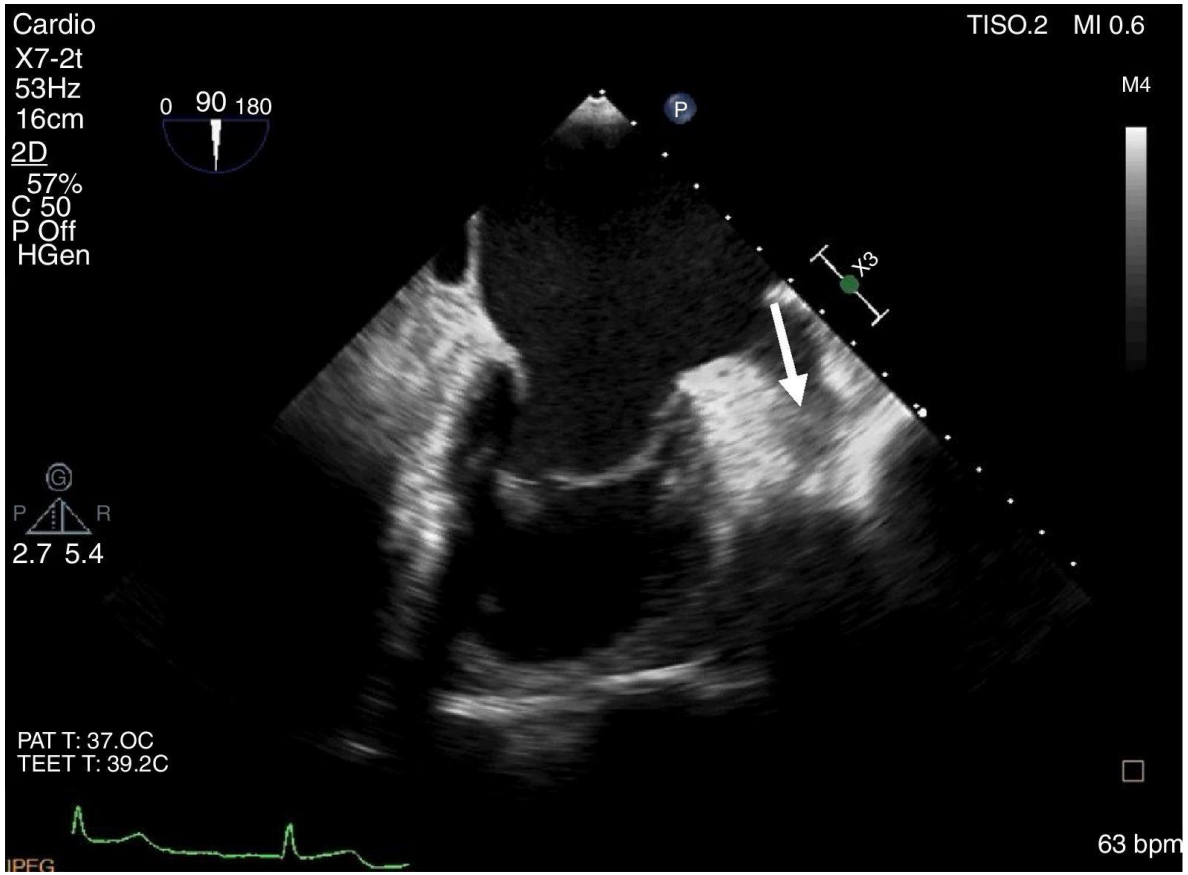
Table 10 Updated definitions for the CHA_2DS_2-VA score

CHA_2DS_2-VA component		Definition and comments	Points awarded[a]
C	Chronic heart failure	Symptoms and signs of heart failure (irrespective of LVEF, thus including HFpEF, HFmrEF, and HFrEF), or the presence of asymptomatic LVEF ≤40%.[261–263]	1
H	Hypertension	Resting blood pressure >140/90 mmHg on at least two occasions, or current antihypertensive treatment. The optimal BP target associated with lowest risk of major cardiovascular events is 120–129/70–79 mmHg (or keep as low as reasonably achievable).[162,264]	1
A	Age 75 years or above	Age is an independent determinant of ischaemic stroke risk.[265] Age-related risk is a continuum, but for reasons of practicality, two points are given for age ≥75 years.	2
D	Diabetes mellitus	Diabetes mellitus (type 1 or type 2), as defined by currently accepted criteria,[266] or treatment with glucose lowering therapy.	1
S	Prior stroke, TIA, or arterial thromboembolism	Previous thromboembolism is associated with highly elevated risk of recurrence and therefore weighted 2 points.	2
V	Vascular disease	Coronary artery disease, including prior myocardial infarction, angina, history of coronary revascularization (surgical or percutaneous), and significant CAD on angiography or cardiac imaging.[267] OR Peripheral vascular disease, including: intermittent claudication, previous revascularization for PVD, percutaneous or surgical intervention on the abdominal aorta, and complex aortic plaque on imaging (defined as features of mobility, ulceration, pedunculation, or thickness ≥4 mm).[268,269]	1
A	Age 65–74 years	1 point is given for age between 65 and 74 years.	1

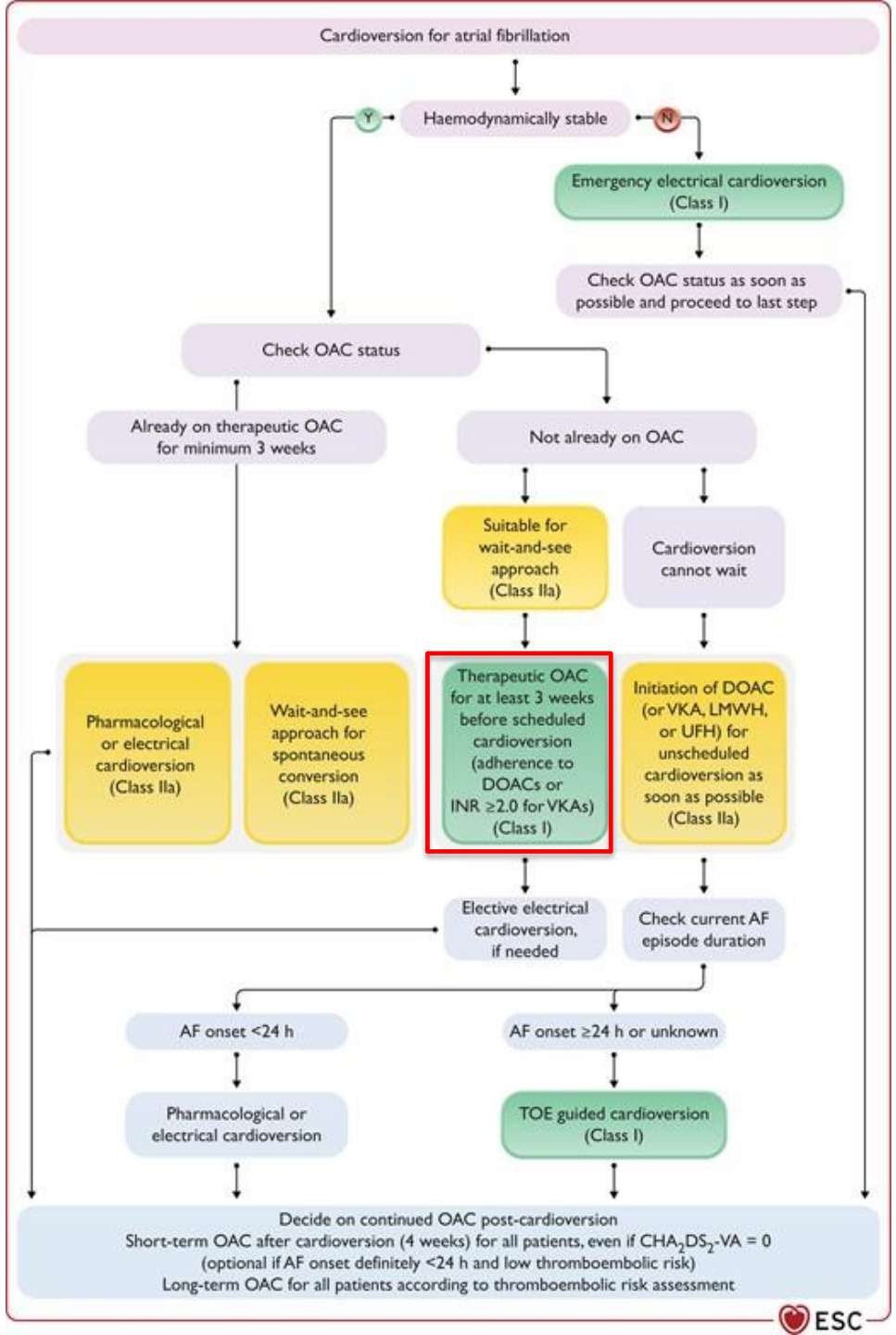
BP, blood pressure; CAD, coronary artery disease; CHA_2DS_2-VA, chronic heart failure, hypertension, age ≥75 years (2 points), diabetes mellitus, prior stroke/transient ischaemic attack/arterial thromboembolism (2 points), vascular disease, age 65–74 years; HFmrEF, heart failure with mildly reduced ejection fraction; HFpEF, heart failure with preserved ejection fraction; HFrEF, heart failure with reduced ejection fraction; LVEF, left ventricular ejection fraction; PVD, peripheral vascular disease.
[a]In addition to these factors, other markers that modify an individual's risk for stroke and thromboembolism should be considered, including cancer, chronic kidney disease, ethnicity (black, Hispanic, Asian), biomarkers (troponin and BNP), and in specific groups, atrial enlargement, hyperlipidaemia, smoking, and obesity.



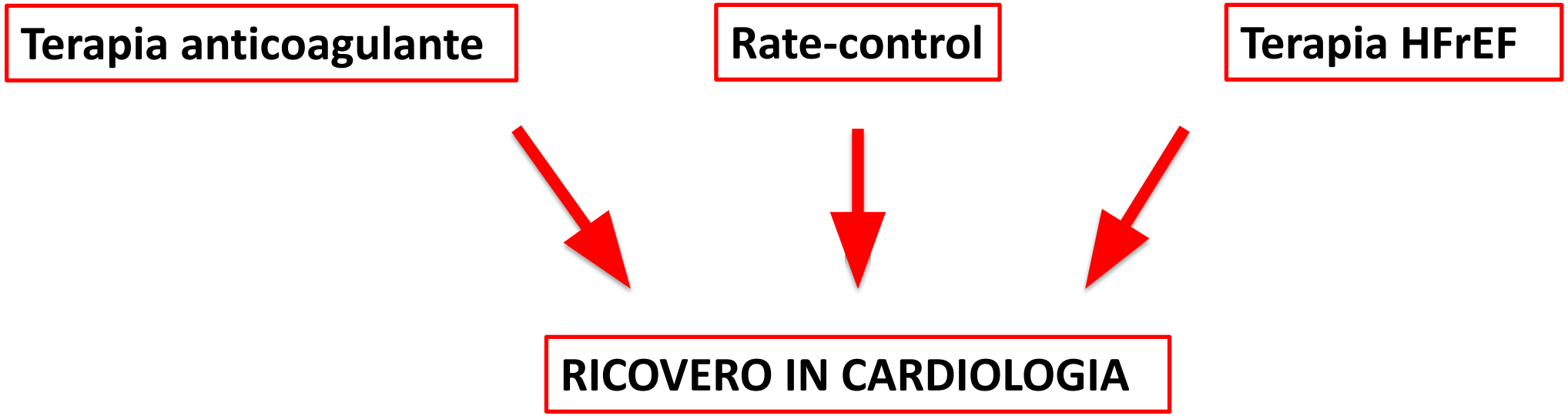
Ecocardiogramma Transesofageo



Trombosi in auricola sinistra



Scompenso cardiaco in corso di fibrillazione atriale ad elevata risposta ventricolare



Successiva CVE dopo almeno 21 giorni …

In reparto:

Terapia anticoagulante

Inizia DOAC (Apixaban 2.5 mg BID) da proseguire per almeno 3 settimane

DOAC	Standard full dose	Criteria for dose reduction	Reduced dose only if criteria met
Apixaban	5 mg twice daily	Two out of three needed for dose reduction: (i) age ≥80 years (ii) body weight ≤60 kg (iii) serum creatinine ≥133 mmol/L.	2.5 mg twice daily

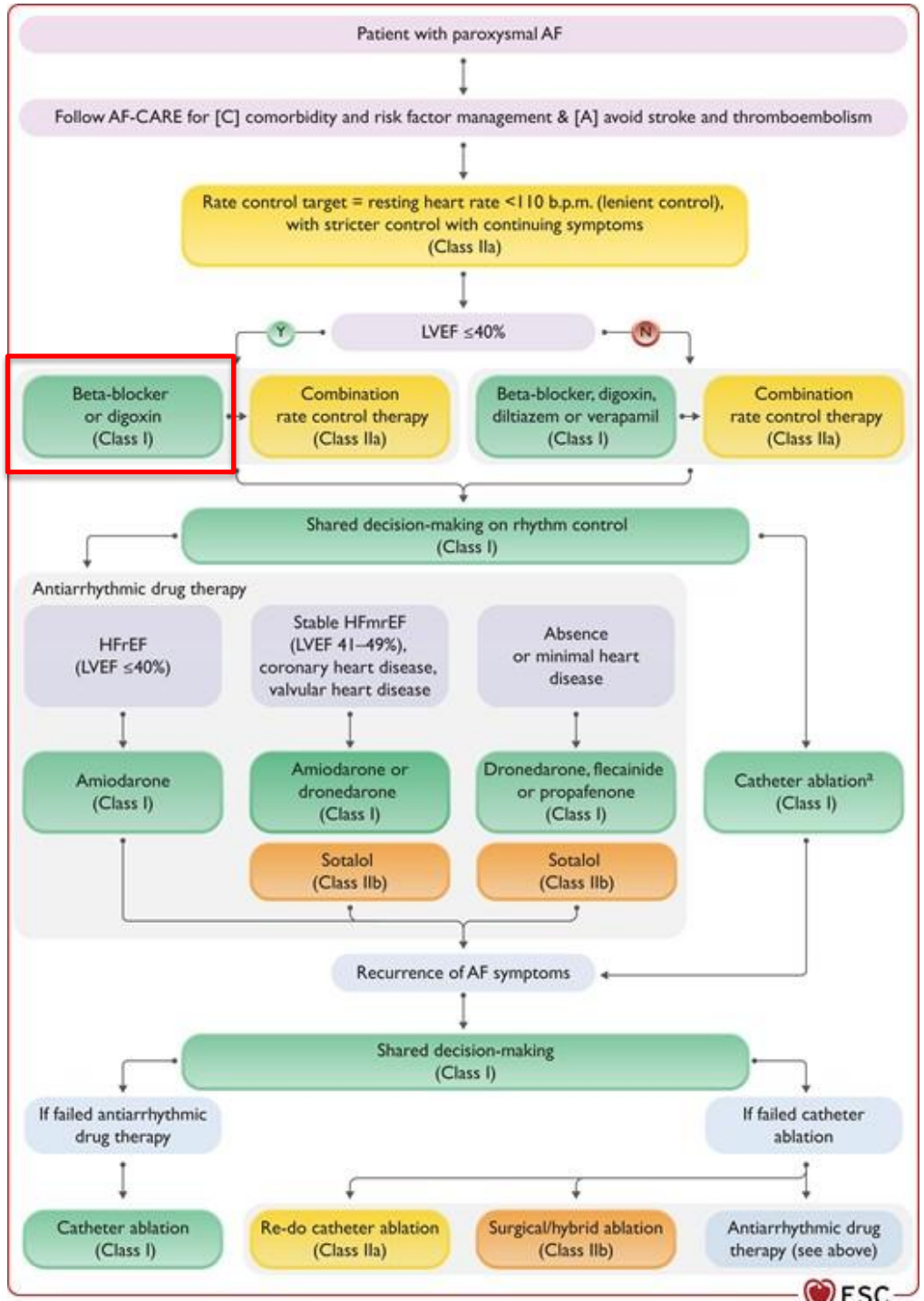
In reparto:

Rate-Control

- Titolazione di terapia betabloccante: Bisoprololo 2.5 mg Bisoprololo 7.5 mg

- Digossina da non preferire considerata la IRC

Raggiungimento di FC target 90 bpm



In reparto:

Terapia HFrEF

2021 ESC Guidelines for the diagnosis and treatment of acute and chronic heart failure

Terapia alla dimissione:

- Apixaban 2.5 mg 1 cp ore 8 + 1 cp ore 20
- Sacubitril/Valsartan 24/26 mg 1 cp ore 8 + 1 cp ore 20
- Luvion 25 mg 1 cp ore 16
- Dapagliflozin 10 mg 1 cp ore 8
- Bisoprololo 5 mg mg 1 cp ore 8 + 2.5 mg 1 cp ore 20
- Lasix 25 mg 2 cp ore 8
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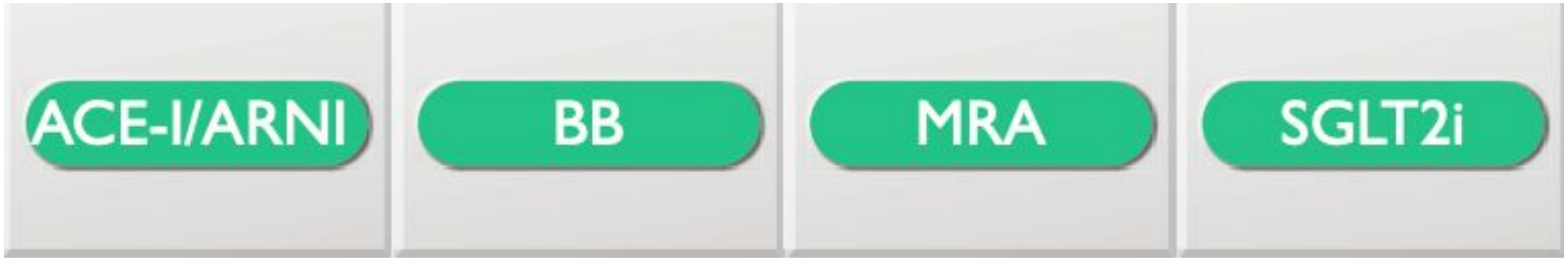

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30 giorni dopo il paziente viene ricoverato per CVE . . .

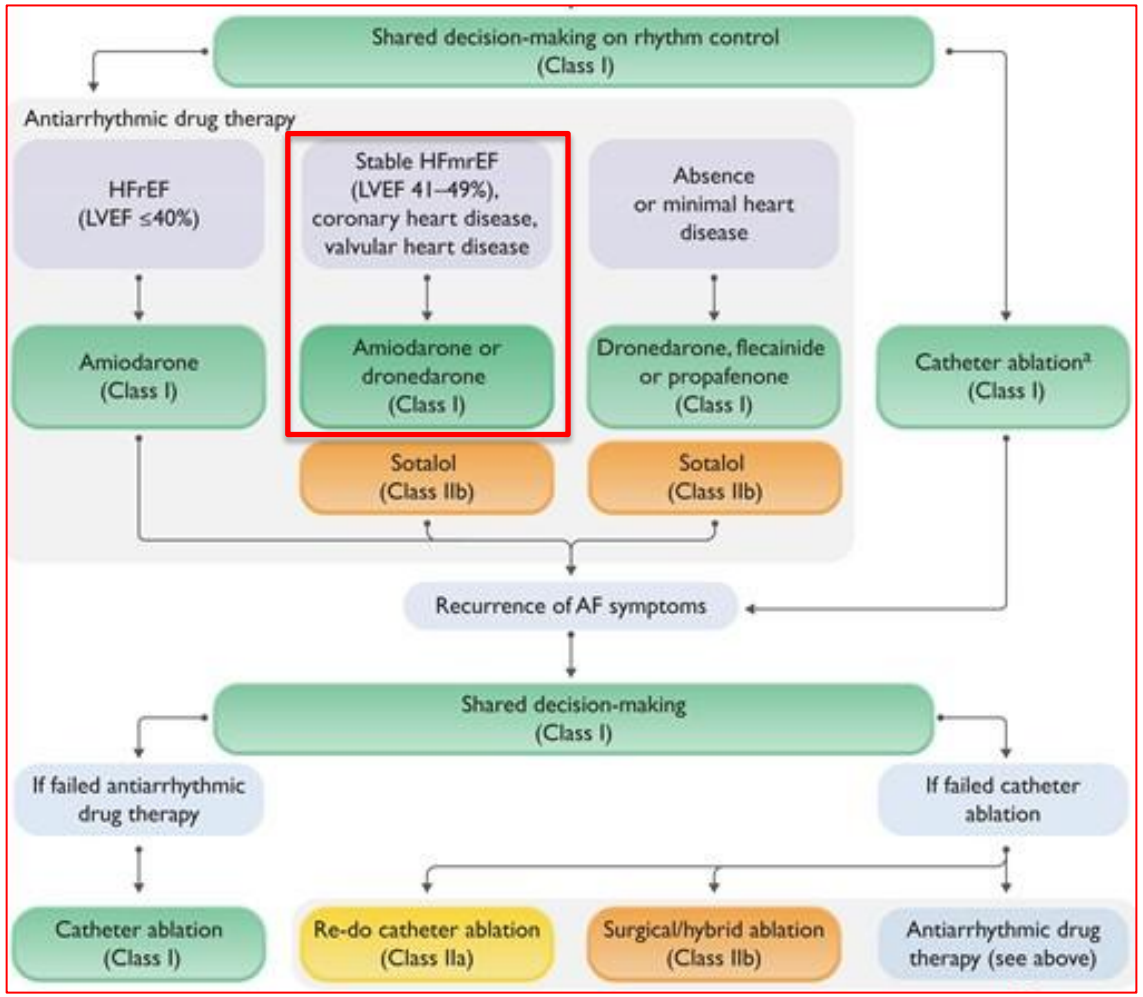
Recommendations	Class[a]	Level[b]
Repeat transoesophageal echocardiography should be considered before cardioversion if thrombus has been identified on initial imaging to ensure thrombus resolution and prevent peri-procedural thromboembolism.[529]	IIa	C

Si ripete Ecocardiogramma Transesofageo:

- Non evidenza di trombi in auricola sinistra
- FEVS 42%

Si procede a CARDIOVERSIONE ELETTRICA
efficace nel ripristino del ritmo sinusale

Rhythm-control post-CVE



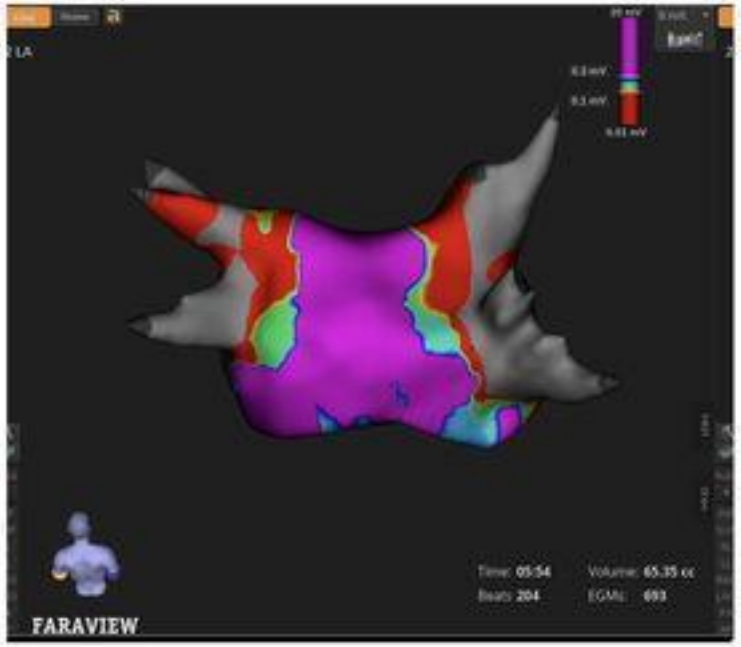
Inizio terapia con Amiodarone carico per os
+ mantenimento 200 mg die

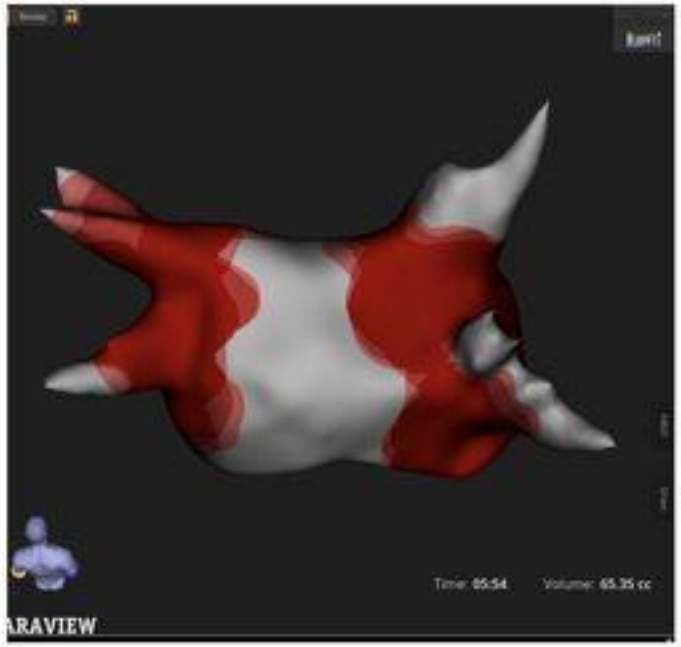
3 mesi dopo …

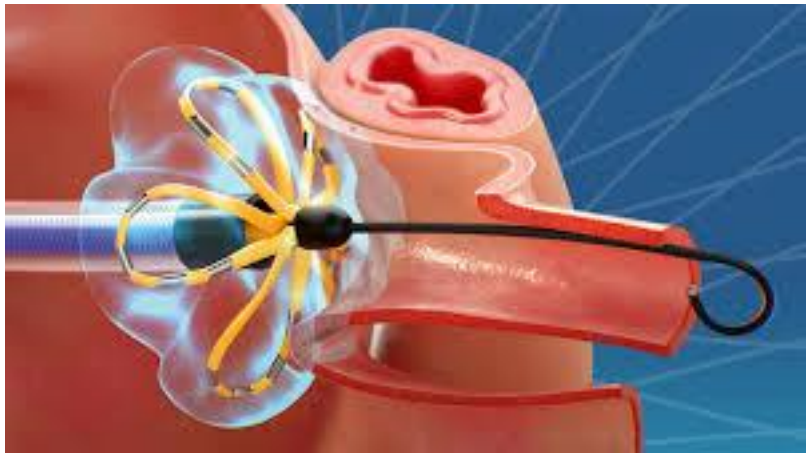
- Esami ematochimici: Hb 12.7 g/dL, WBC 6600/uL, PLT 214.000u/L, Creatinina 1.4 mg/dL, eGFR 40 ml/min sec. C-G, Potassio 4.3 mmol/mol, sodio 139 mmol/mol, **TSH 2.12 mIU/L**
- La paziente riferisce saltuari episodi di cardiopalmo
- Lettura del PM: parossismi di fibrillazione atriale a medio-elevata RV. Burden AF 1%

ISOLAMENTO PERCUTANEO DELLE VENE POLMONARI MEDIANTE ELETTROPORAZIONE

Elettroporazione







Al controllo di follow-up a 1 anno non più episodi di fibrillazione atriale alla lettura del device.

Take Home Messages:

- Individuare e definire la fibrillazione atriale
- Ricercare e trattare le cause reversibili
- Valutazione del rischio tromboembolico (CHA_2DS_2-VA)
- Rate-controll VS Rhythm-control

Grazie per l’attenzione

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