

GRAND ROUNDS CLINICI DEL MERCOLEDÌ

con il Policlinico San Matteo

Sistema Socio Sanitario



Regione
Lombardia



Fondazione IRCCS
Policlinico San Matteo

ATS Pavia

Aula Magna "C. Golgi"
& WEBINAR

26 ottobre 2022

Laura Scelsi

Un caso singolare di trapianto polmonare
«... il caso clinico»



CASO CLINICO

Pz di sesso femminile; anno di nascita 1968

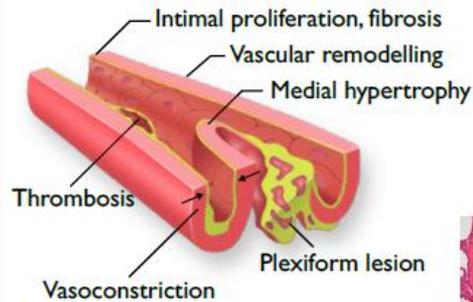
Tabagista

Maggio 2005 comparsa di dispnea da sforzo e cardiopalmo

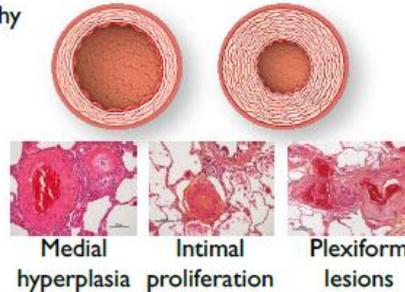
Posta (in altra sede) diagnosi di «ipertensione arteriosa polmonare idiopatica»



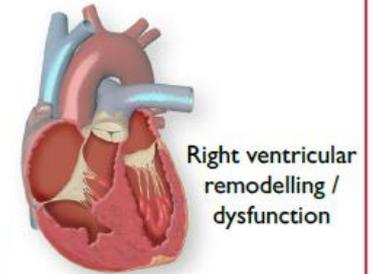
Pulmonary vasculopathy



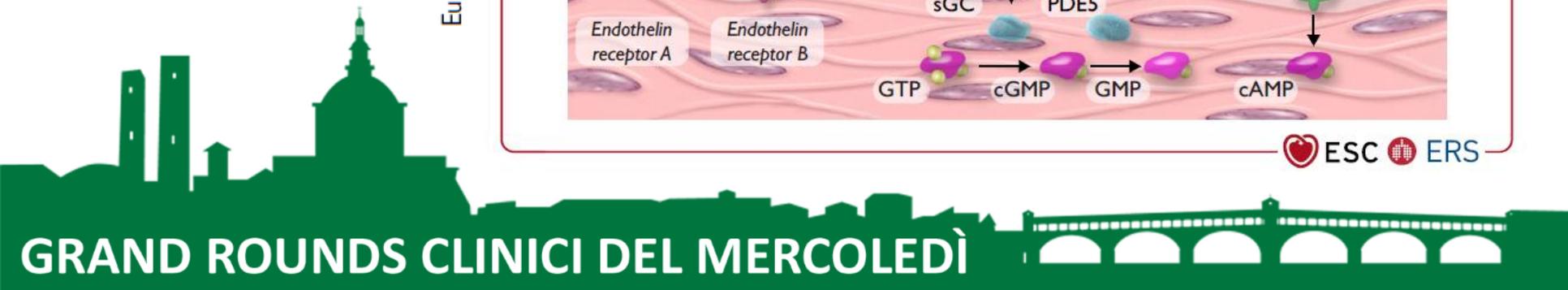
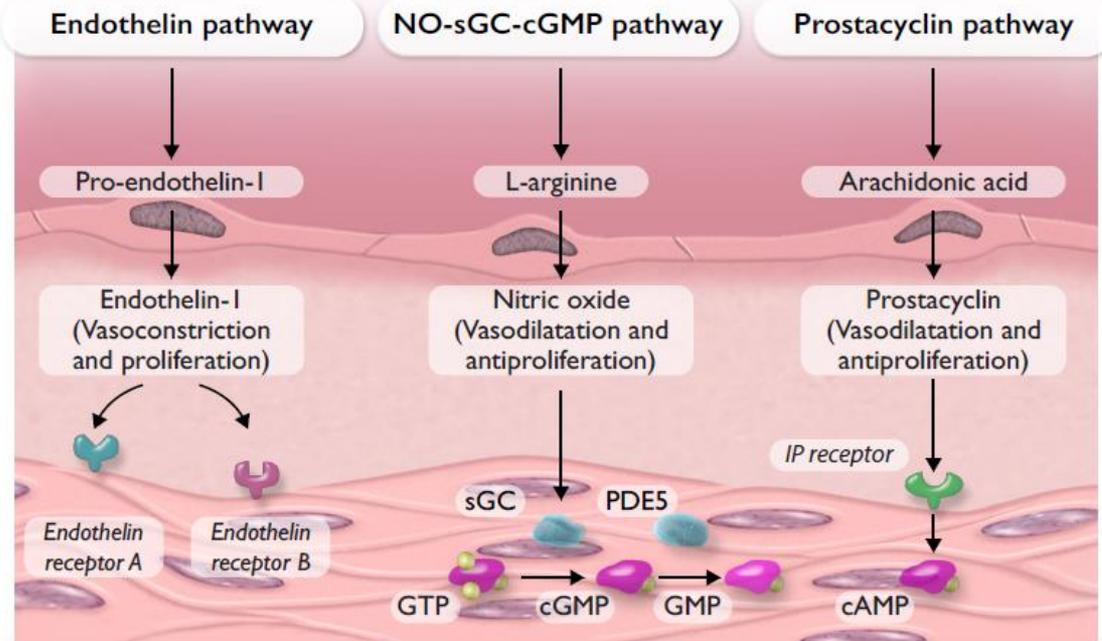
Pulmonary artery Vascular obstruction



Right heart failure

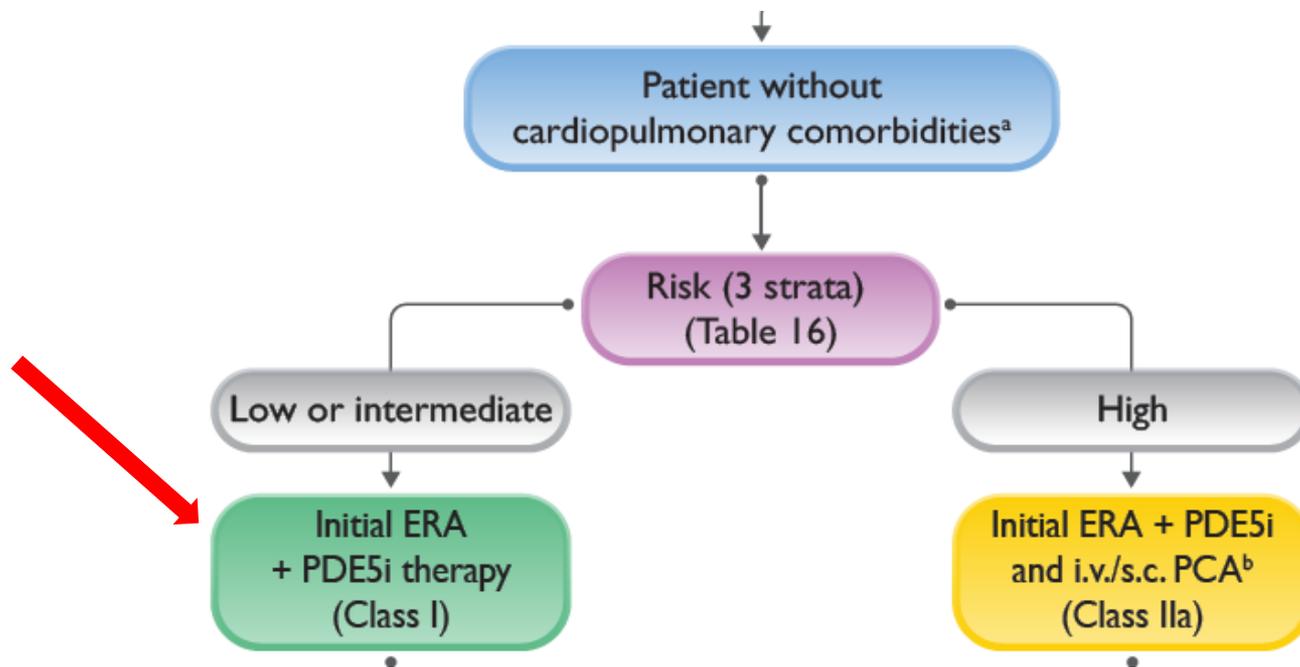


Current therapeutic targets



CASO CLINICO

Iniziata tp vasodilatatrice del circolo polmonare scarsamente tollerata, per cui lasciata in *monoterapia con iloprost inalatorio*



European Heart Journal (2022) 00, 1–114

CASO CLINICO

Nel 2013 inviata presso la Cardiocirurgia della Fondazione IRCCS Policlinico San Matteo di Pavia per inserimento in lista di attesa di trapianto di doppio polmone

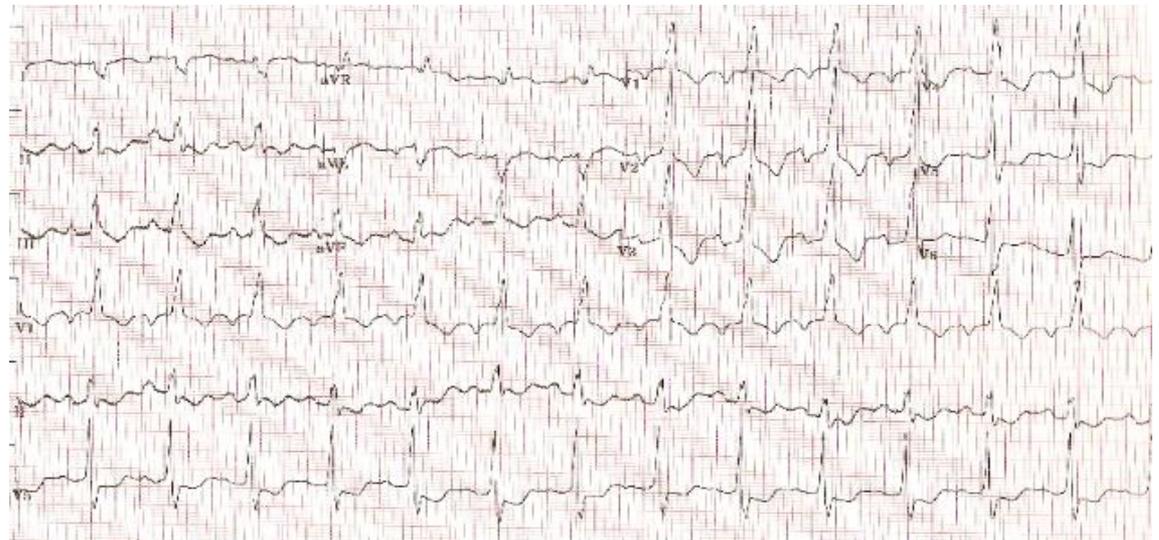
Dal 2013 fino al dicembre 2017 seguita presso l'Ospedale di Riferimento Territoriale

Rivalutazioni annuali per aggiornamento della lista di trapianto di doppio polmone presso la Cardiocirurgia della ns Fondazione



Nel dicembre 2017 viene ricoverata per la prima volta presso la Divisione di Cardiologia della Fondazione IRCCS Policlinico San Matteo di Pavia, per un miglior inquadramento clinico e strumentale e per *un'ulteriore potenziamento della terapia vasodilatatrice del circolo polmonare*

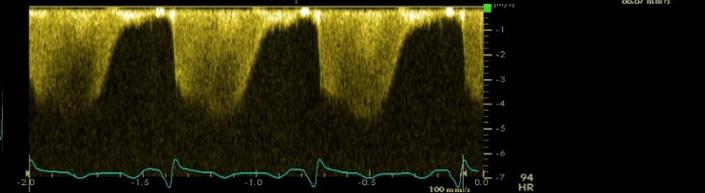
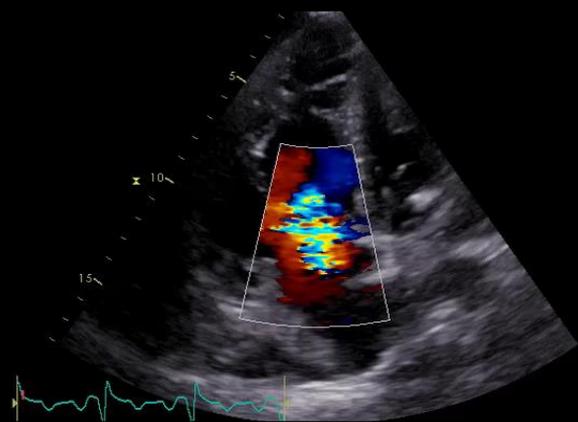
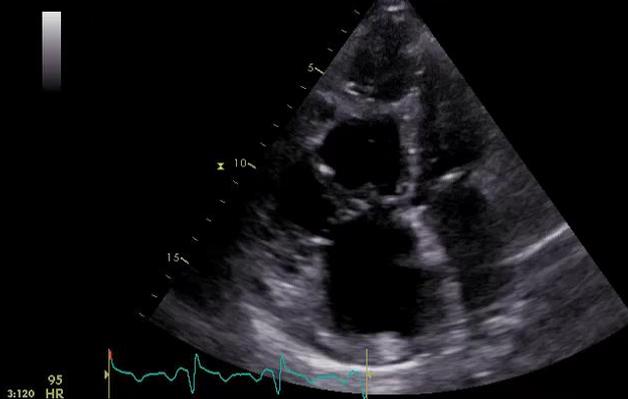
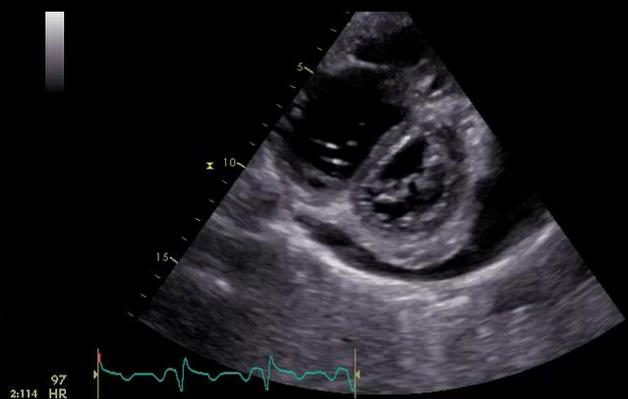
PA 115/70 mmHg; Fc 95 bpm
Classe funzionale WHO III
BNP 1315 pg/ml
6MWT: 320 mt; scala di Borg 8

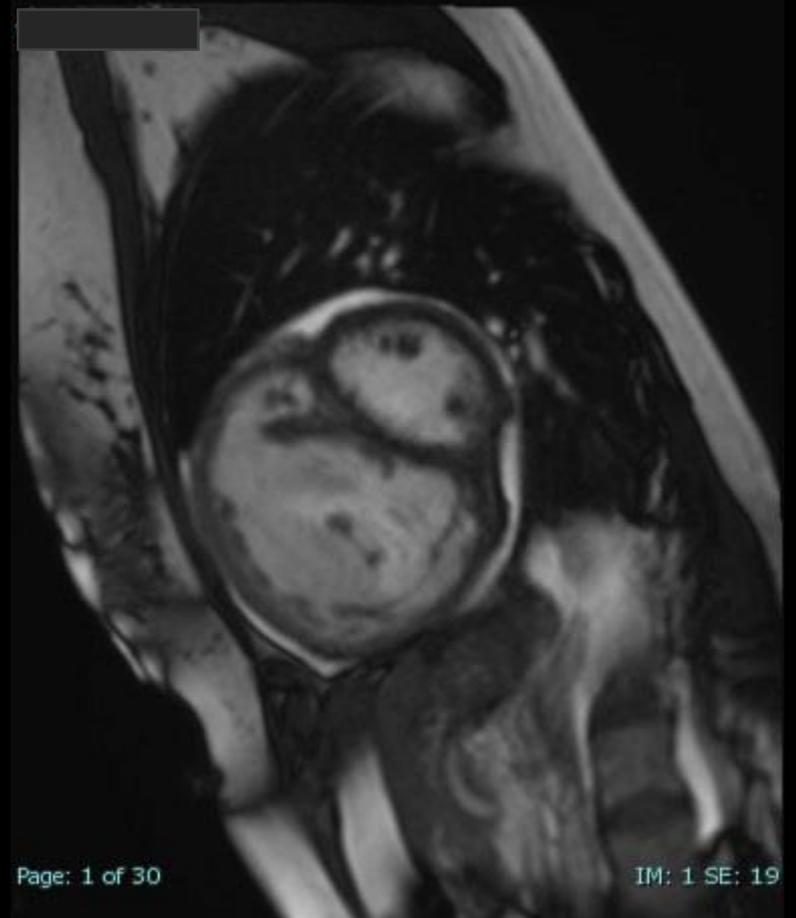
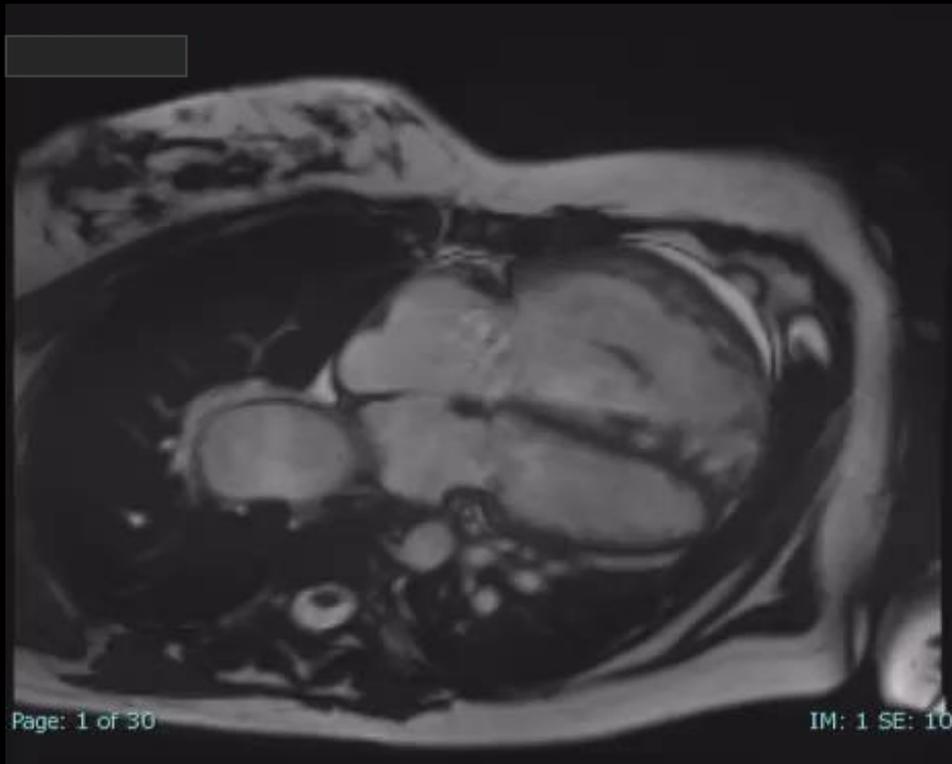


Variables used to calculate the simplified four-strata risk-assessment tool

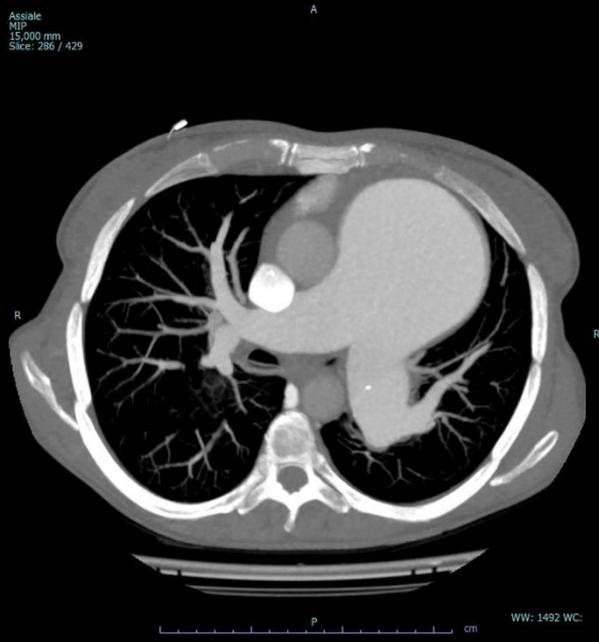
Determinants of prognosis	Low risk	Intermediate–low risk	Intermediate–high risk	High risk
Points assigned	1	2	3	4
WHO-FC	I or II ^a	-	III	IV
6MWD, m	>440	320–440	165–319	<165
BNP or NT-proBNP, ^a ng/L	<50 <300	50–199 300–649	200–800 650–1100	>800 >1100

The observed 1-year mortality rates in the four risk strata were 0–3%, 2–7%, 9–19%, and >20%, respectively.

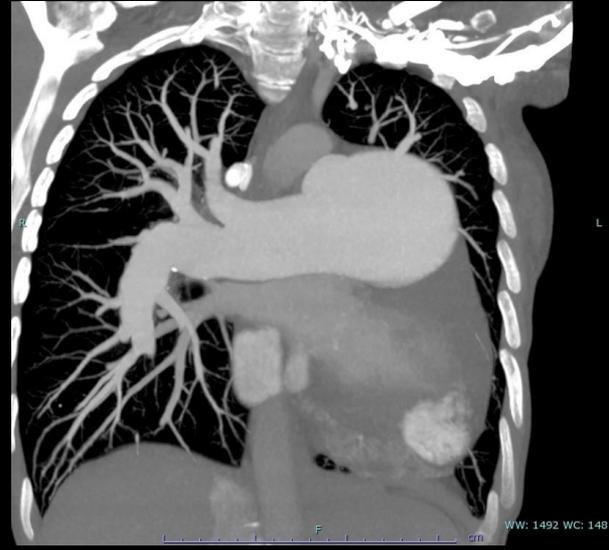




Assiale
MP
15,000 mm
Slice: 286 / 429



Coronale
MP
30,000 mm
Slice: 281 / 512

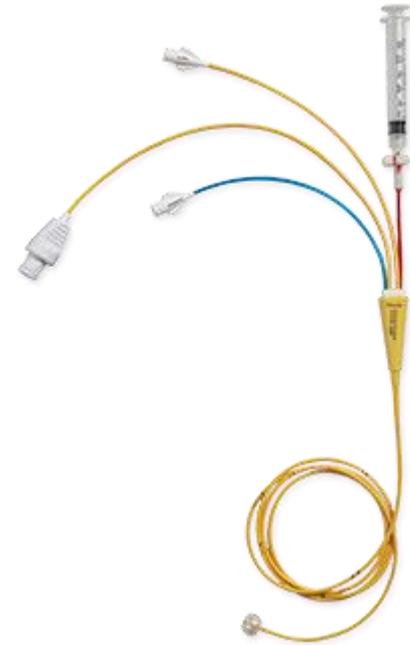


Obliquo
MP
30,000 mm
Slice: 218 / 512



	12/2017
PAPm (mmHg)	84
PAWP (mmHg)	8
CI (L/min/mq)	1.8
RAP (mmHg)	8
PVR (UW)	18

Iloprost inalatorio
Furosemide 75 mg/die
TAO



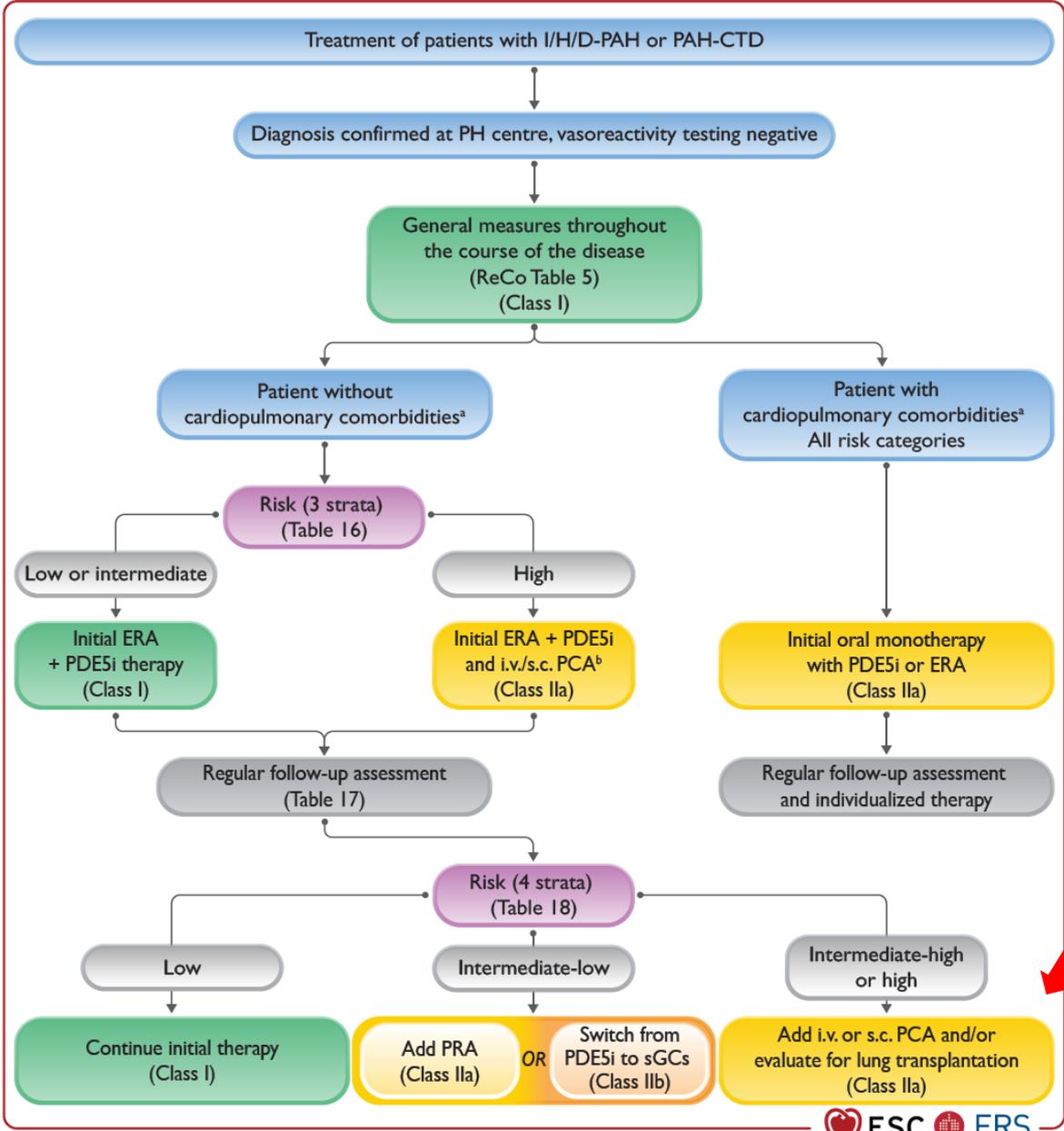
Variables used to calculate the simplified four-strata risk-assessment tool

Determinants of prognosis	Low risk	Intermediate–low risk	Intermediate–high risk	High risk
Points assigned	1	2	3	4
WHO-FC	I or II ^a	-	III	IV
6MWD, m	>440	320–440	165–319	<165
BNP or NT-proBNP, ^a ng/L	<50 <300	50–199 300–649	200–800 650–1100	>800 >1100

The observed 1-year mortality rates in the four risk strata were 0–3%, 2–7%, 9–19%, and >20%, respectively.

Determinants of prognosis (estimated 1-year mortality)	Low risk (<5%)	Intermediate risk (5–20%)	High risk (>20%)
Clinical observations and modifiable variables			
Echocardiography	RA area <18 cm ² TAPSE/sPAP >0.32 mm/mmHg No pericardial effusion	RA area 18–26 cm ² TAPSE/sPAP 0.19–0.32 mm/mmHg Minimal pericardial effusion	RA area >26 cm ² TAPSE/sPAP <0.19 mm/mmHg Moderate or large pericardial effusion
cMRI ^e	RVEF >54% SVI >40 mL/m ² RVESVI <42 mL/m ²	RVEF 37–54% SVI 26–40 mL/m ² RVESVI 42–54 mL/m ²	RVEF <37% SVI <26 mL/m ² RVESVI >54 mL/m ²
Haemodynamics	RAP <8 mmHg CI ≥2.5 L/min/m ² SVI >38 mL/m ² SvO ₂ >65%	RAP 8–14 mmHg CI 2.0–2.4 L/min/m ² SVI 31–38 mL/m ² SvO ₂ 60–65%	RAP >14 mmHg CI <2.0 L/min/m ² SVI <31 mL/m ² SvO ₂ <60%

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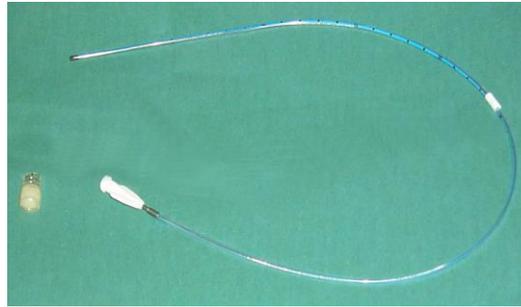
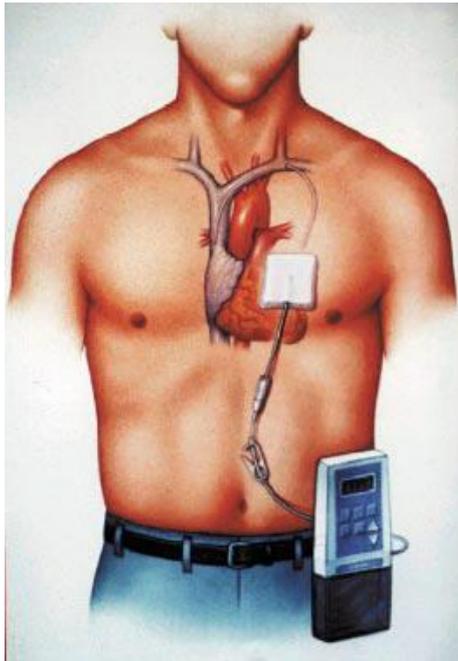
ERA

sGC

Epoprostenolo ev

Furosemide 50 mg/die

Warfarin 5 mg



Circulation
JOURNAL OF THE AMERICAN HEART ASSOCIATION

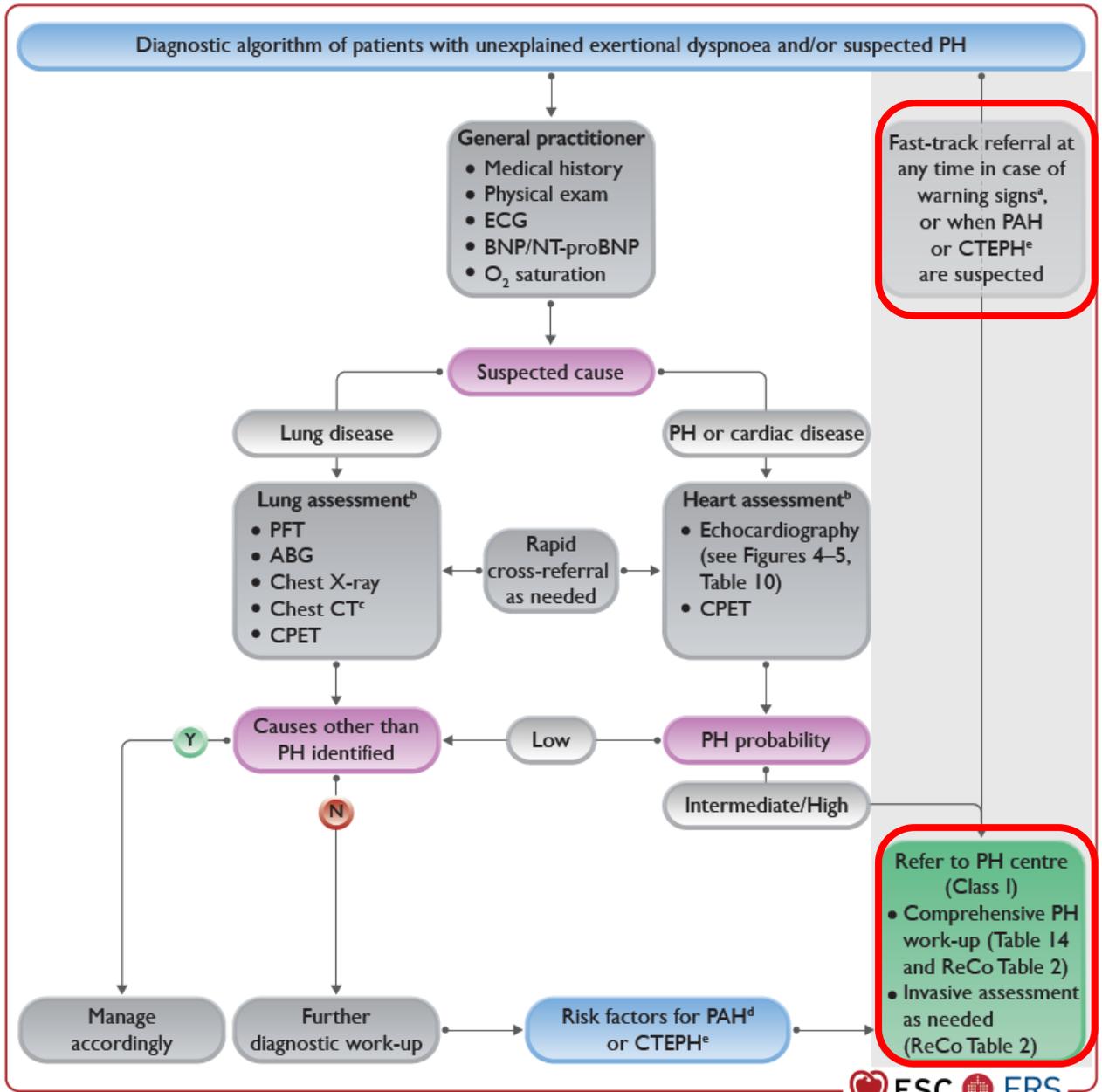


Survival in Primary Pulmonary Hypertension: The Impact of Epoprostenol Therapy
Vallérie V. McLaughlin, Alicia Shillington and Stuart Rich

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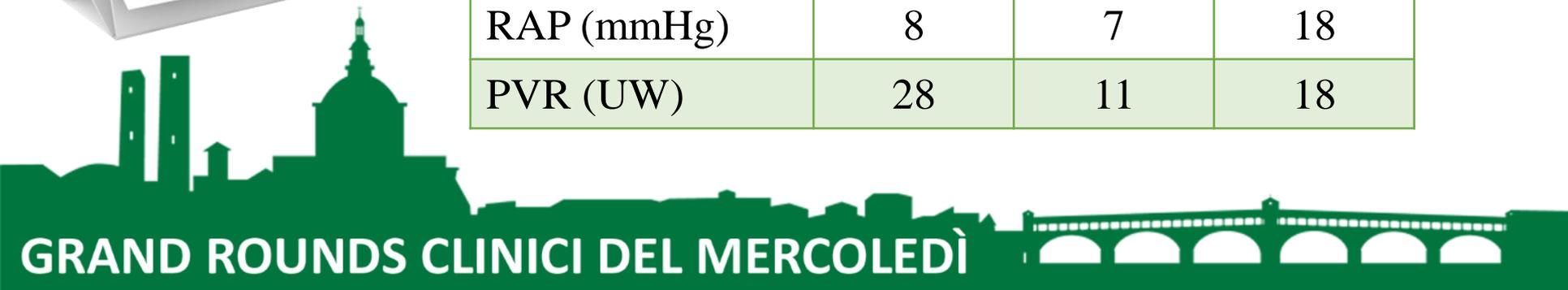


Successiva «*relativa*» stabilità clinica con miglioramento del profilo emodinamico, fino al febbraio 2020, quando, nonostante la terapia farmacologica massimale, si assiste da un netto peggioramento clinico e strumentale per cui si sollecita l'aggiornamento della lista trapianto

PA 95/60 mmHg; Fc 105 bpm
Classe funzionale WHO III
BNP 1020 pg/ml
6MWT: 289 mt; scala di Borg 8



	12/2017	12/2018	02/2020
PAPm (mmHg)	84	48	54
PAWP (mmHg)	8	9	10
CI (L/min/mq)	1.8	2.2	1.55
RAP (mmHg)	8	7	18
PVR (UW)	28	11	18

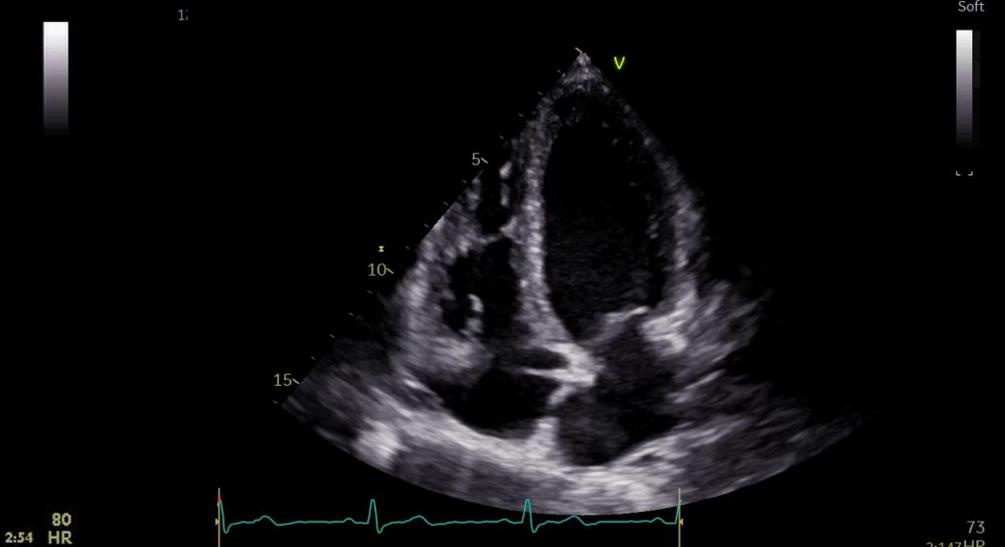
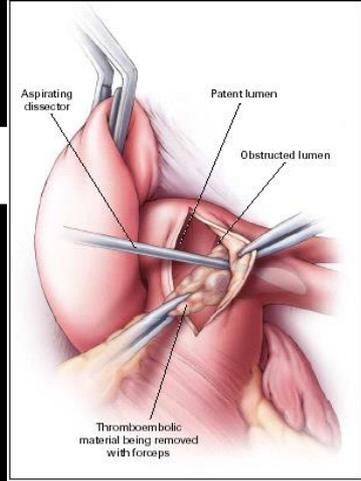
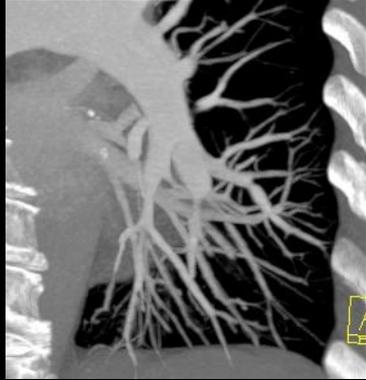
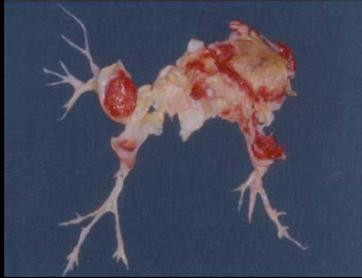
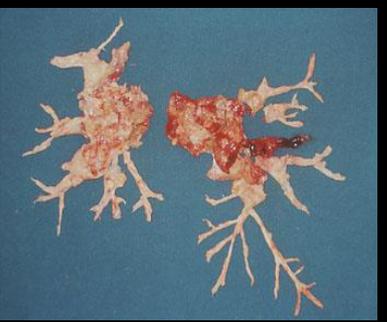
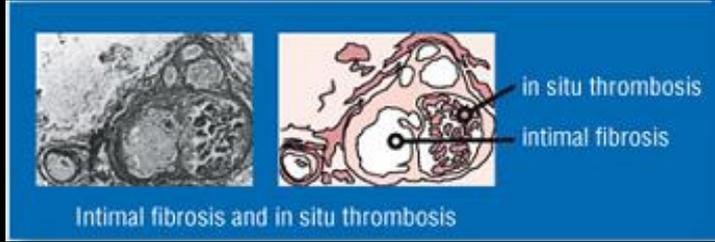
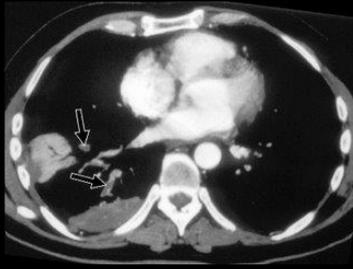


Quesiti

trapianto doppio polmone ?

trapianto cuore-polmone ?





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24/06/2019 14:02:51

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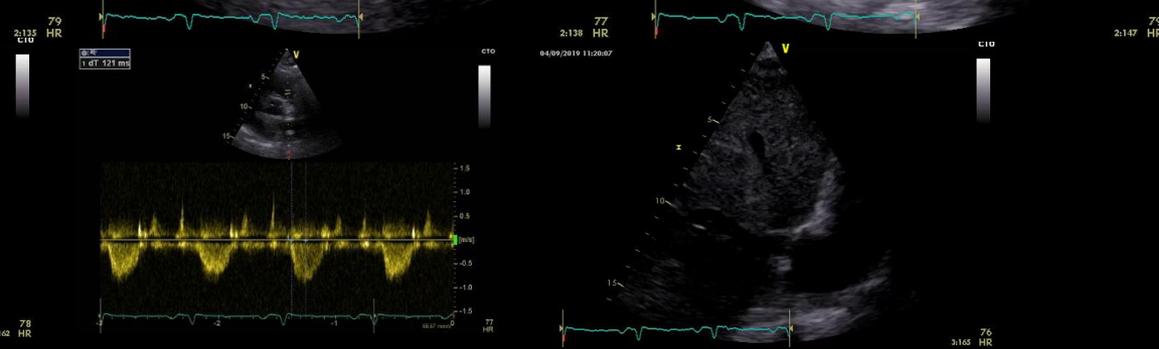
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Quesiti

... e l'arteria polmonare ?

