

TURIN,
October
25th-27th
2018
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GIORNATE CARDIOLOGICHE TORINESI



I don't want a transplant:
could I be a candidate for LVAD?

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Torino



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Uomo 56 anni (185 cm x 105 kg)

- CMP ischemica (2011 STEMI anteriore esteso > pPCI TC/IVA, FE residua 30%, NYHA II).
- ICD in prev I e Mitraclip (IM residua 2+)
- Dal 2016 insufficienza cardiaca avanzata:
 - 2 ricoveri per scompenso in 12 mesi
 - NYHA IIIb (VO₂ max 13 ml/kg/min)
 - FE 20%
 - INTERMACS 6
 - Terapia medica massimale
- LAT cuore (size, moderata ipertensione polmonare, gruppo 0)

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Insufficienza cardiaca end-stage (2018)

- NYHA IV
- PA: 85/70 mmHg, FC 85 bpm
- Intolleranza emodinamica ad ACE-I
- TD: bisoprololo 3.75 mg, spironolattone 25 mg, furosemide 125 mg die, nitrati transdermici 5 mg, ASA, metformina
- 2 ricoveri per scompenso con necessità di inotropi
- Profilo INTERMACS 4 > candidabile a LVAD?

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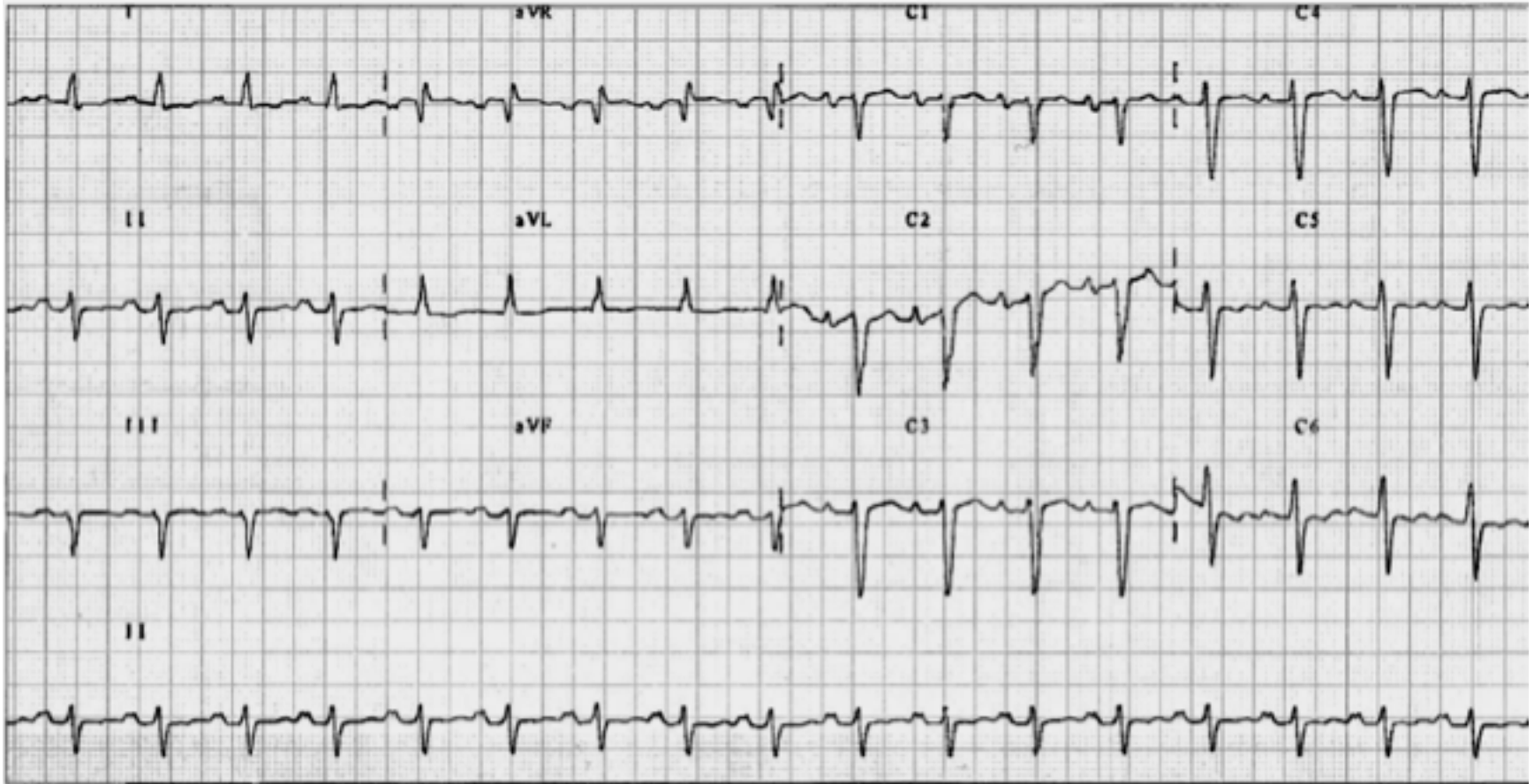


Candidabile a LVAD?

- Indicazione clinica?
- Controindicazioni cardiologiche?
- Controindicazioni non cardiologiche?

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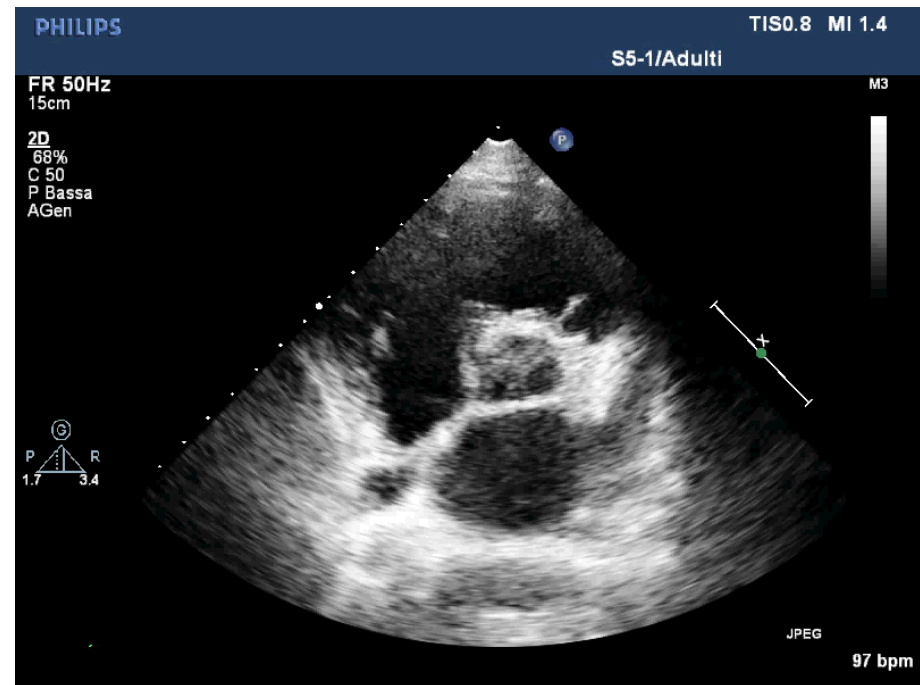
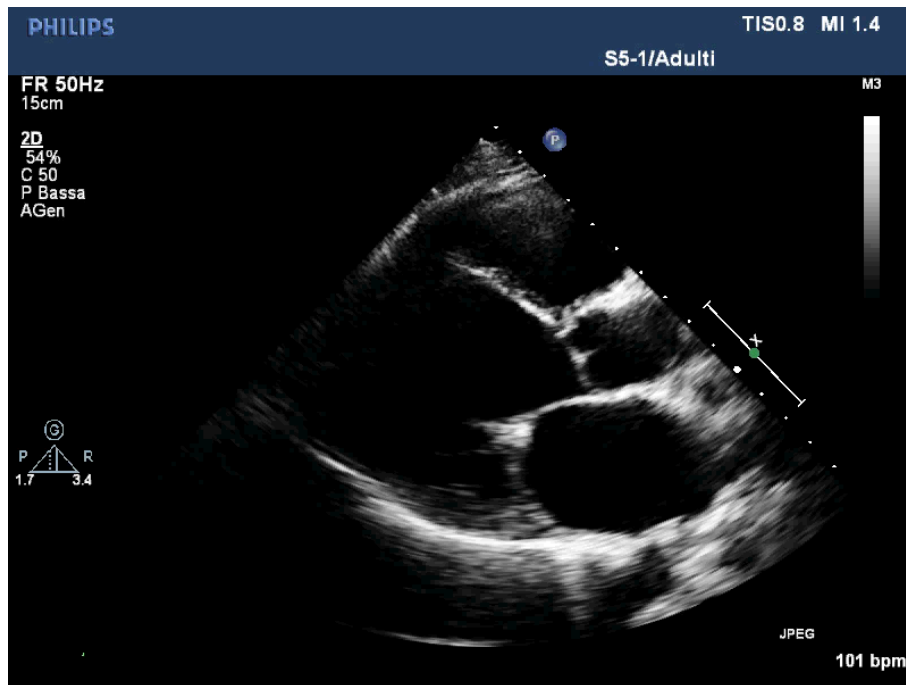


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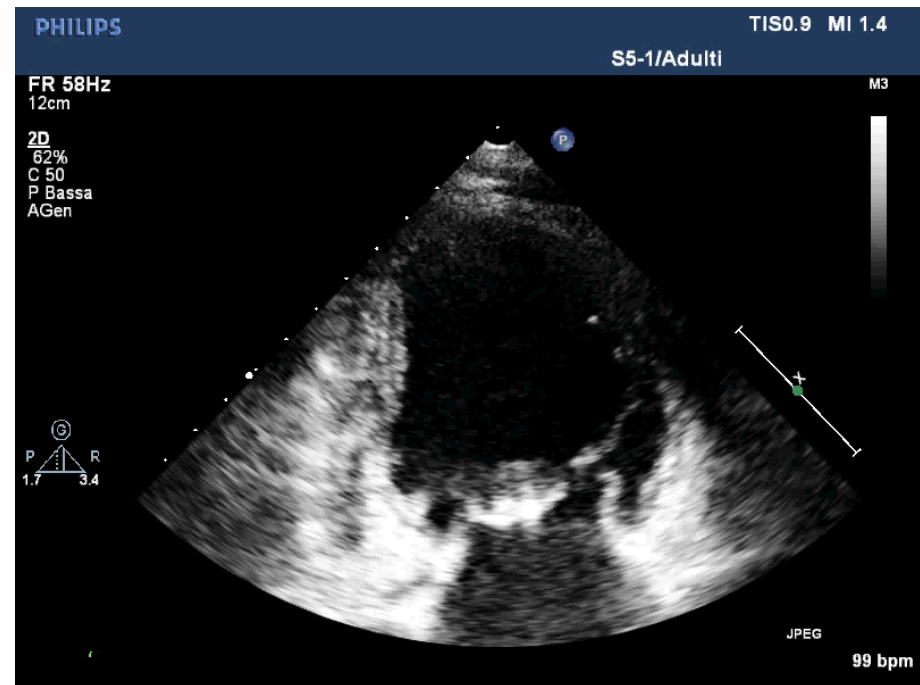
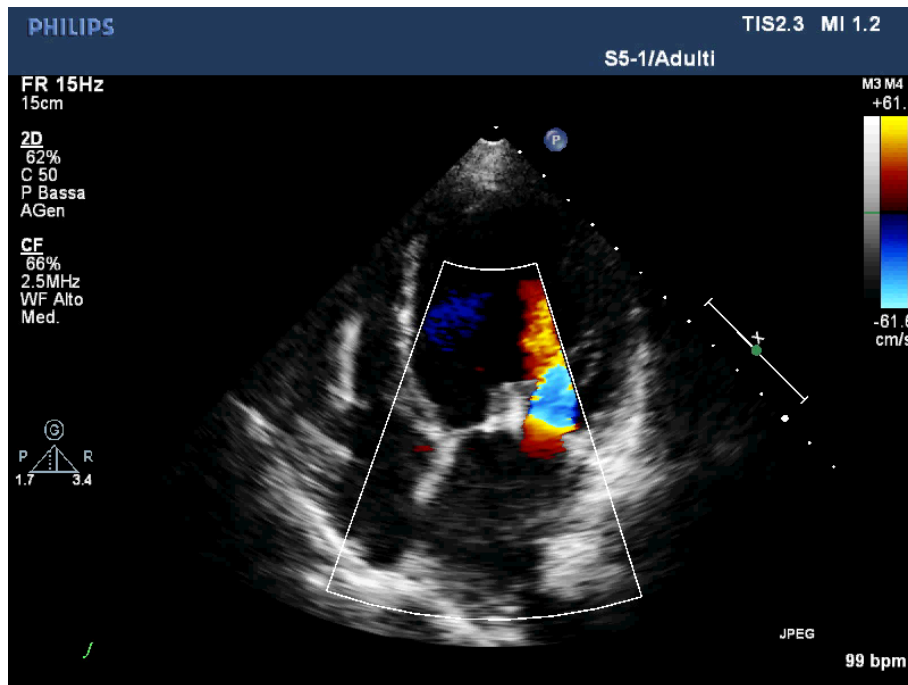


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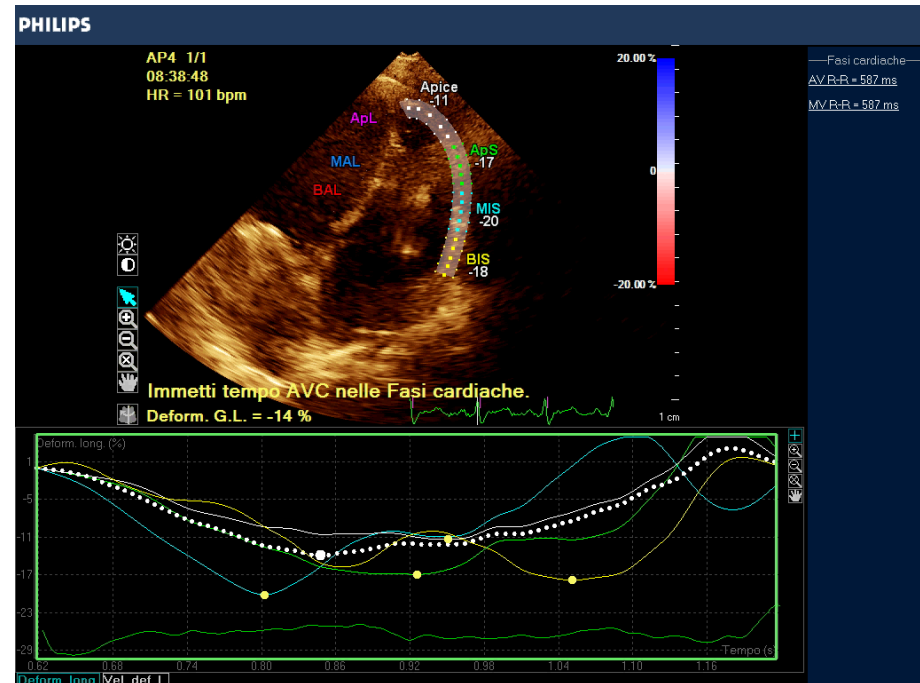
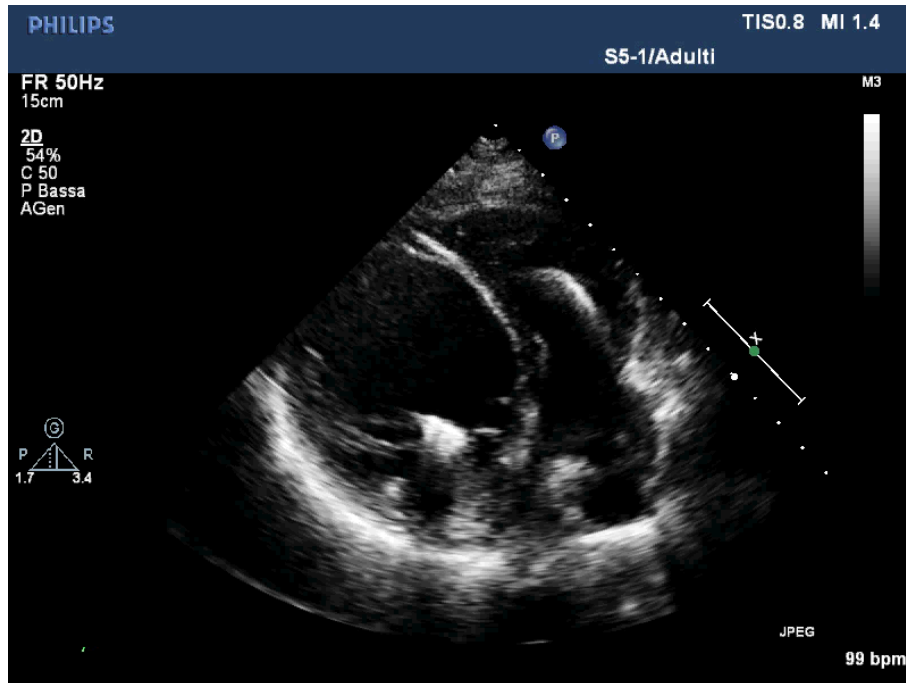


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Cateterismo cardiaco

Basale:

Indice cardiaco 1.68 l/min/m²

Wedge pressure 28 mmHg

PAP 54/32/40 mmHg

GTP 12 mmHg, GDP 4 mmHg

RPA 5.1 WU

mRAP 5 mmHg

PAPi: 4.4

RVSWI: 0.27 mmHg/L/min

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Screening per LVAD

- Rischio infettivo
- Funzionalità epatica e renale
- Rischio trombotico/emorragico
- Stato nutrizionale
- Valutazione psicologica
- Identificazione del caregiver

NON CONTROINDICAZIONI → IMPIANTO DI LVAD