Pomična tvorba trikuspidalnog zaliska u ovisnice o intravenoznim drogama

Mobile mass on the tricuspid valve in an intravenous drug abuser

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Tema ovog prikaza je pacijentica stara 31 godinu, majka dvoje djece, koja je u dva navrata tijekom 2015. godine liječena na Zavodu za infektologiji zbog febriliteta i sindroma sepse. Tijekom druge hospitalizacije ultrazvučno se potvrdila pomična tvorba trikuspidalnog zaliska te se liječenje nastavilo na Zavodu za kardiovaskularne bolesti Kliničkog bolničkog centra Osijek.

Anamnestički se doznalo da je bolesnica od 15. do 19. godine redovito uzimala više vrsta droga, nakon toga sporadično te da je pušač više 15 godina. U prvoj trudnoći 2006. godine je testirana na markere na HIV i hepatitis (nalazi bili negativni), a u drugoj trudnoći 2014. nalaz na HBV dolazi pozitivan (antiHBs, antiHBc). Osim febriliteta, bolesnica imala značajan gubitak na tjelesnoj težini uz obilna noćna preznojavanja i opću slabost, sve popraćeno porastom upalnih parametara u laboratorijskim nalazima (CRP 132).

U prvoj hospitalizaciji u hemokulturi je izoliran *Stafilococus aureus* te je liječena kloksacilinom i gentamicinom, a tijekom boravka na našem Zavodu u hemokulturi se izolirao *Pseudomonas aeruginosa* te je u terapiju uveden cefepim i ciprofloksacin. Transtorakalnim ultrazvukom srca (**slika 1, slika 2**) su se u više navrata pratile uredne dimenzije srčanih šupljina, uredna globalna i regionalna kontraktilnost LV i DV te ovalna tvorba (15 x 20 mm) vezana tankom peteljkom za bazu trikuspidalnog prstena s atrijske strane, uz septalni zalistak, koja je tijekom dijastole prolabirala u DA, a u sistoli u DV te u PA. Posljedično tomu pratila se srednje teška TR 2-3+ uz RVSP oko 40 mmHg.

Nakon 6 tjedana medikamentnog antibiotskog liječenja i nepromijenjenog ultrazvučnog nalaza, bolesnica je premještena na Kardijalnu kirurgiju KBC Osijek gdje je uspješno operirana. Odstranjen je tumor u cijelosti zajedno s dijelom septalnog zaliska. Prispjeli patohistološki nalaz tumorske tvorbe opisan je kao dio kuspisa trikuspidalne valule s vegetacijom građenom od obilnog fibrina prožetog granulocitima s kojim se difuzno opažaju kolonije mikroorganizama – u zaključku: akutni endokarditis[1-3].

Opravak pacijentice je tekao uredno, a s obzirom na zaostalu značajnu trikusidalnu regurgitaciju predviđena je rekonstrukcija trikuspidalnog zaliska u roku od dvije godine.

The present case report describes a 31-year-old mother of two children, who was treated for fever and sepsis syndrome in two occasions in 2015, at the Department of Infectious Diseases. During the second hospitalization, transthoracic echocardiography confirmed a cardiac mass attached to the septal leaflet tricuspid valve. The patient was transferred to the Department of Cardiovascular Diseases at the Clinical Hospital Osijek for further treatment.

The patient occasionally consumed various drugs at the age of 15-19, later sporadically, and she was a heavy smoker for 15 years. In 2006, during her first pregnancy, the patient was tested for HIV and hepatitis (the results were negative), whereas in 2014, during the second pregnancy, the results were positive for HBV (antiHBs and antiHBc). In addition to fever, the patient complained of weight loss, night sweats and general weakness. The results of laboratory tests revealed elevated inflammatory parameters (CRP 132).

During the first hospitalization Staphylococcus aureus was isolated in blood cultures and the patient was treated with cloxacillin and gentamicin whereas during the second hospitalization Pseudomonas aeruginosa was isolated and the therapy included cefepim and ciprofloxacin. The transthoracic echocardiography (**Figure 1, Figure 2**) showed normal dimensions of cardiac chambers, normal global and regional contractility of LV and DV and a cardiac mass on the stalk attached to the tricuspid annulus which during the cardiac cycle protruded into the right ventricle and consequently caused a moderately severe TR 2-3+ with RVSP about 40 mmHg.

After six weeks of antibiotic therapy, the patient was transferred to the Department of Cardiac Surgery where she underwent surgery with removal of the cardiac mass and a portion of septal leaflet tricuspid valve.

Histopathological assessment described the removed cardiac mass as part of the tricuspid valve with vegetation built of fibrin pervaded by granulocytes and colonies of microorganisms were observed – in conclusion acute endocarditis[1-3].

The postoperative recovery was uneventful, but regarding the tricuspid regurgitation, a reconstruction of tricuspid valve is planned within two years.

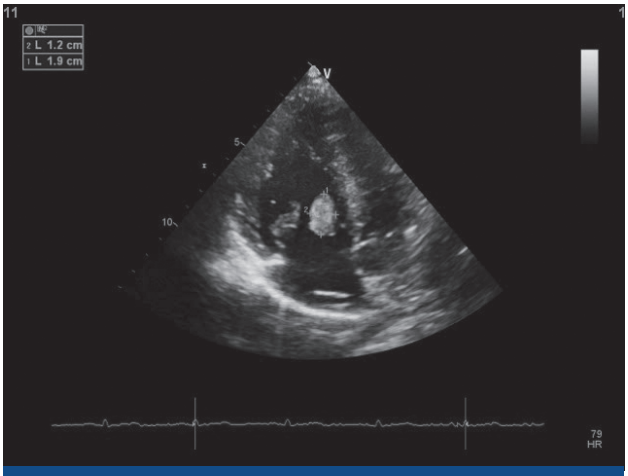

FIGURE 1. A transthoracic echocardiogram. Apical four chamber view: cardiac mass 12x19 mm which attached to the septal leaflet tricuspidal valve.

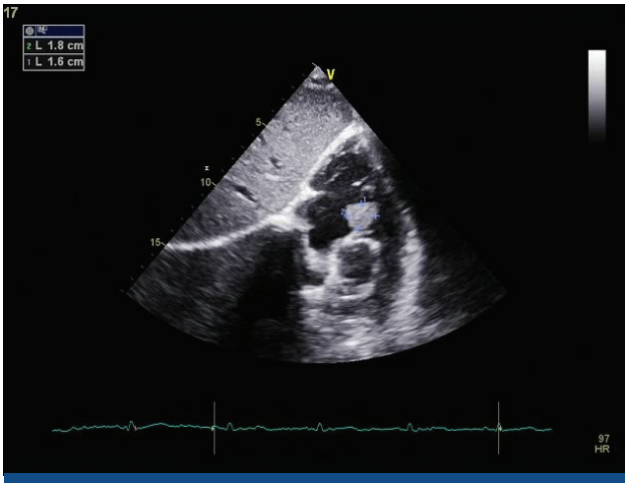

FIGURE 2. A transthoracic echocardiogram. Subcostal view: cardiac mass protrudes in right ventricle and pulmonary artery depending on the phase of cardiac cycle.

LITERATURE

1. Cecchi E, Imazio M, Tidu M, Forno D, De Rosa FG, Dal Conte I, et al. Infective endocarditis in drug addicts: role of HIV infection and the diagnostic accuracy of Duke criteria. J Cardiovasc Med (Hagerstown). 2007;8(3):169-75. **DOI:** http://dx.doi.org/10.2459/01.JCM.0000260824.14596.86
2. Rostagno C, Carone E, Rossi A, Gensini GF, Stefano PL. Surgical treatment in active infective endocarditis: results of a four-year experience. ISRN Cardiol. 2011;2011:492543. **DOI:** http://dx.doi.org/10.5402/2011/492543
3. Dettmeyer R, Friedrich K, Schmidt P, Madea B. Heroin-associated myocardial damages--conventional and immunohistochemical investigations. Forensic Sci Int. 2009;187(1-3):42-6. **DOI:** http://dx.doi.org/10.1016/j.forsciint.2009.02.014