

Koronarsykdom

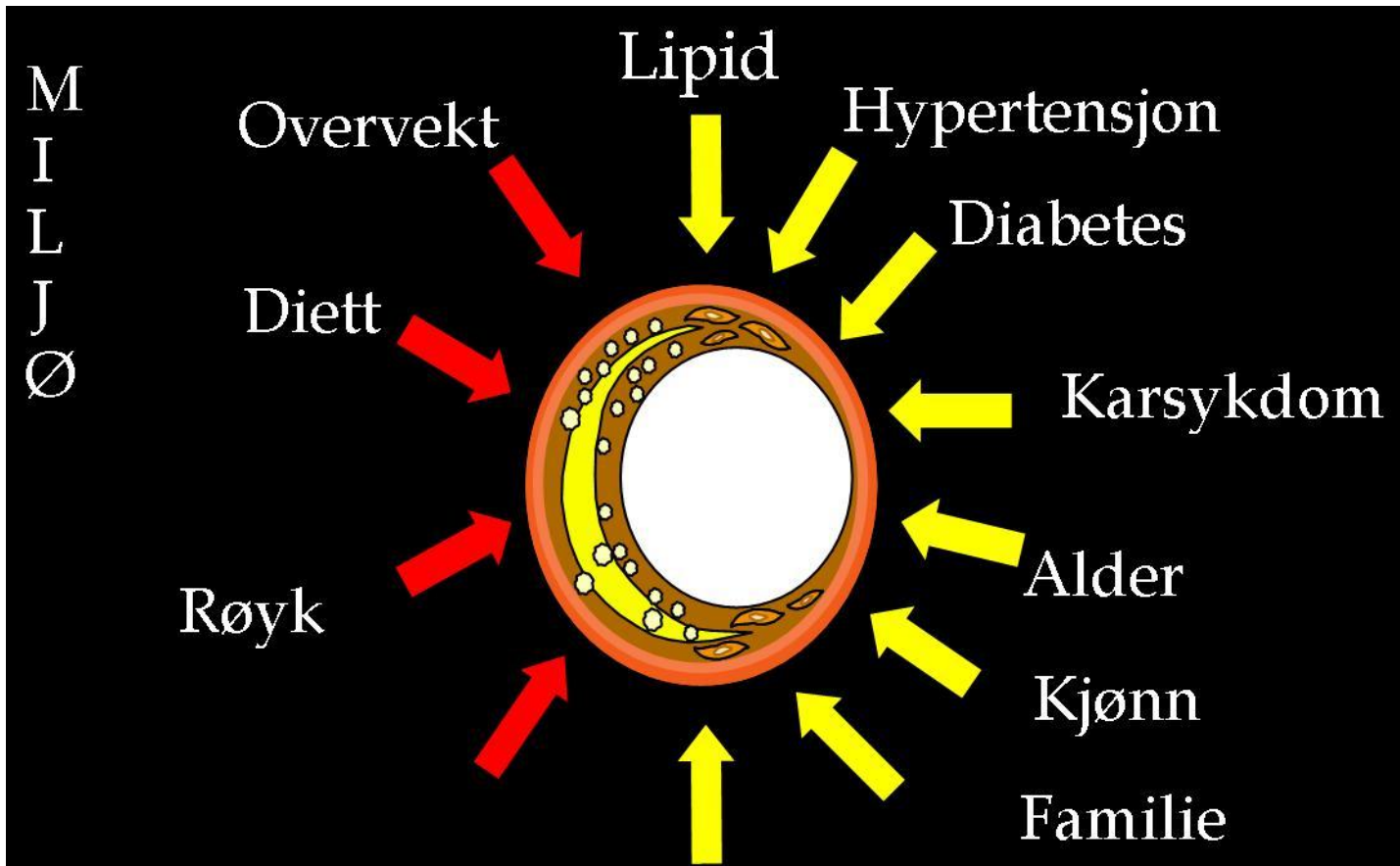
Anders Hovland
Kardiologisk seksjon
Medisinsk Klinikk

Koronarsykdom; spektrum

- Stum ischemi
- Stabil angina pectoris
- Ustabil angina pectoris
- NSTEMI
- STEMI
- Venstre ventrikkel svikt
- Plutselig koronar død/arytmi

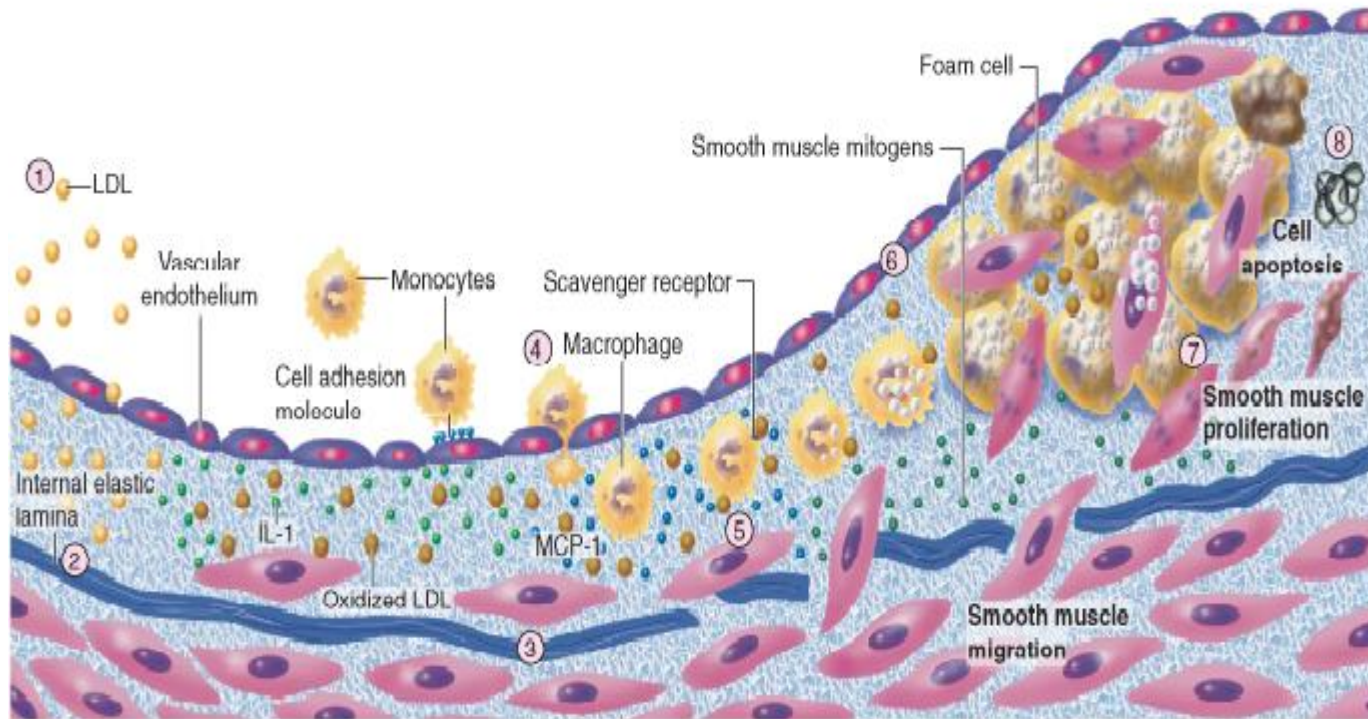


Aterosklerose

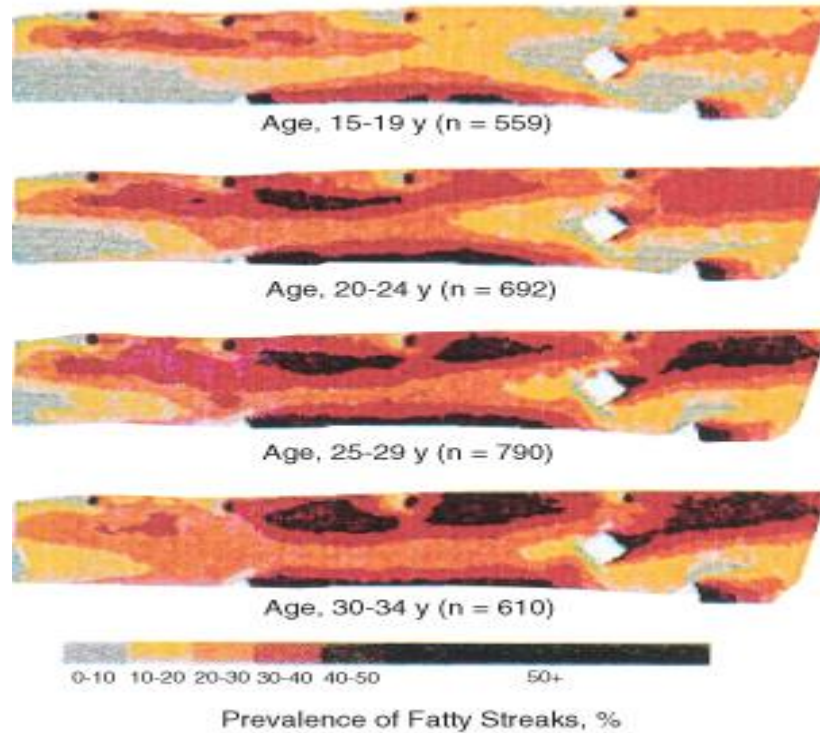


A
R
V

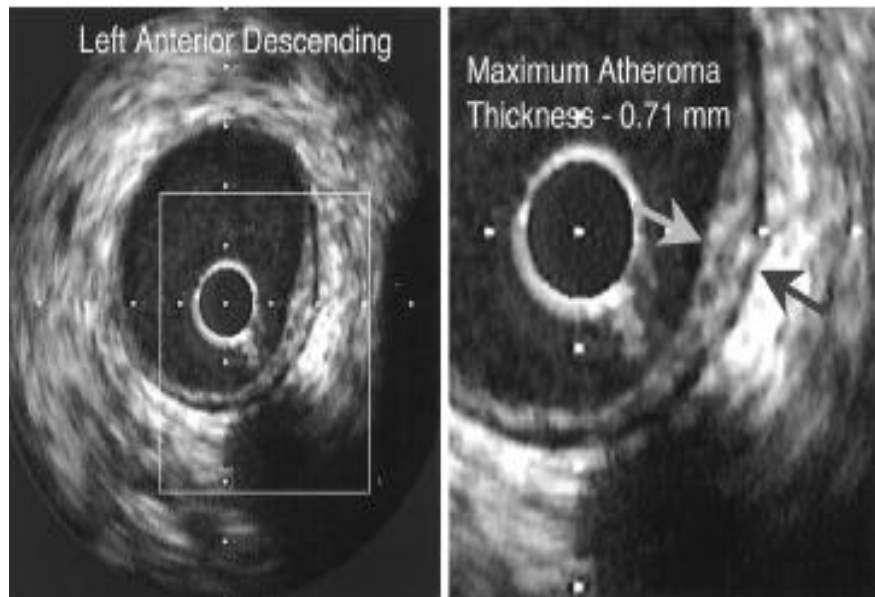
LIPIDAVLEIRING



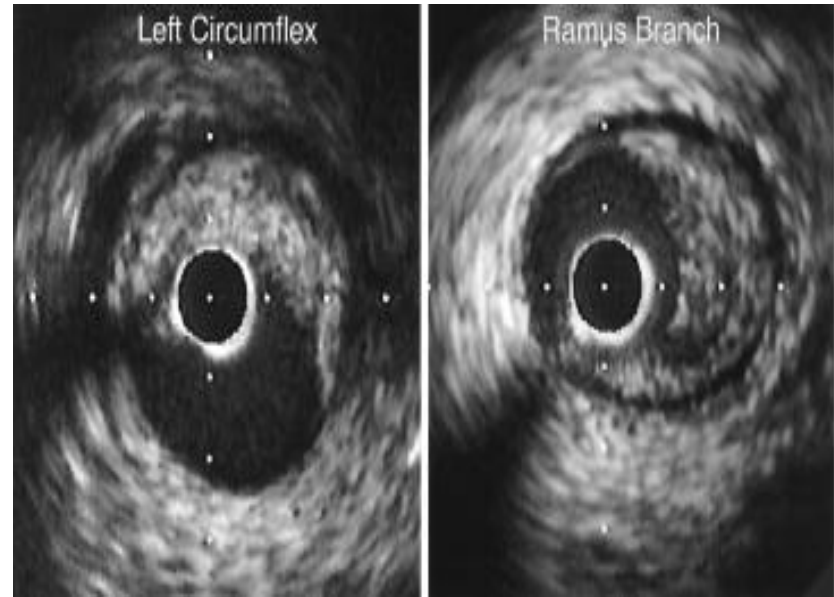
Utvikling av aterosklerose



Tx studier av unge donorer (trafikkdød)



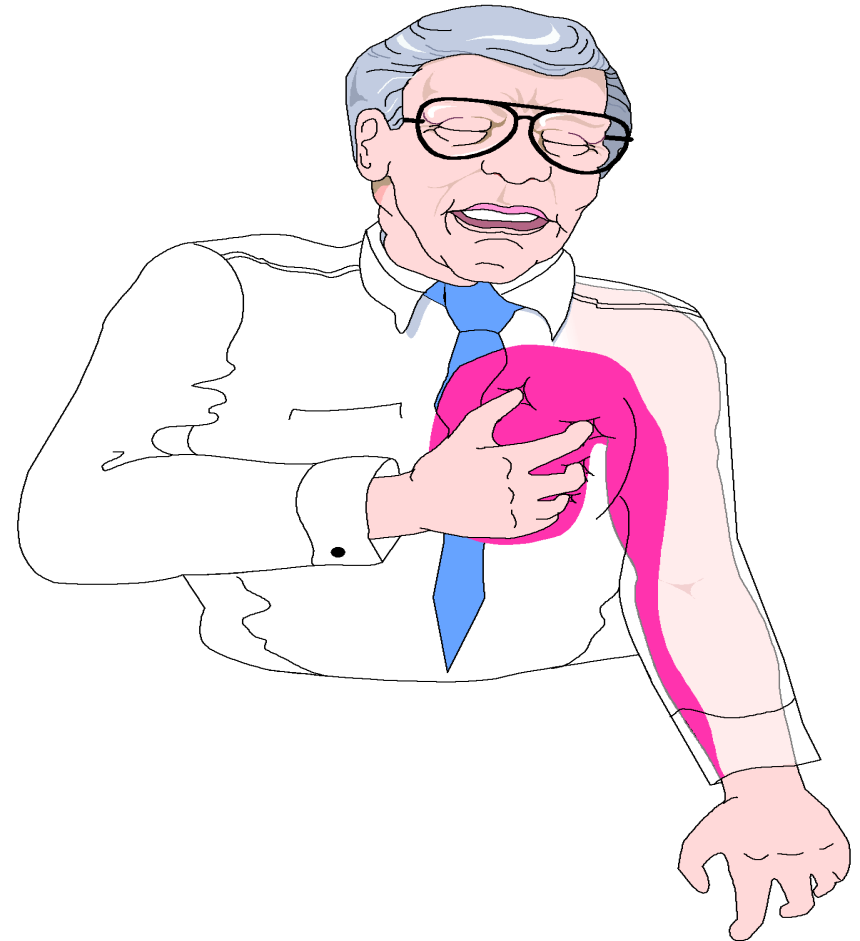
Frisk 17 årig gutt



Frisk 32 år gammel kvinne

Koronare brystmerter

- Retrosternale, klemmende, Levine`s tegn
- Utstråling til arm (-er), hals, underkjeve
- Begynner vanligvis gradvis og slutter gradvis
- Rask nitroeffekt (0-5minutter)



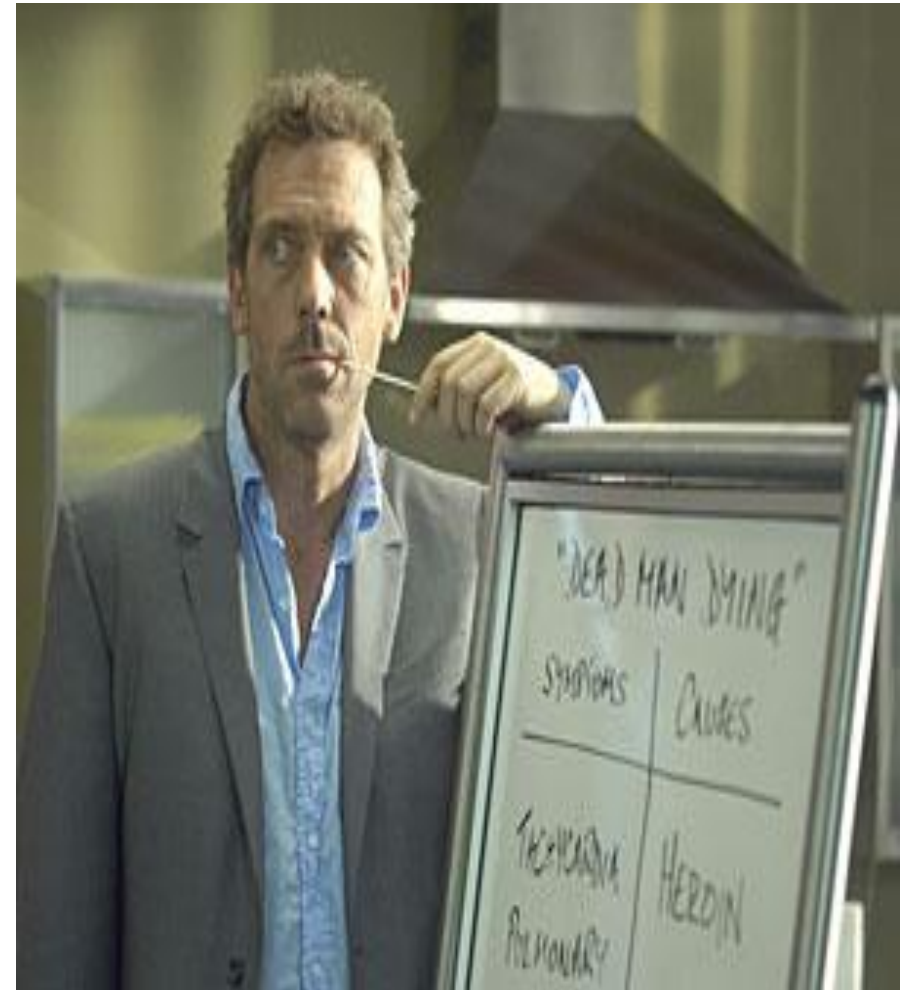
Angina; Symptomer

- Typiske smerter
- Dyspnoe
- Andre
- Menn vs kvinner ?
- Diabetes
- Svært gamle



Brystsmerte Differensialdiagnose

- Brystvegg
- Spiserør/magesekk
- Pneumoni/pleura
- Intraabdominalt
- Angst
- Perikarditt
- Syndrom X/
spasmeangina



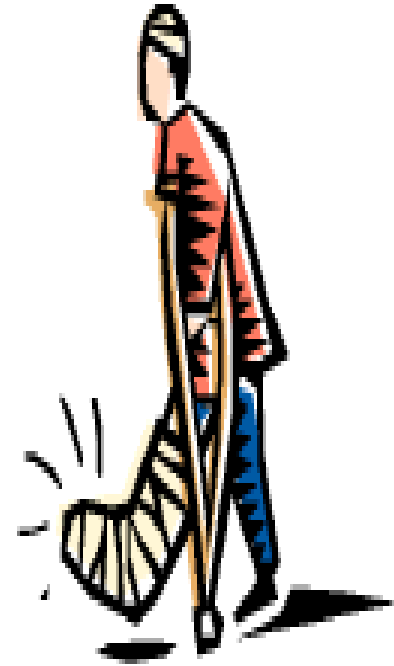
Aktuell utredning

Test characteristics for investigations used in the diagnosis of stable angina

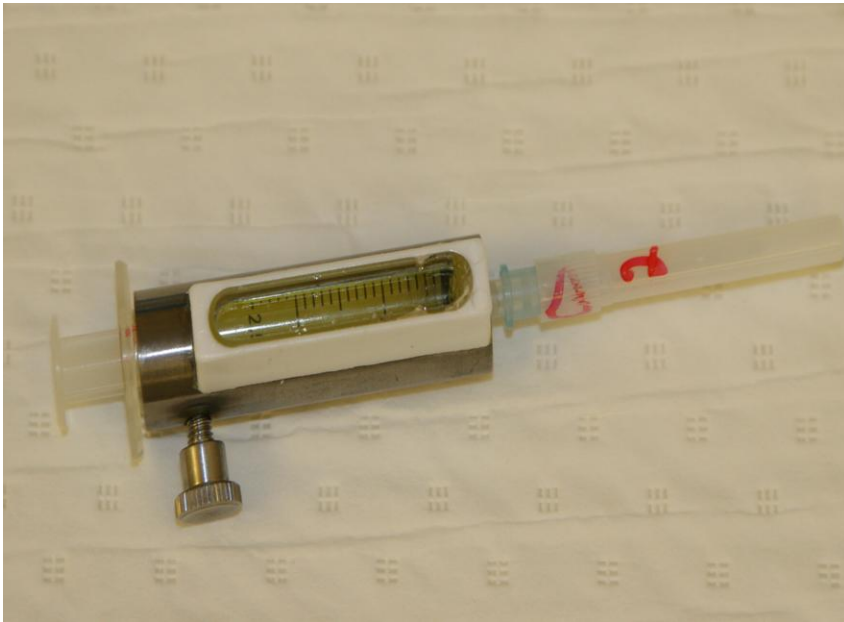
	Diagnosis of coronary artery disease	
	Sensitivity (%)	Specificity (%)
Exercise ECG	68	77
Exercise echo	80–85	84–86
Exercise myocardial perfusion	85–90	70–75
Dobutamine stress echo	40–100	62–100
Vasodilator stress echo	56–92	87–100
Vasodilator stress myocardial perfusion	83–94	64–90

Problemer ved AKG:

- Avhengig av føtter
- Sensitivitet og spesifisitet 70%
- Preeksisterende EKG patologi
- Kvinner er problematiske !?



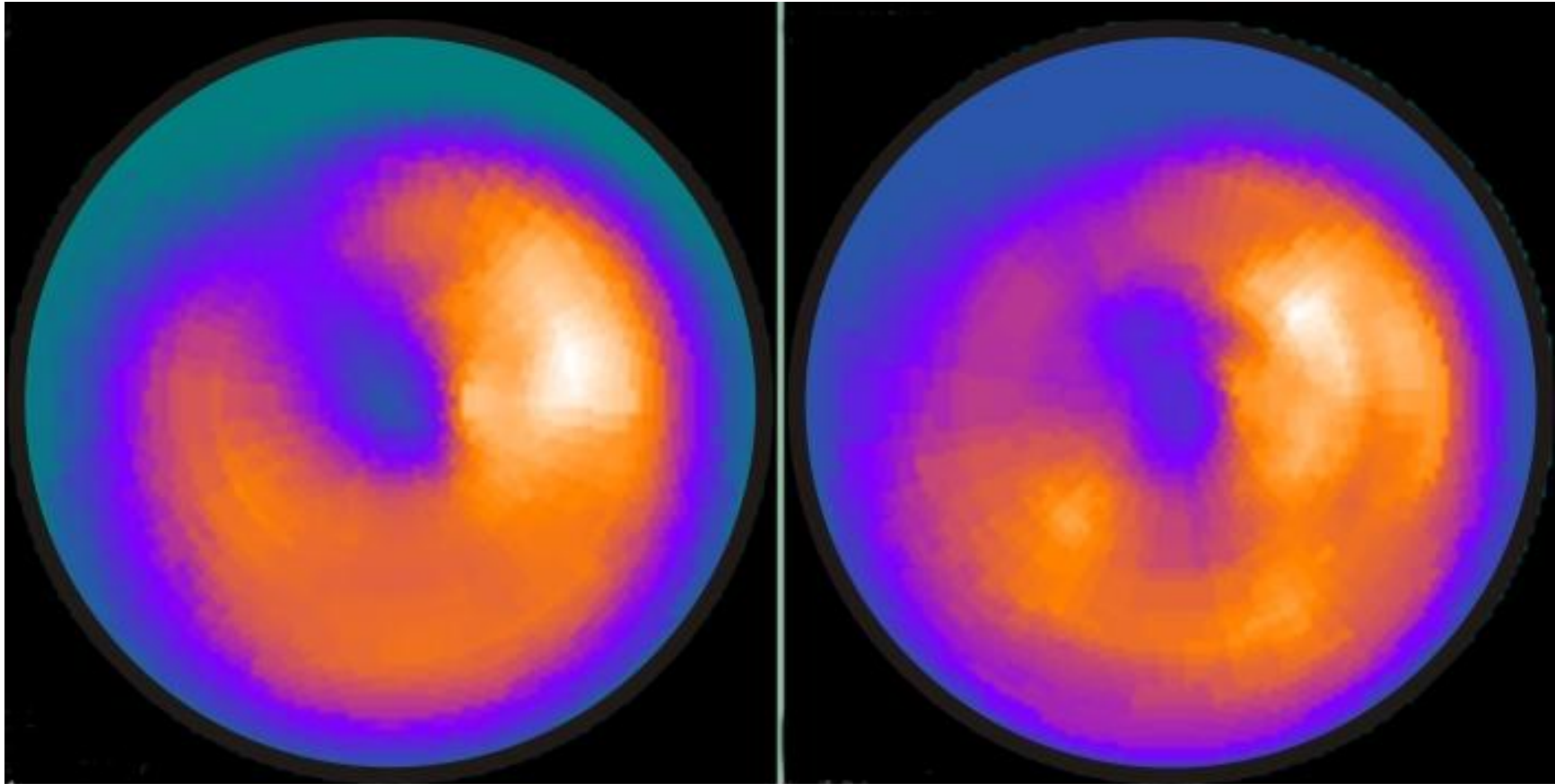
Myokardscintigrafi



Gammakamera med CT

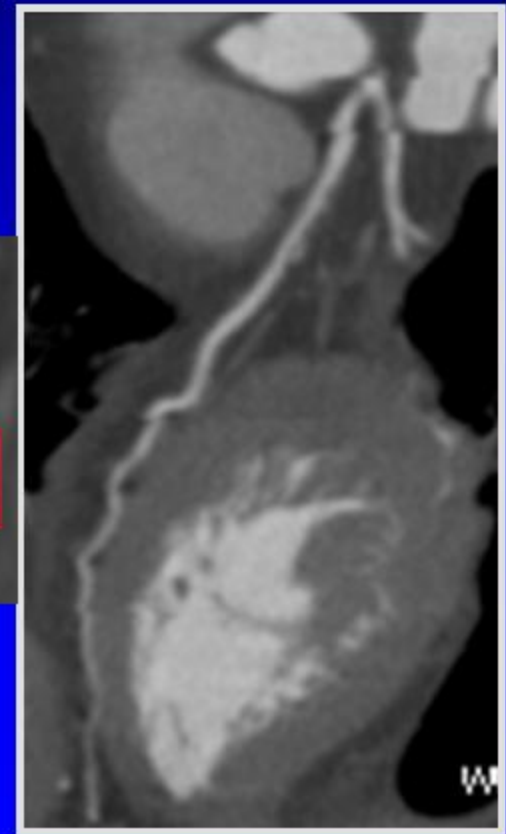
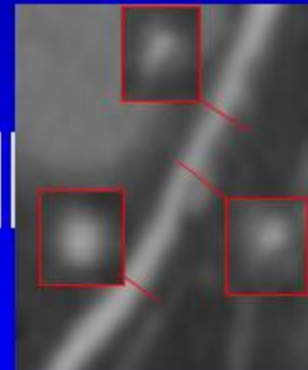
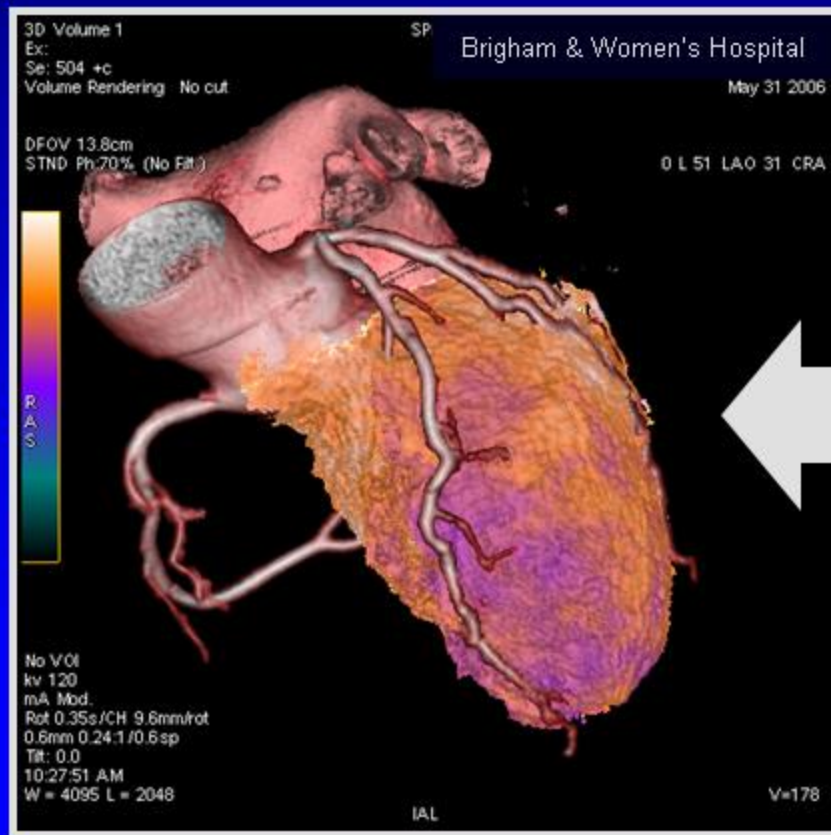


Kvinne f 58 med magesmerter



Perfusion Imaging Provides Functional Assessment of Anatomic Disease

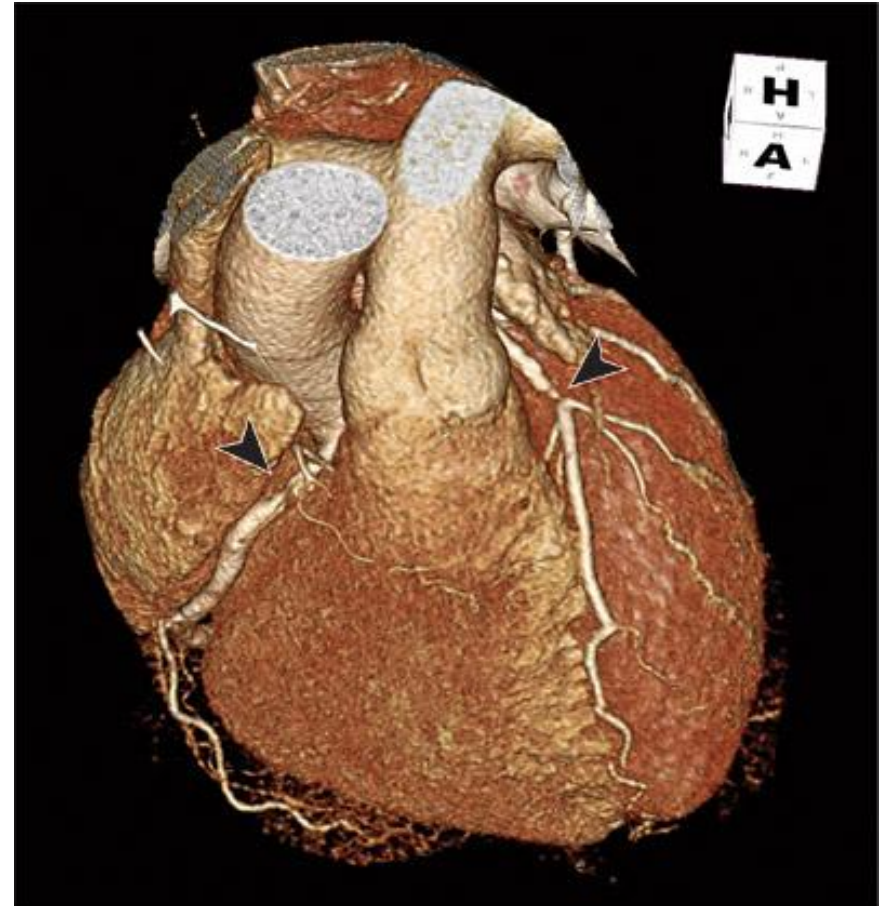
56 yr old F admitted with shortness of breath and elevated troponin I



From: Sharmila Dorbala, MD, Brigham and Women's Hospital

CT-angio; koronar anatomi

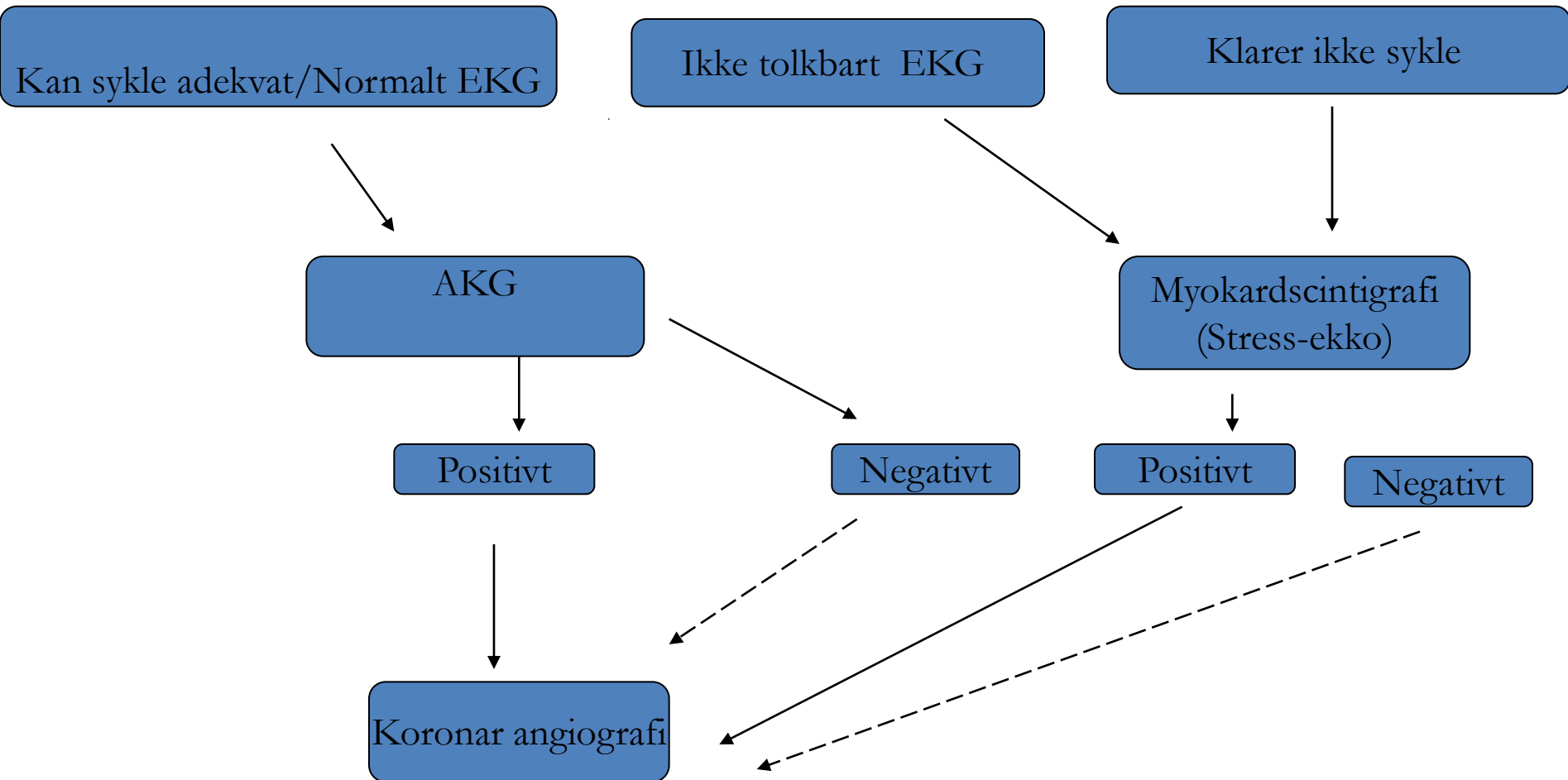
- Kontrast
- 64 slice....
- Stråling?



Koronar angiografi i Bodø



Hvilken metode for hvem ??



Dokumentert behandling

- Ikke medikamentell/livsstil
- Medikamentell



Livsstil

- Røykekutt
- Mosjon 30-60 min 7 dager (5 dager)
- Moderat alkohol
- Vekt ned (mål BMI 19-25, livvidde (<100, 89))



Diabetes og BT

- Blodsukker nær normalt ? (ADA; HbA1C: 7-tallet)
- BT < 140/90 ev 130/80 ved diabetes/nyresvikt

Medikamentene

- ASA 75mgx1
- Statin; LDL<2.5 (<2.0), atorva, simva.....
- Nitrat (sublingualt, langtids....)
- Betablokker (metoprolol.....)
- Kalsiumantagonist (amlodipin...)
- ACE-hemmer ?

To block or not to block, eller ja takk
begge deler.....?

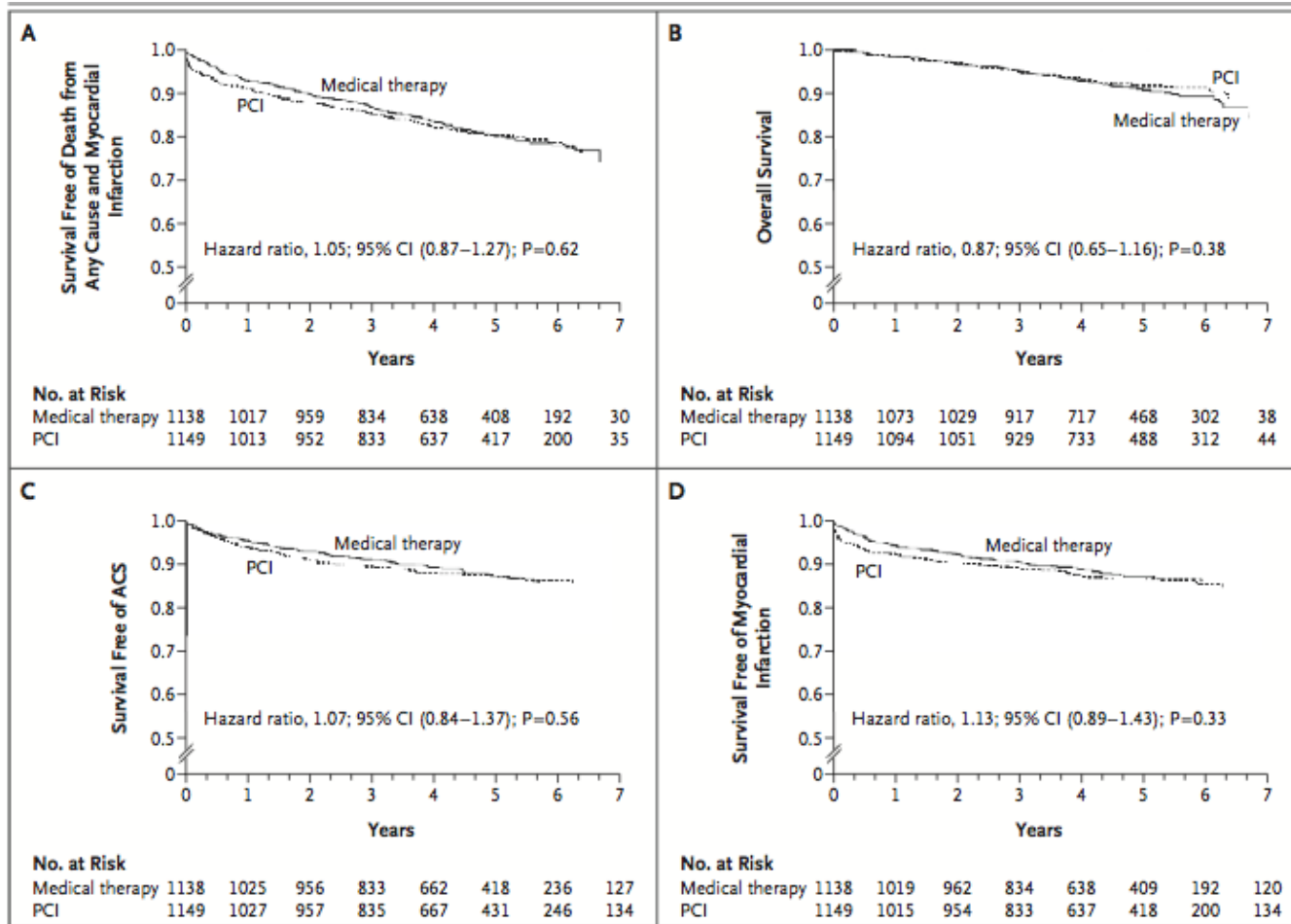


Invasiv strategi

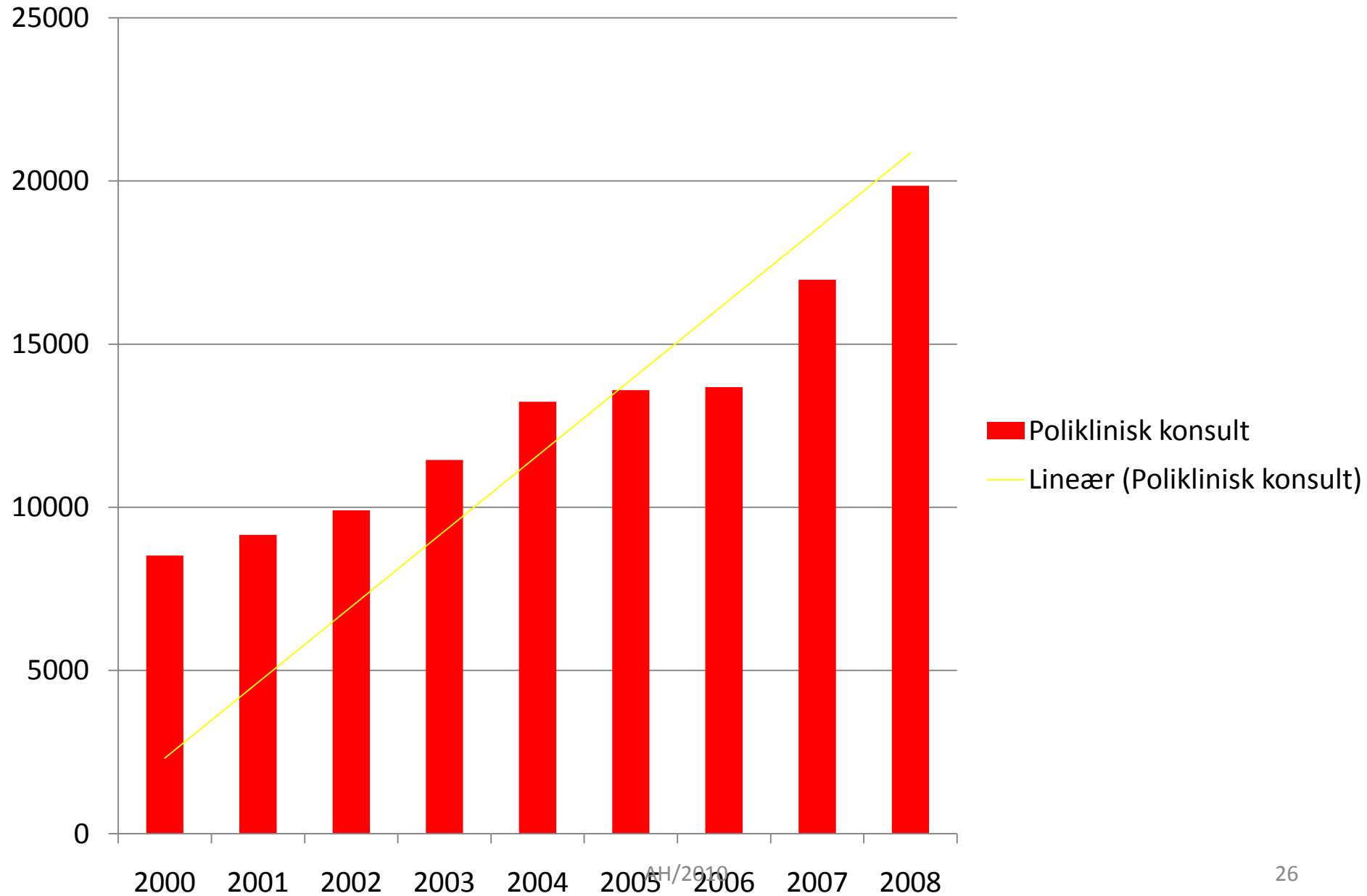
Revascularization versus medical therapy

- Initial pharmacological approach to symptom control may be taken in patients not at high risk
- Revascularization may be recommended for patients with suitable anatomy who do not respond adequately to medical therapy, or for the patient who wishes to remain physically active
- Optimal secondary preventative medical therapy (e.g., antiplatelet therapy, statins) should be continued in patients after revascularization irrespective of the need for anti-anginal therapy

Courage studien 2007



Poliklinisk konsult Med NLSH



Søknader til kardiologisk vurdering

- Ventetid uprioritert:
12 mnd +.....
- Ventetid prioriterte
stort sett når de skal...
- Kontroller 3 mnd etter
innleggelse...forsinket
- Vanlige
kontroller...forsinket

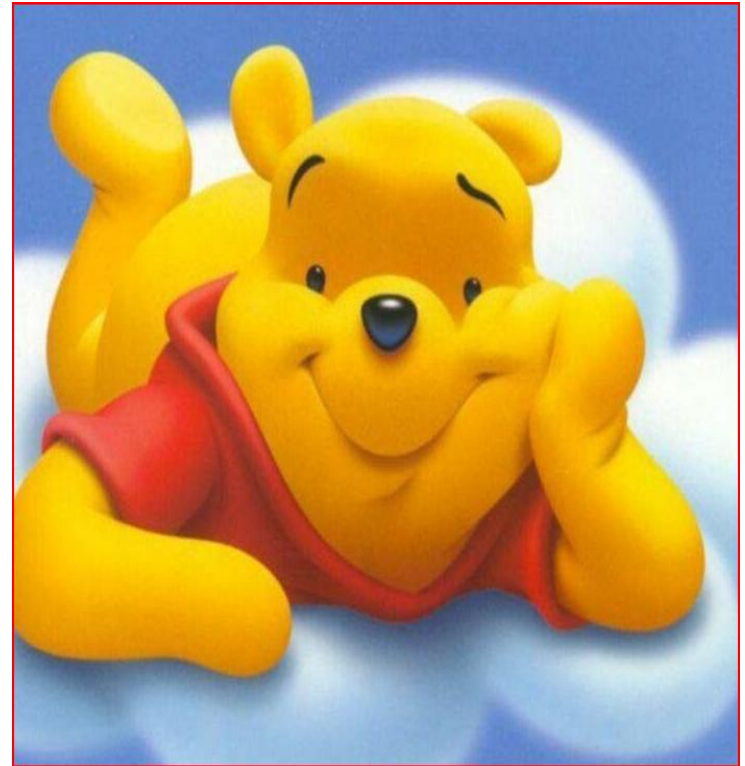


Praktisk tilnærming

- Anamnese: Risikoprofil, funksjonsrelaterte symptomer ? AKG mulig ?
- Klinisk us; BT, auskultasjon og EKG
- Lab; Hb, kreat, blodsukker, LDL, HDL, TG ++
- Teste ut nitrat, effekt ?
- ASA/langtidsnitrat/betablokker
- Henwise ? (fast track ?)

Fast track

- Hjertesvikt poliklinikk;
klinisk us, pro BNP
vurdering ila 4 uker 📞
- Koronar poliklinikk
risikoprofil, symptomer
nitrateffekt vurdering ila
4 uker 📞



HA EN FIN ETTERMIDDAG !!

