



Дружество на  
Кардиолозите  
в България  
[www.cardiobg.com](http://www.cardiobg.com)

# ПРЕВЕНЦИЯ НА СЪРДЕЧНО- СЪДОВИТЕ ЗАБОЛЯВАНИЯ



## НАУЧЕН СИМПОЗИУМ

16-18 май 2014  
к.к. Албена

За регистрация  
и настаняване:



Международни прояви ООД  
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EUROPEAN  
SOCIETY OF  
CARDIOLOGY®

European Heart Journal (2013) **34**, 2381–2411  
doi:10.1093/eurheartj/eht234

**CURRENT OPINION**

# ESC Core Curriculum for the **General** Cardiologist (2013)

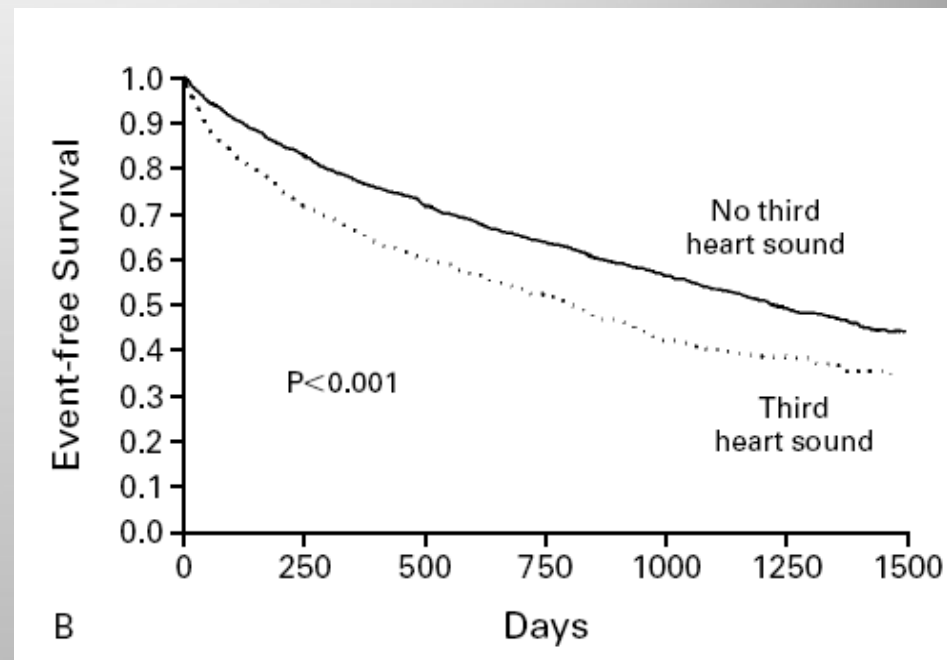
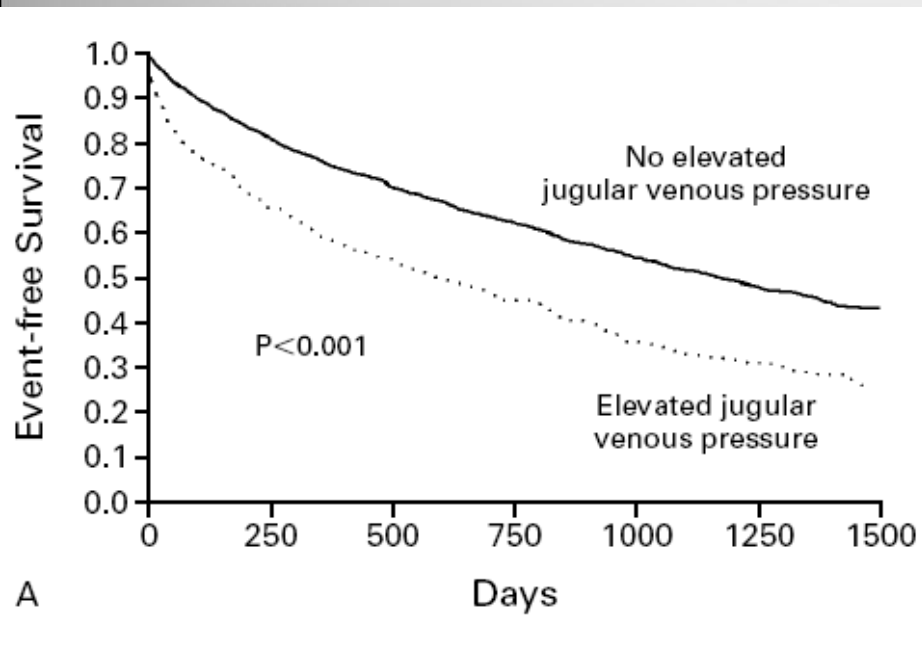
European Society of Cardiology

**Какво може да ни даде  
физикалното изледване на  
болния? Корелация с  
образната диагностика.**

*А. Гудев, FESC, FACC  
УМБАЛ "Царица Йоанна – ИСУЛ"*



# PROGNOSTIC IMPORTANCE OF ELEVATED JUGULAR VENOUS PRESSURE AND A THIRD HEART SOUND IN PATIENTS WITH HEART FAILURE

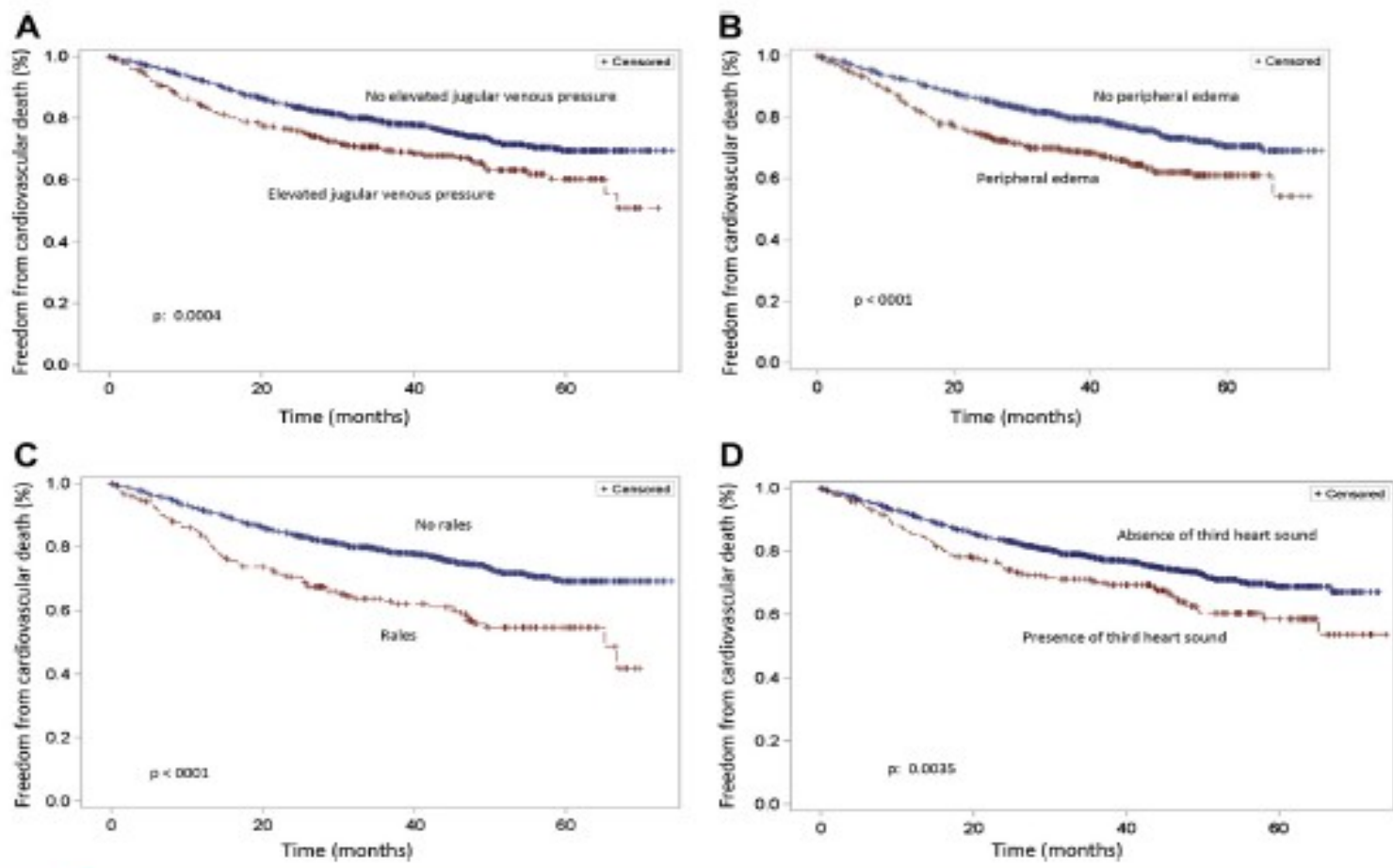


**Figure 1.** Kaplan-Meier Analysis of Event-free Survival According to the Presence or Absence of Elevated Jugular Venous Pressure (Panel A) and a Third Heart Sound (Panel B).

The end point was a composite of death or hospitalization for heart failure. In Panel A, the 280 patients with elevated jugular venous pressure were significantly more likely than the 2199 patients without elevated jugular venous pressure to reach the composite end point ( $P < 0.001$  by the log-rank test). In Panel B, the 597 patients with a third heart sound were significantly more likely than the 1882 patients without a third heart sound to reach the composite end point ( $P < 0.001$  by the log-rank test).

# Prognostic Value of the Physical Examination in Patients With Heart Failure and Atrial Fibrillation

Insights From the AF-CHF Trial  
(Atrial Fibrillation and Chronic Heart Failure)



**Figure 1.** Kaplan-Meier Estimates of Death From Cardiovascular Causes (Primary Outcome)

Kaplan-Meier analysis of event-free survival for the primary endpoint (cardiovascular mortality) according to the presence (red) or absence (blue) of elevated jugular venous pressure (A), peripheral edema (B), rales (C), and third heart sound (D). Comparisons were performed by logrank tests.

# Случай 1

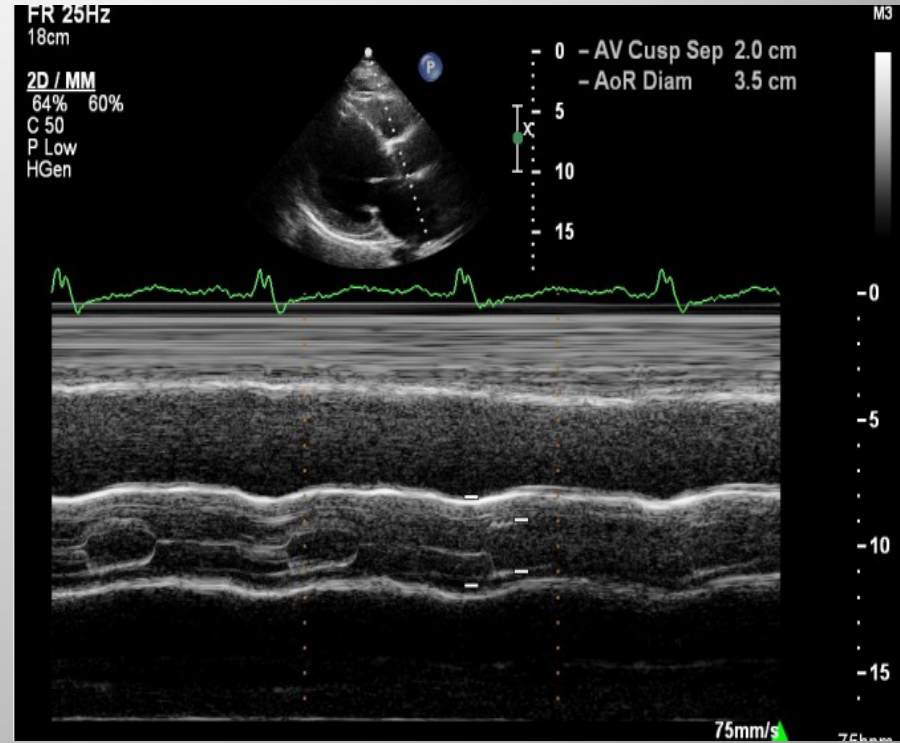


**Каква аускултаторна находка ще има  
този пациент ?**

# Случай 1



# Случай 1





•



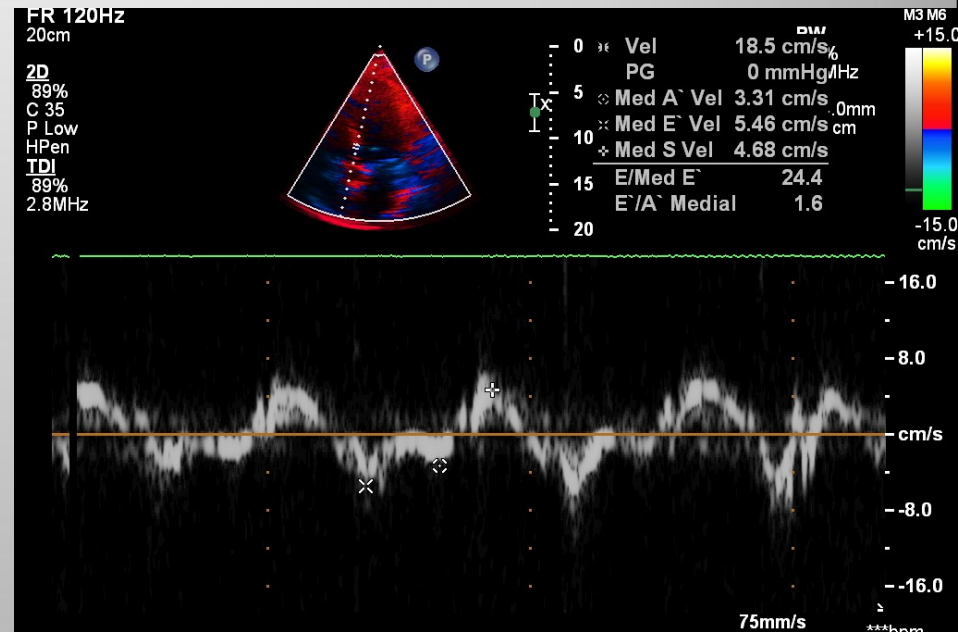
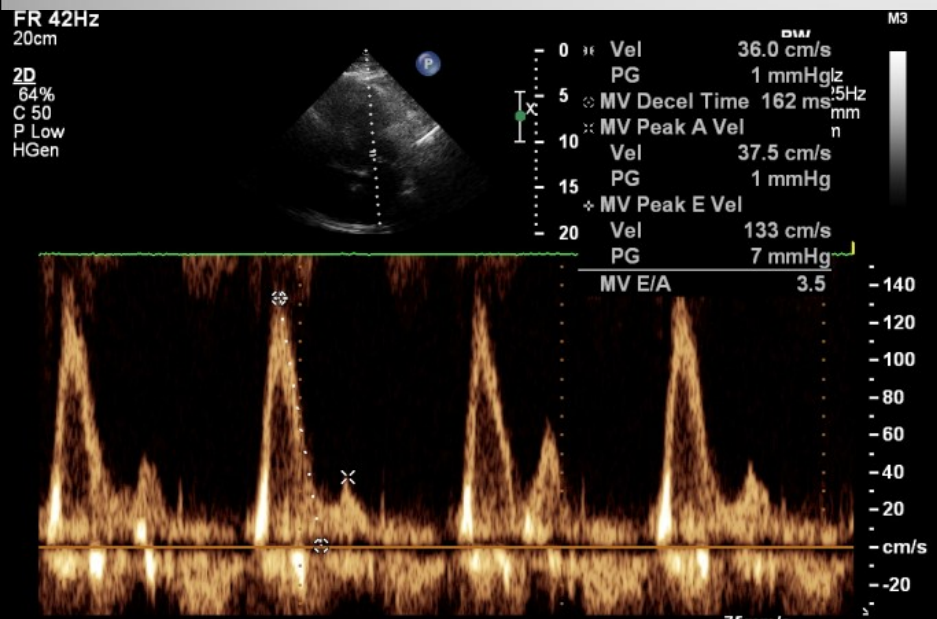
## **СЛУЧАЙ 2**



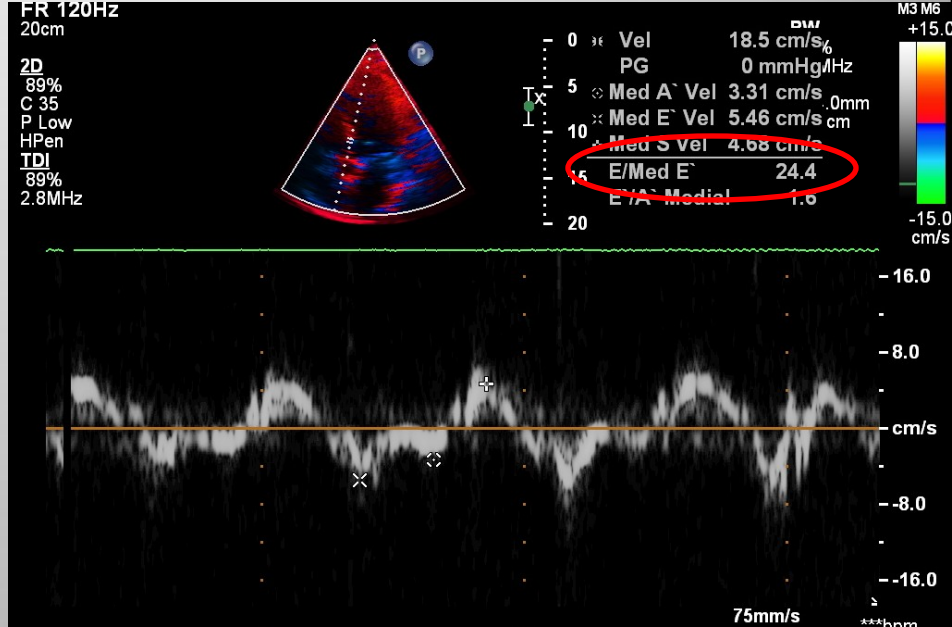
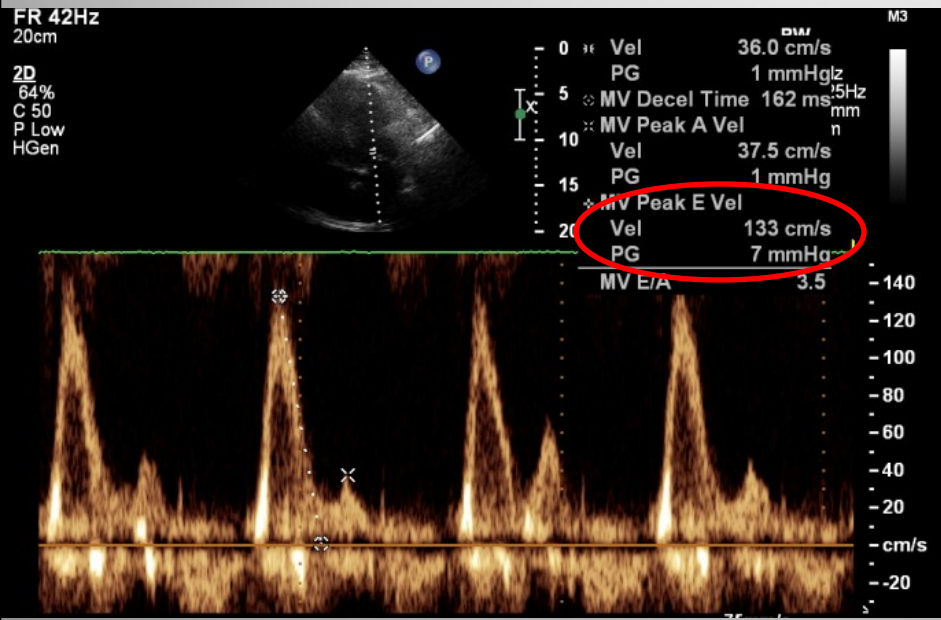
**Каква аускултаторна находка може да има този пациент?**

**Как може да изчислим налягането в ЛП?**

# СЛУЧАЙ 2



# Случай 2

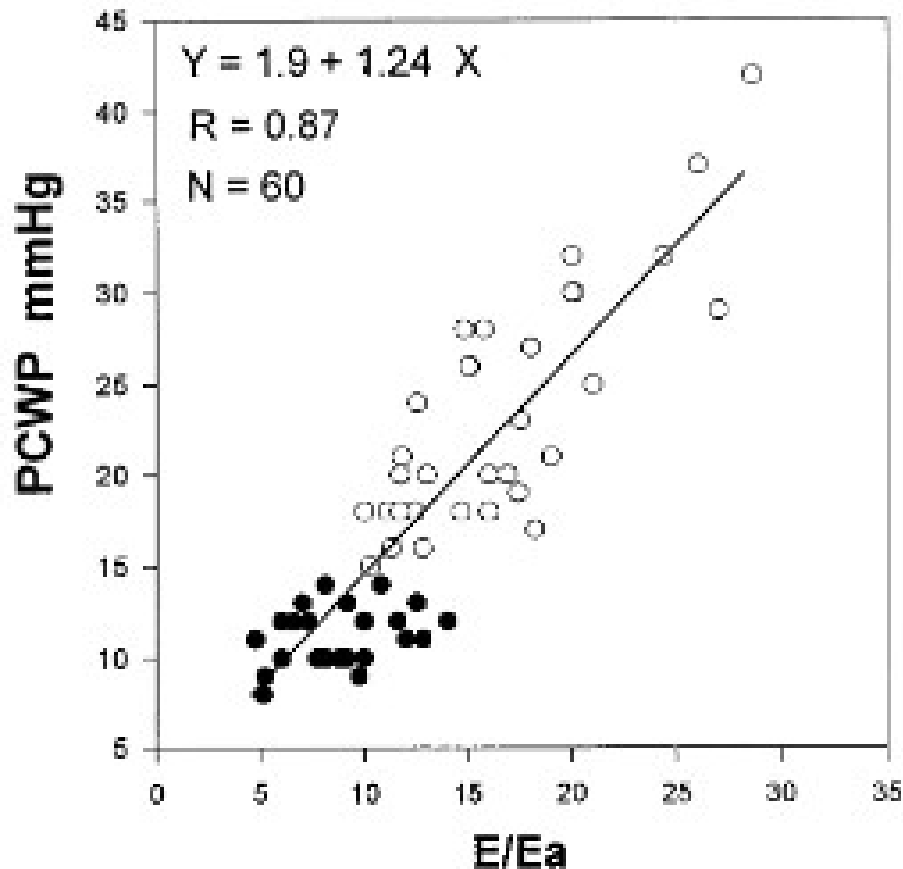


# Doppler Tissue Imaging: A Noninvasive Technique for Evaluation of Left Ventricular Relaxation and Estimation of Filling Pressures

SHERIF F. NAGUEH, MD, KATHERINE J. MIDDLETON, RCT, HELEN A. KOPELEN, RDMS,  
WILLIAM A. ZOGHBI, MD, FACC, MIGUEL A. QUIÑONES, MD, FACC

*Houston, Texas*

JACC Vol. 30, No. 6  
November 15, 1997:1527-33

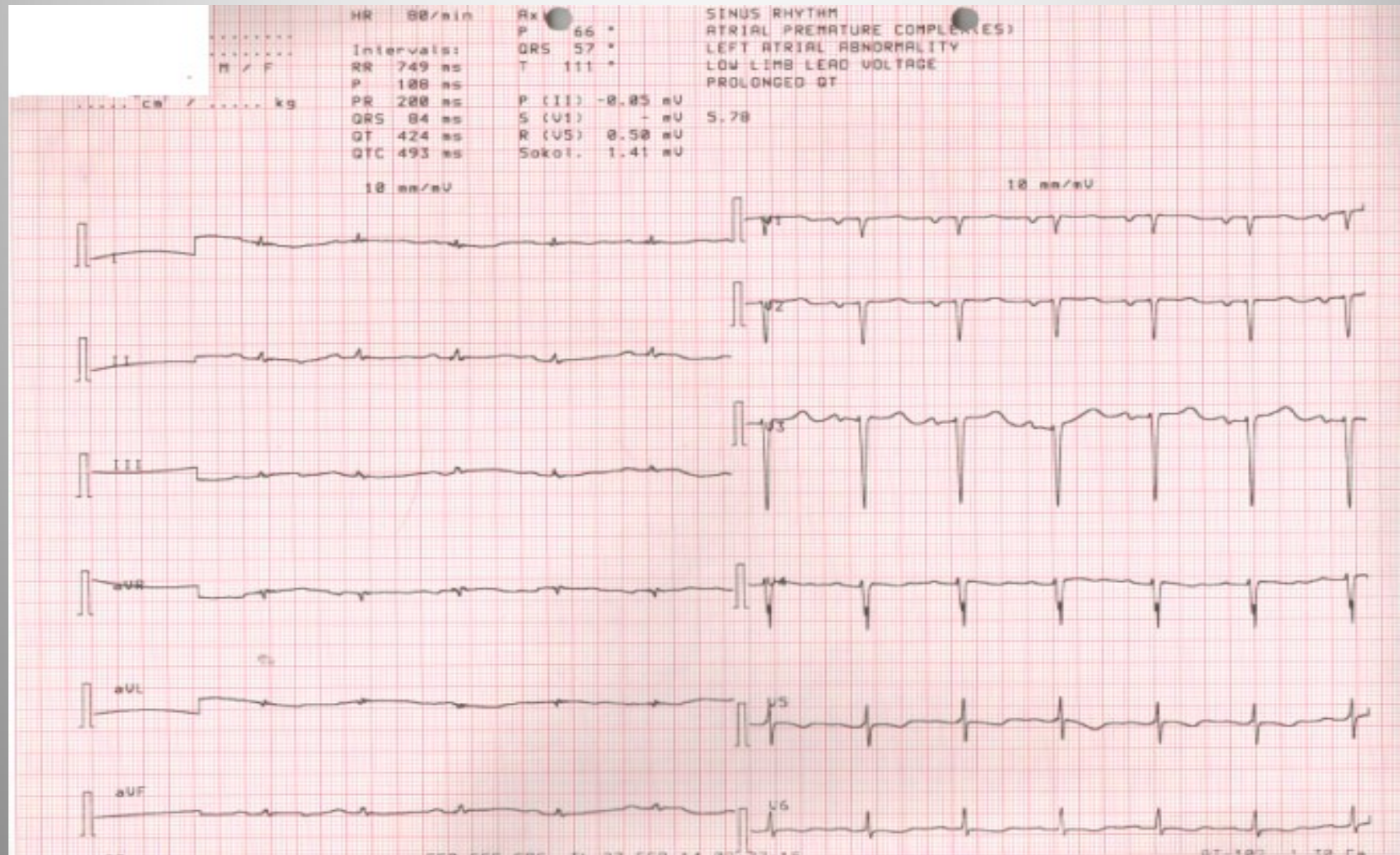


# СЛУЧАЙ 3



**57 г. пациент с оплаквания от задух. Какво може да очакваме от ЕхоКГ и от MRI?**

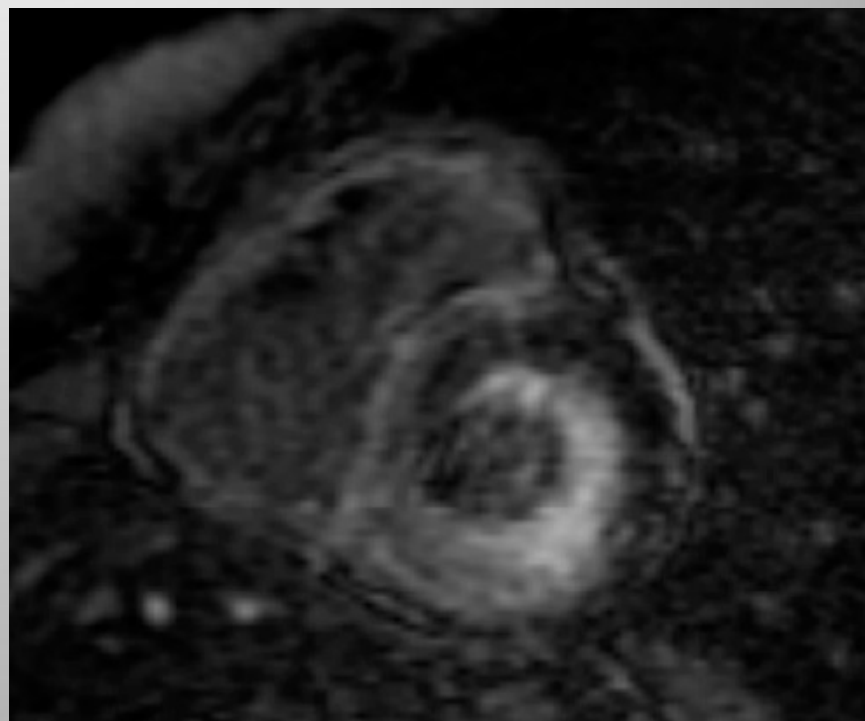
# Случай 3



# ЕхоКГ



# MRI



Субендокардно контрастиране на миокарда  
във фазата на късното контрастиране

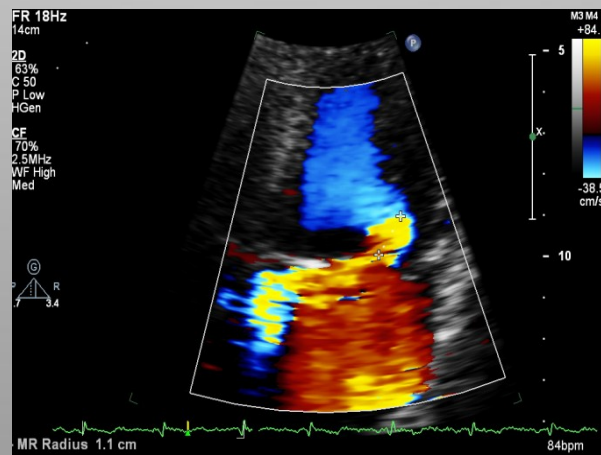
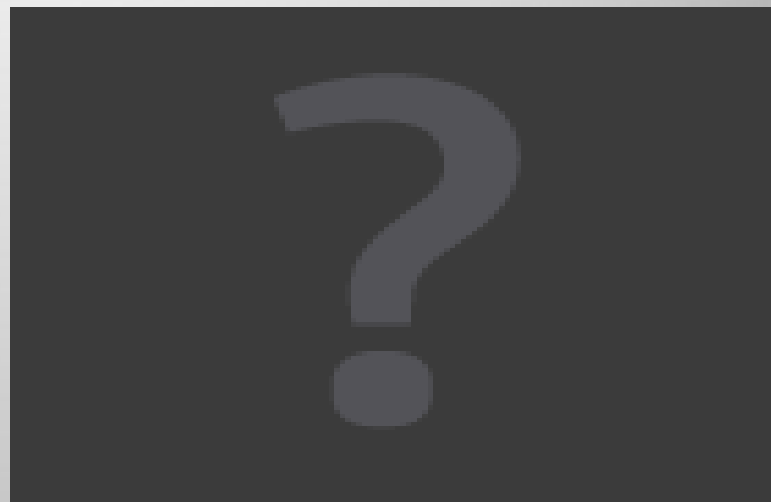
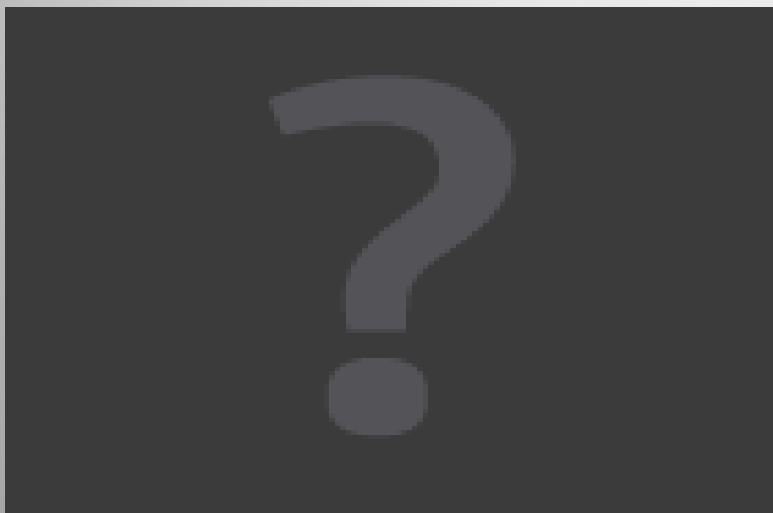


# СЛУЧАЙ 4



**Накъде ще ирадиира шума?**

# Случай 4



# СЛУЧАЙ 4



# СЛУЧАЙ 4

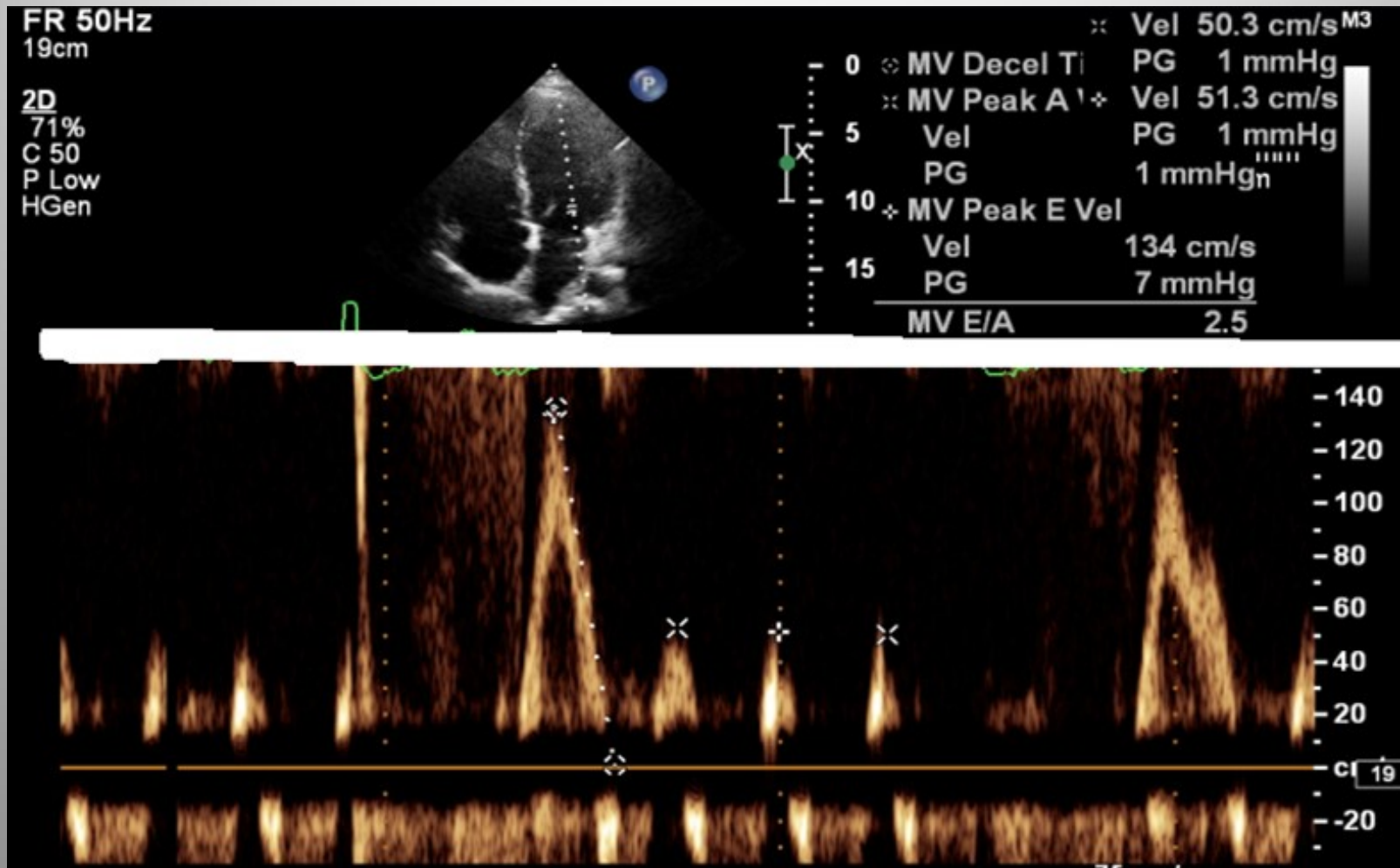


# СЛУЧАЙ 5



**Какви ЕКГ промени очакваме при този пациент?**

# Случай 5



# СЛУЧАЙ 5



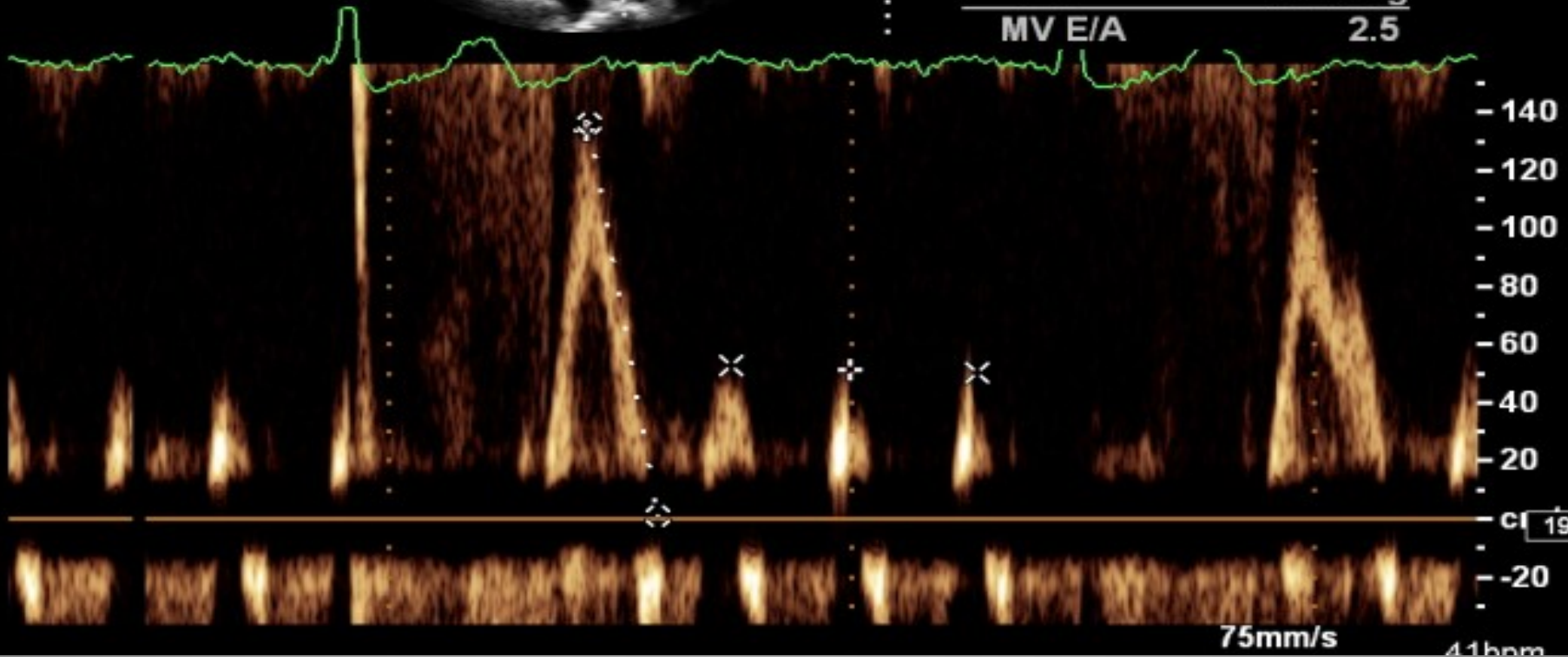
# СЛУЧАЙ 5

FR 50Hz  
19cm

2D  
71%  
C 50  
P Low  
HGen



0	⊗ MV Decel Ti	PG	1 mmHg
5	⊗ MV Peak A	Vel	50.3 cm/s
		PG	1 mmHg
10	⊕ MV Peak E	Vel	51.3 cm/s
		PG	1 mmHg
15		Vel	134 cm/s
		PG	7 mmHg
<b>MV E/A</b>		<b>2.5</b>	



19

75mm/s

41bpm



# СЛУЧАЙ 6



**Каква аускултаторна находка ще има този пациент?**

# Случай 6



# Случай 6



# Случай 6



# Случай 6

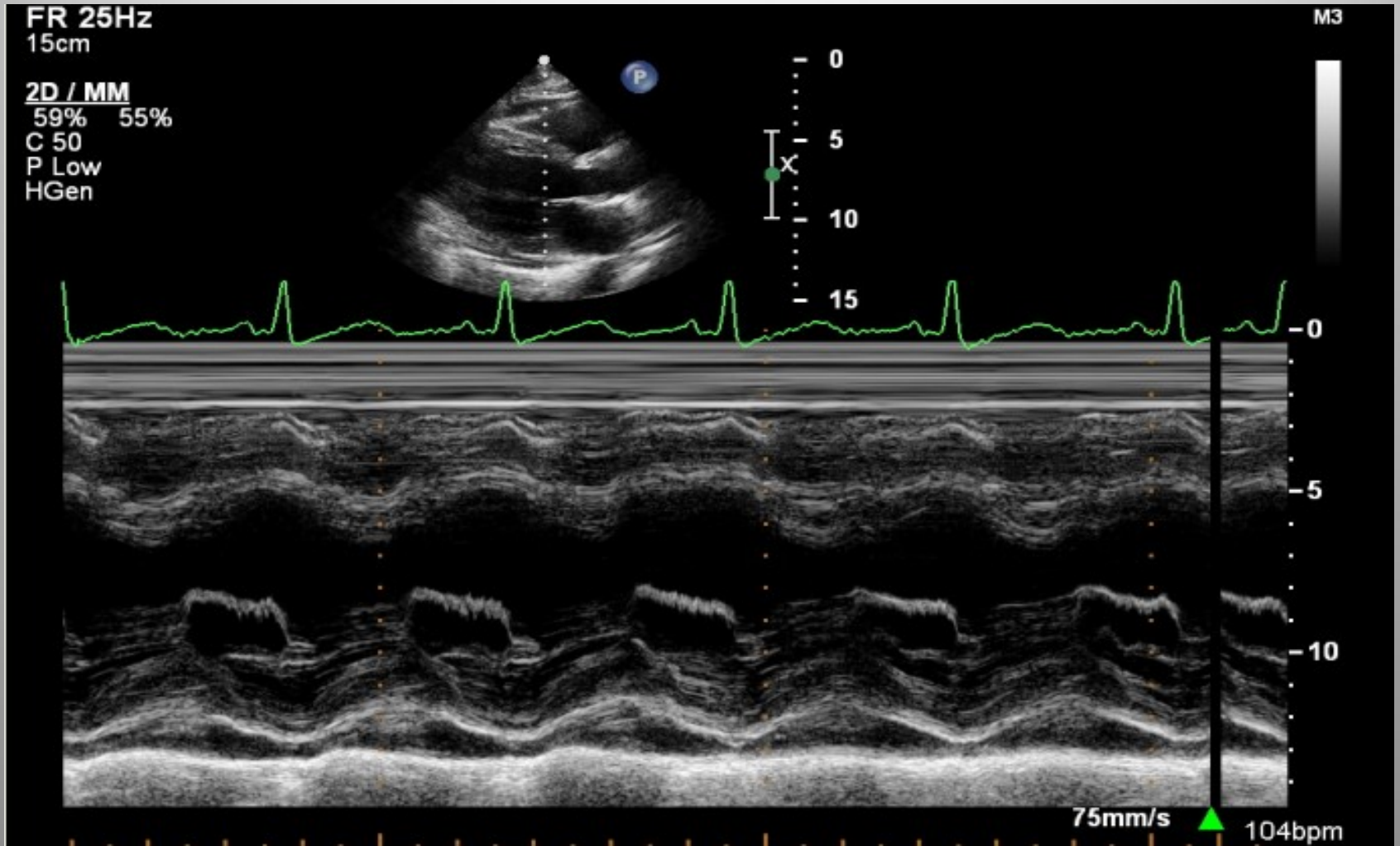


# Случай 7

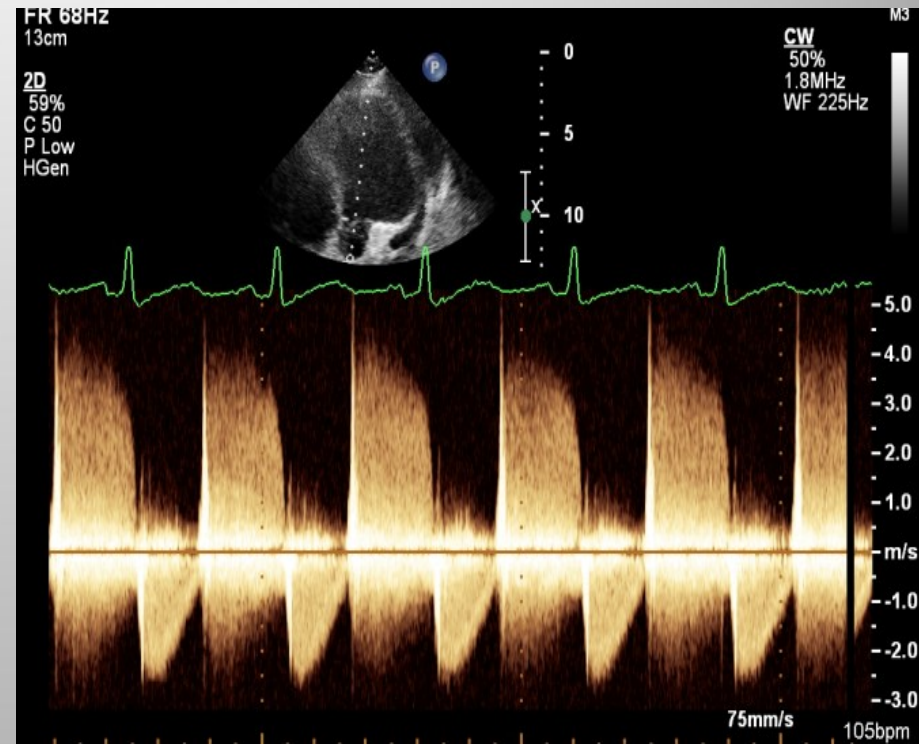


**Какъв е водещия клапния порок ?  
Каква аускултаторна находка очаквате да  
има?**

# Случай 7



# Случай 7





# Случай 7



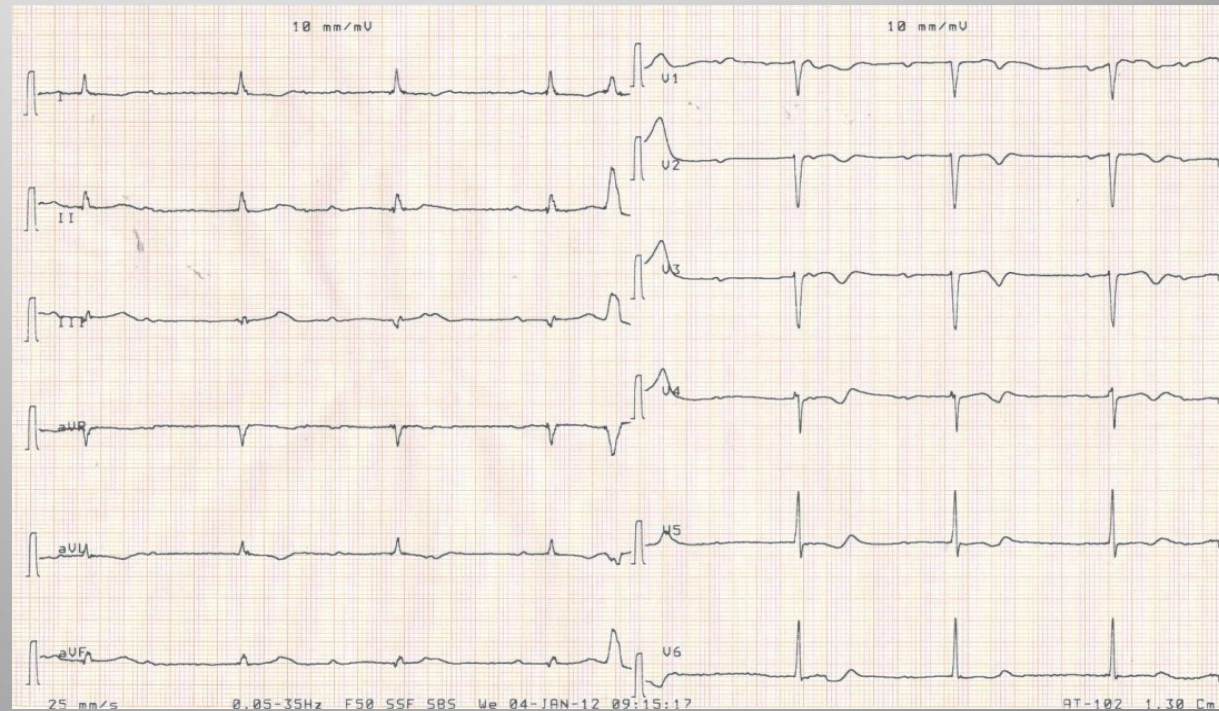
# Случай 8



**Какво усложнение може да очаквате  
от ЕхоКГ?**

# Случай 8

- 78 г. мъж с фебрилитет до 38, позитивни хемокултури, известен клапен порок



# СЛУЧАЙ 8

## ЕхоКГ

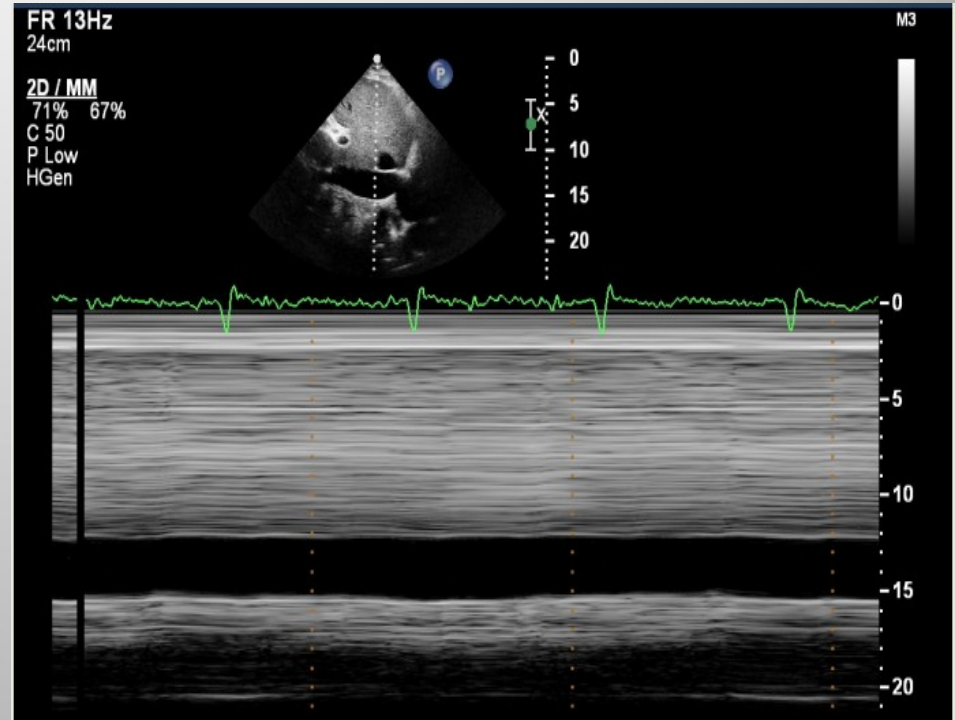
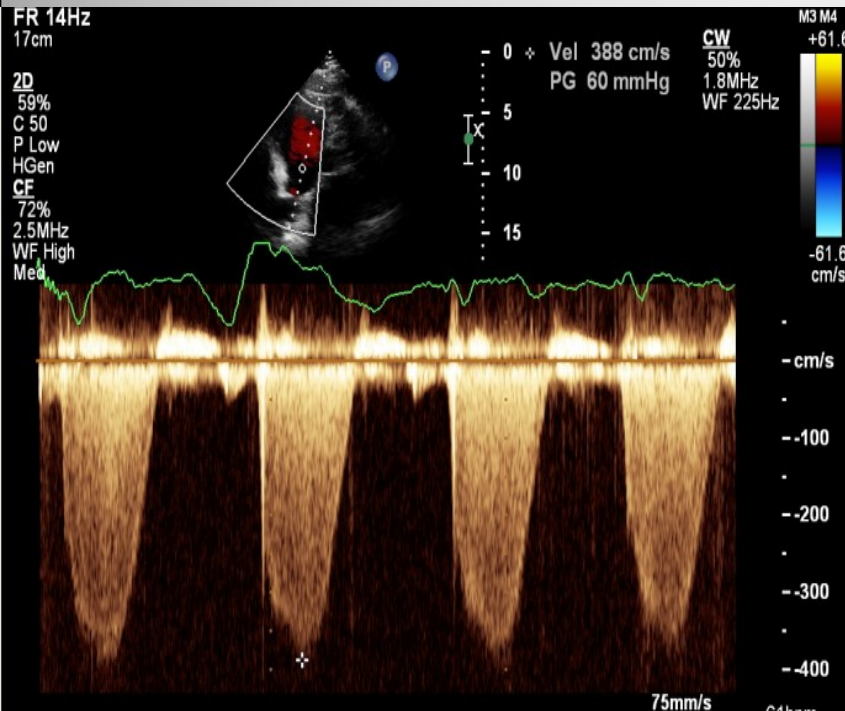


# СЛУЧАЙ 9



**Какво ще е очакваното налягане в а. pulmonalis при този пациент?**

# Случай 9

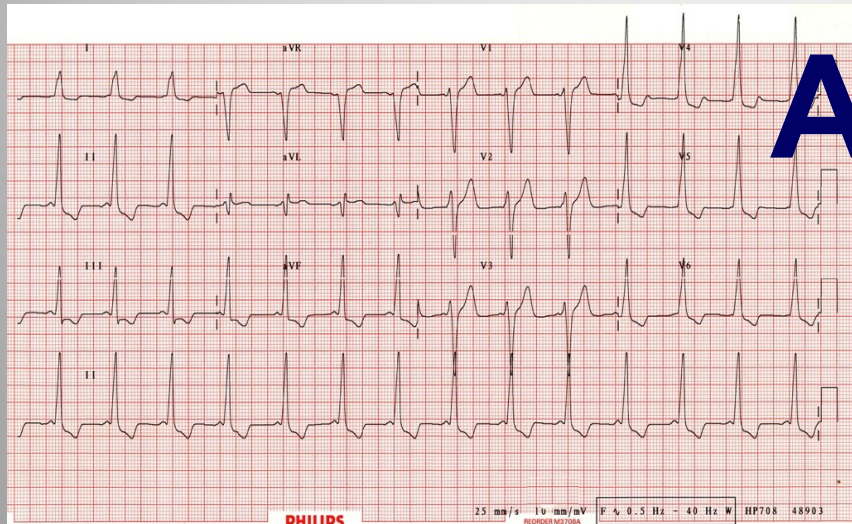


# ДП налягане

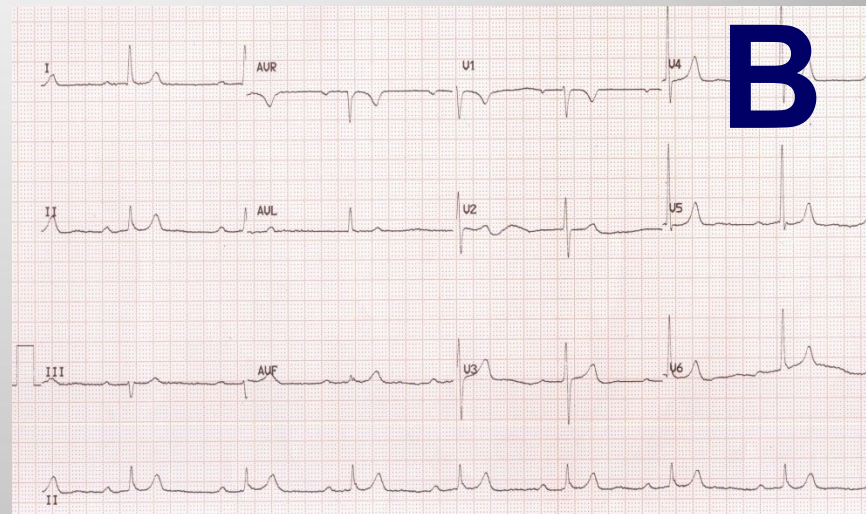
	Средно ДП налягане (mmHg)	Vena cava inf (mm)	Vena cava inf – инспираторен колапс	Хепатални вени
Норма	5-10	15-25	>50%	
Леко повишено	10-15	15-25	<50%	
Силно повишено	15-20	>25	<50%	
Значително повишено	>20	>25	Без колапс	Дилатирани

# СЛУЧАЙ 10

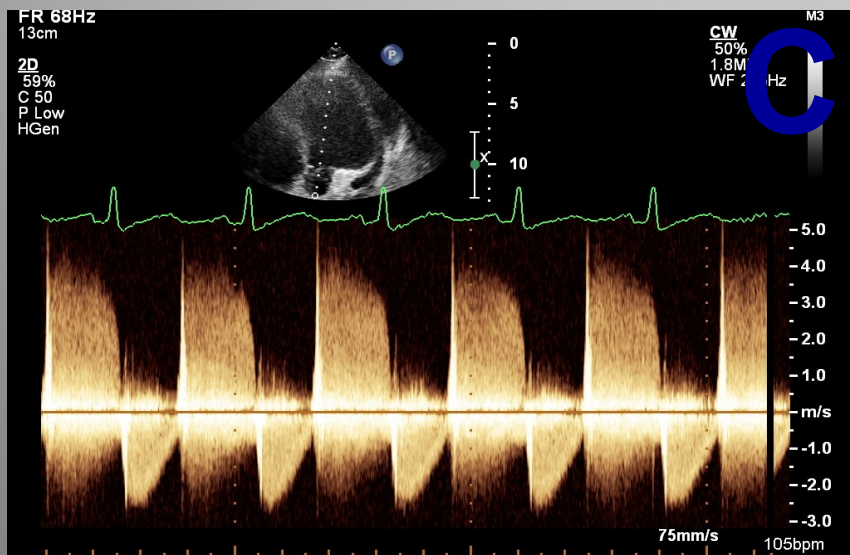
При кои от пациентите S1 ще е отслабен?



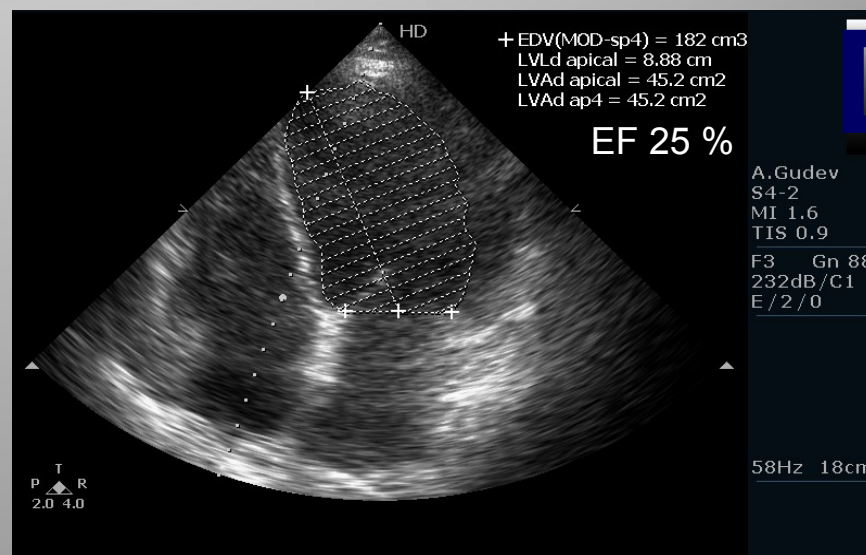
**A**



**B**



**C**

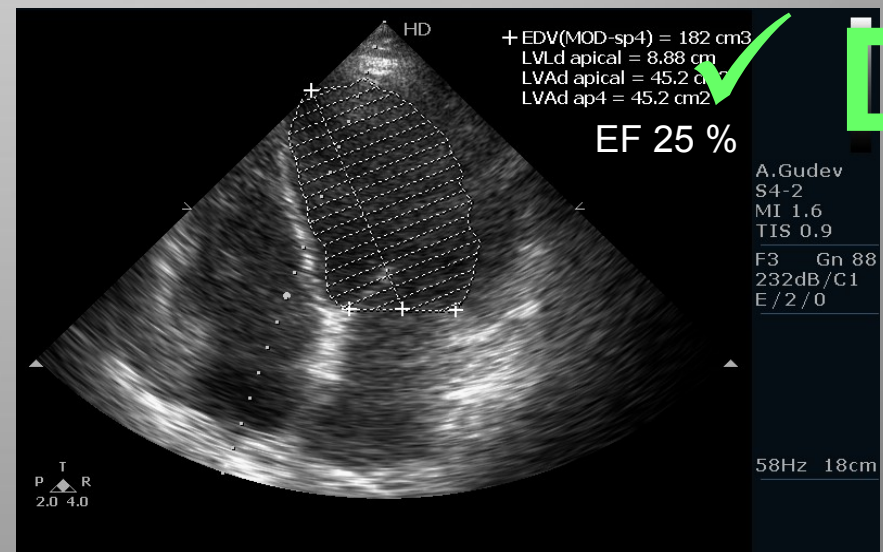
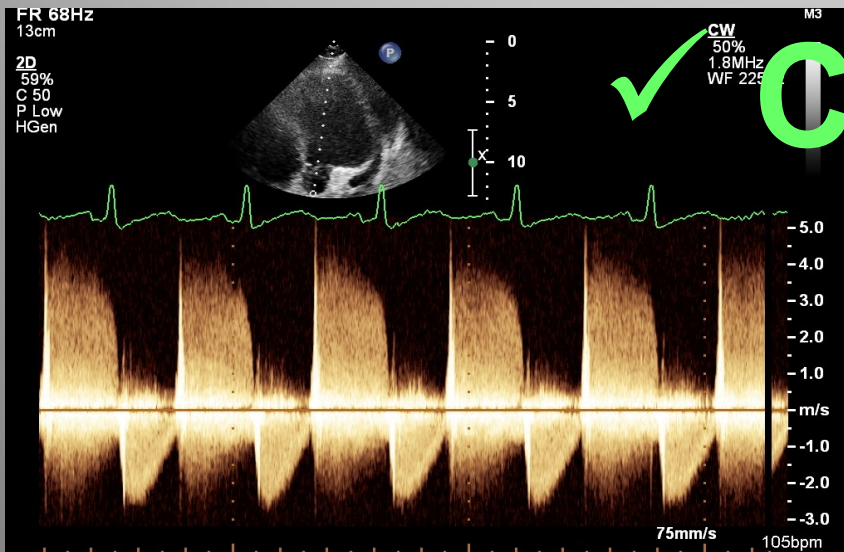
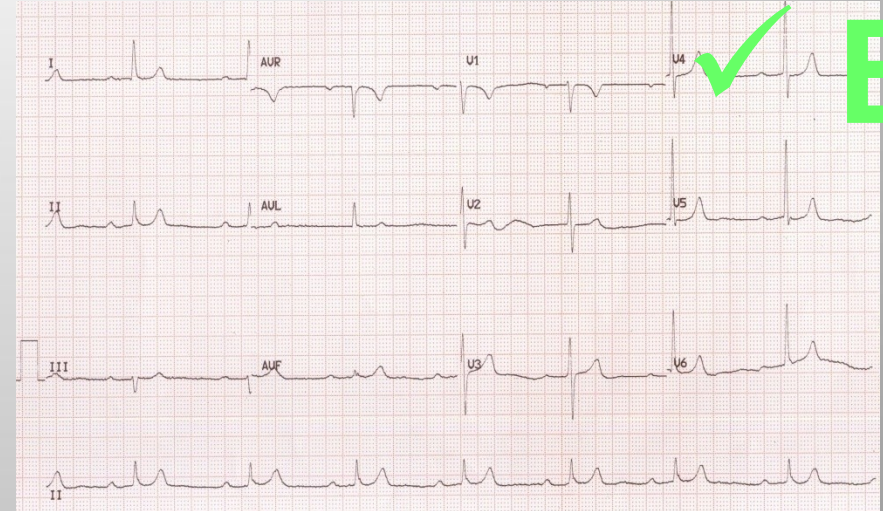
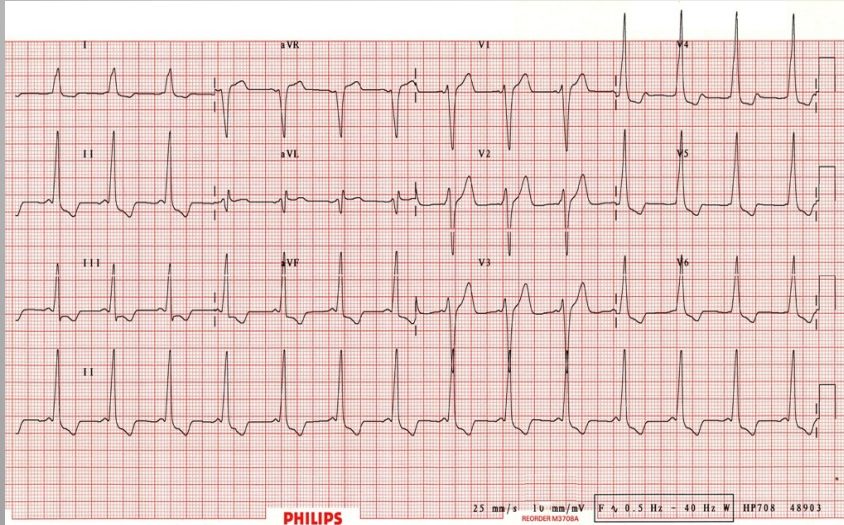


**D**



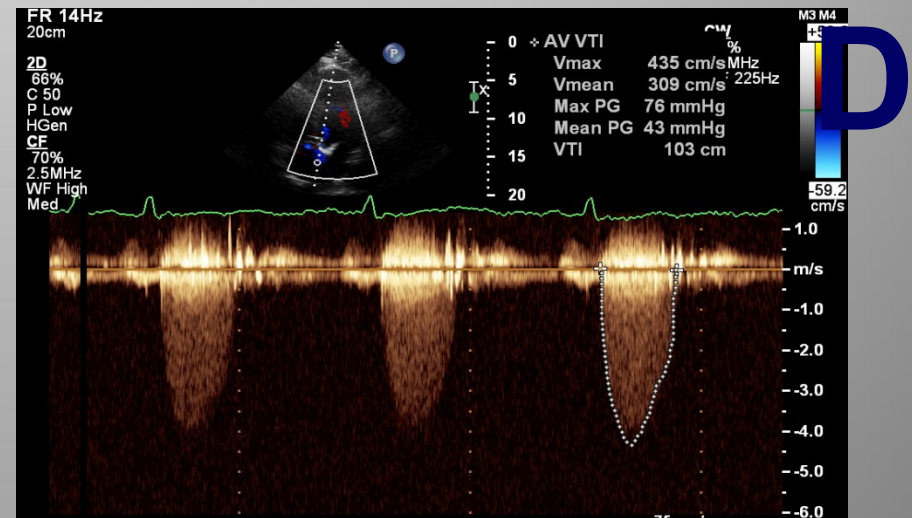
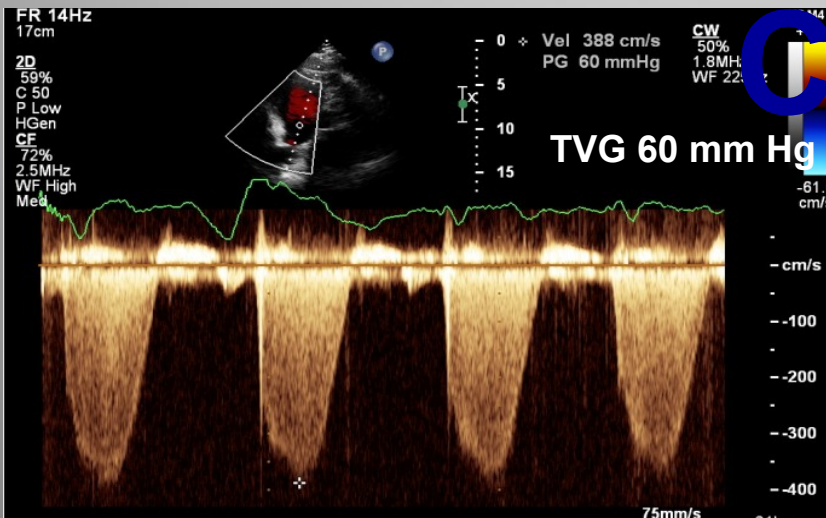
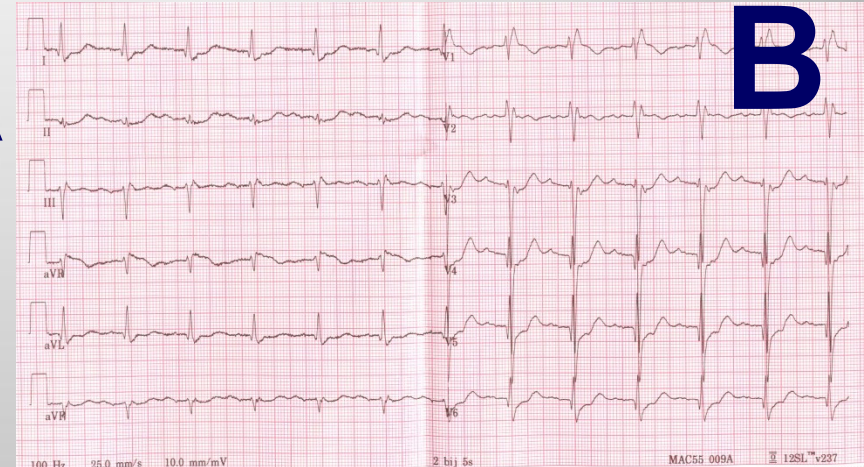
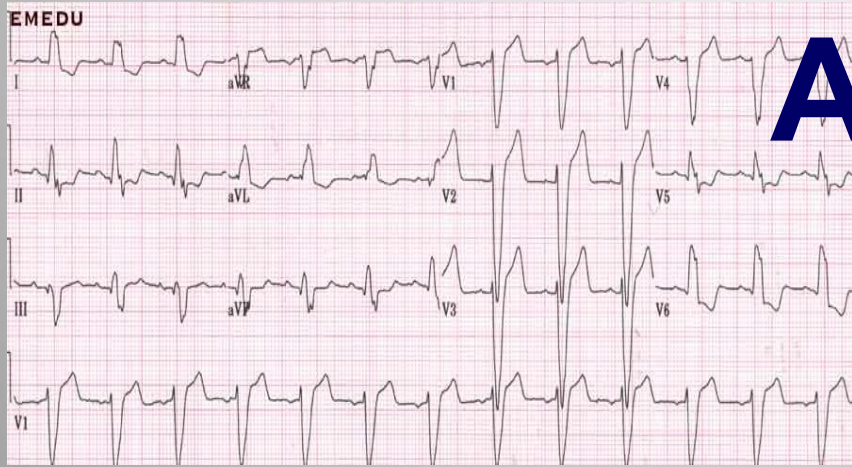
# СЛУЧАЙ 10

При кои от пациентите S1 ще е отслабен?



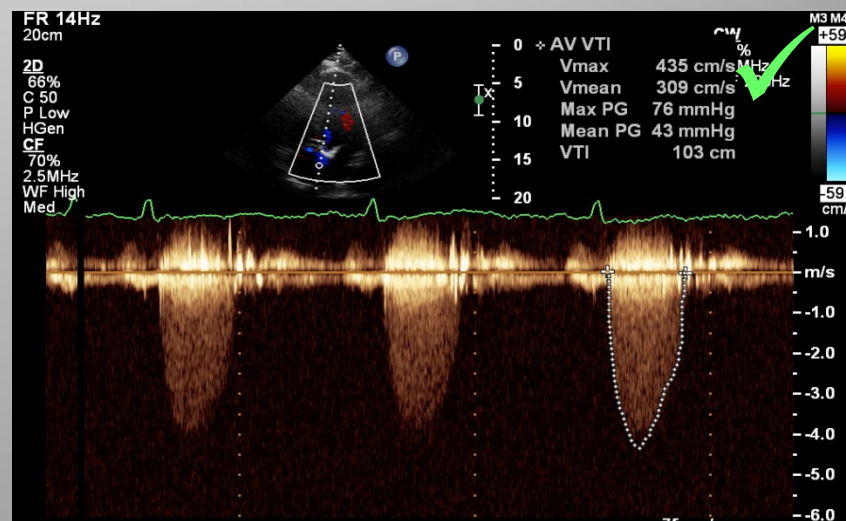
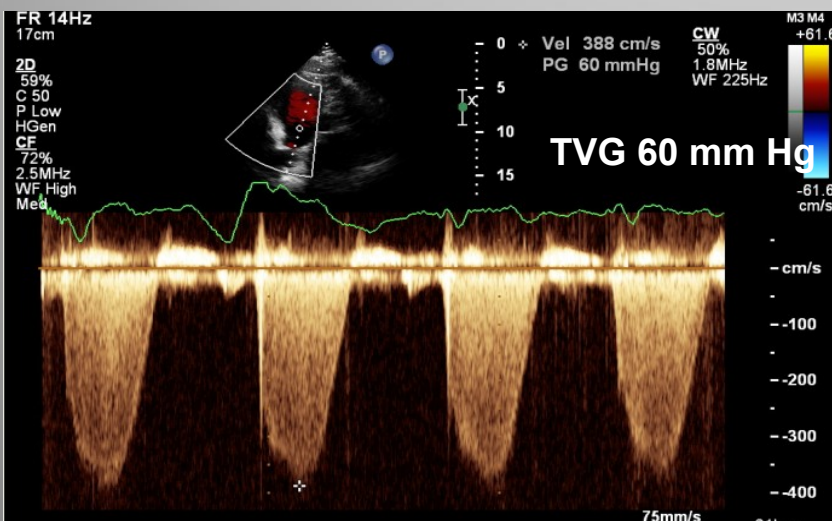
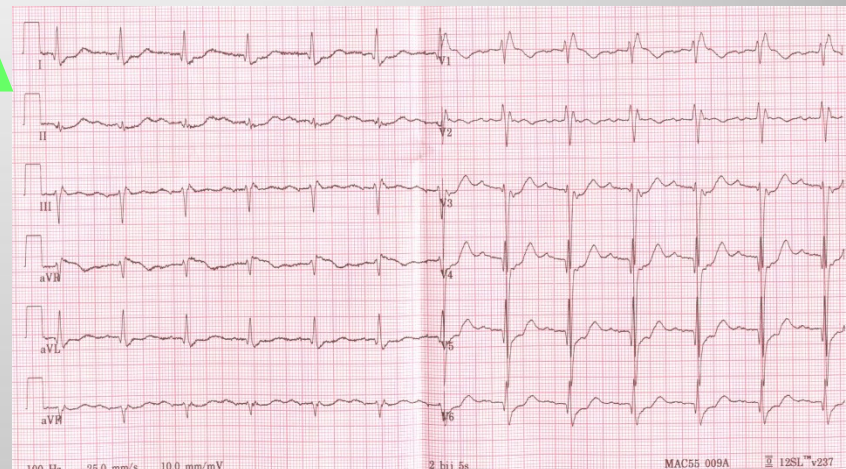
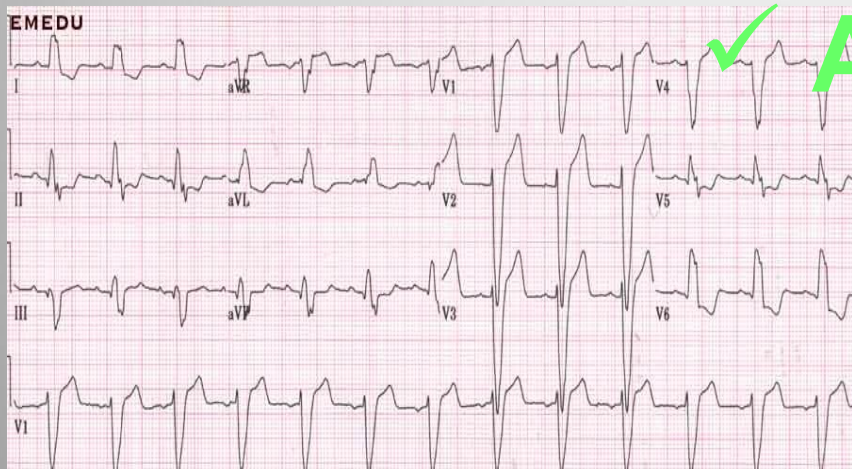
# Случай 11

## Кое състояние се асоциира с парадоксално раздвоен S2?



# Случай 11

## Кое състояние се асоциира с парадоксално раздвоен S2?



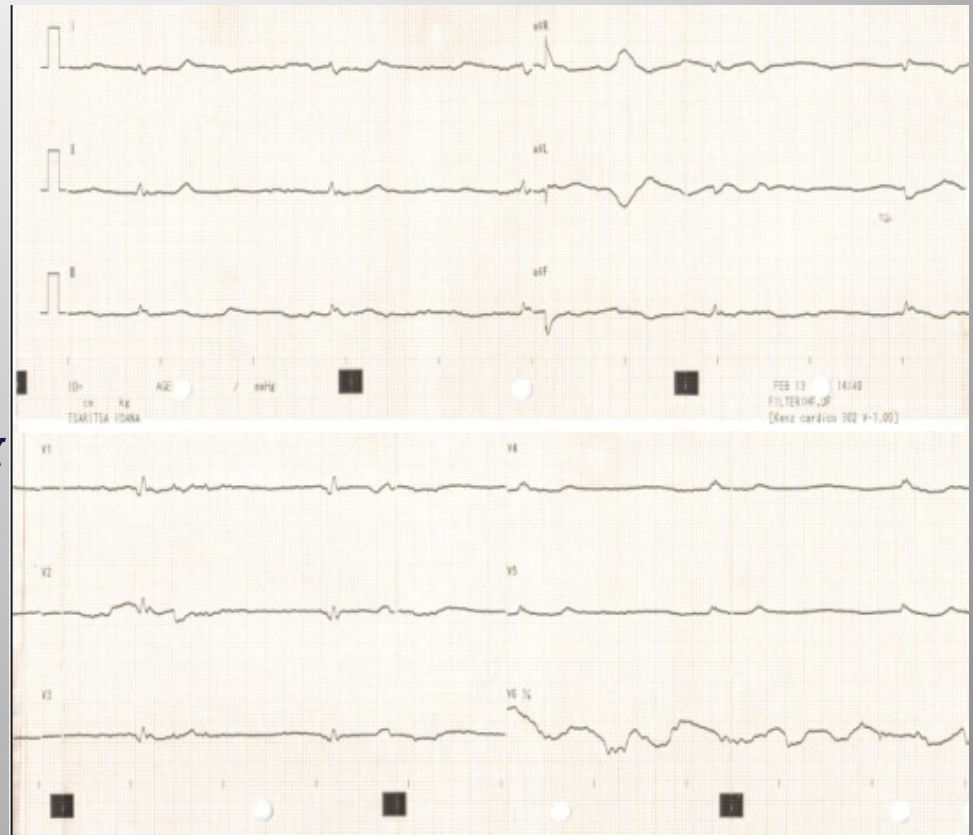
# СЛУЧАЙ 12



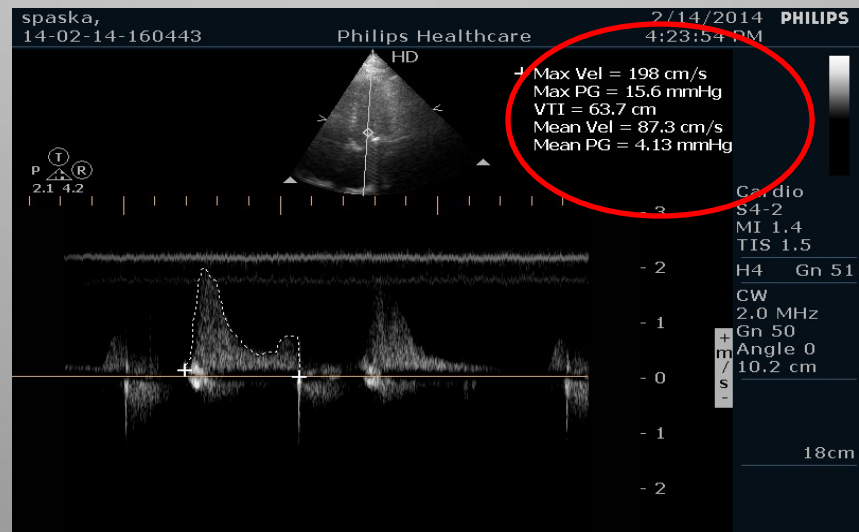
Каква аускултаторна находка  
ще има пациентката

# Случай 12

- 66 г. пациентка с MVR по повод с биологична клапа Labcor #29 /12.2013/
- Два дни преди настоящата хоспитализация с дизартрия, световъртеж
- Постъпва с кардиогенен шок
- **INR – не коагулира**



# ExoKГ



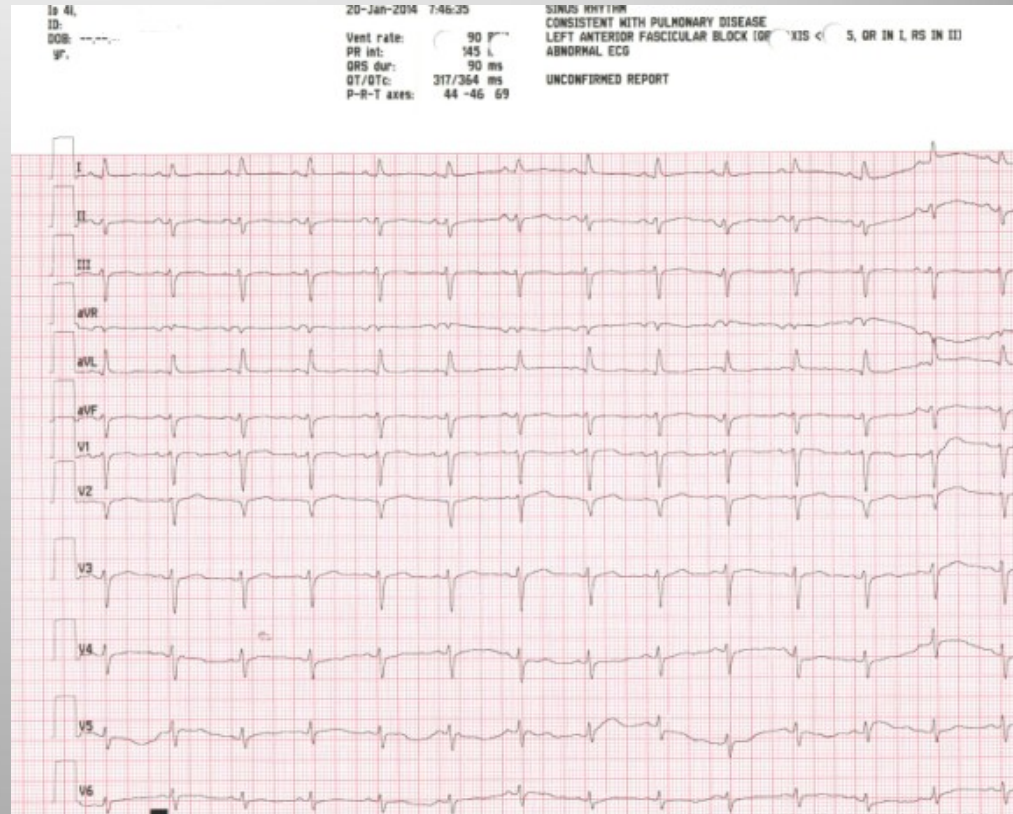
# СЛУЧАЙ 13



- *Коя крива на югуларния венозен пулс се асоциира със случая?*
- *Кои състояние се характеризират с останалите криви?*

# Случай 13

- 52 г. пациентка с оплаквания от задух
- АН 100/60, СЧ - 90/мин
- Sa O<sub>2</sub> :90 %
- Шиен венозен застои



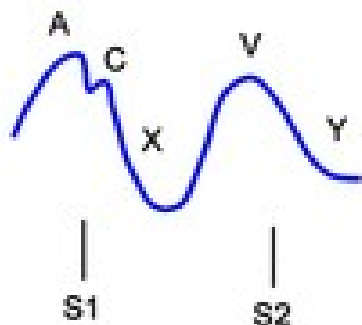


ΕχοΚΓ

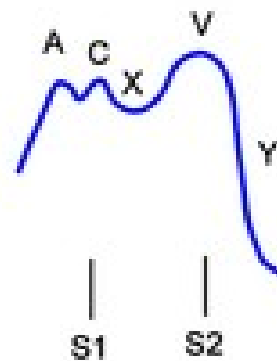


1. **Коя крива на югуларния венозен пулс се асоциира със случая?**
2. **Кои състояние се характеризират с останалите криви?**

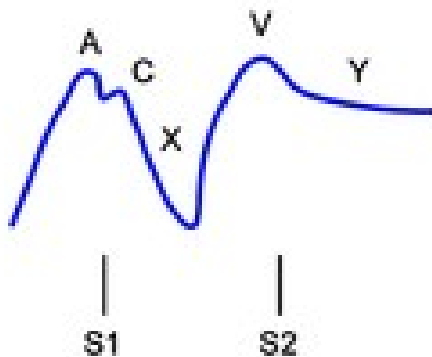
**A**



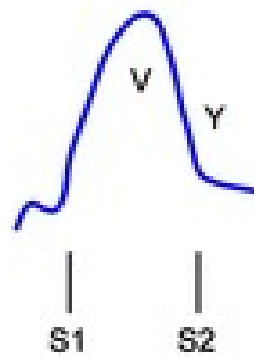
**B**

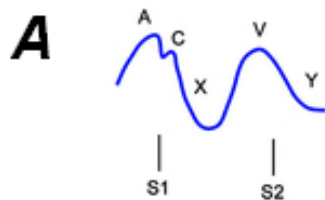


**C**

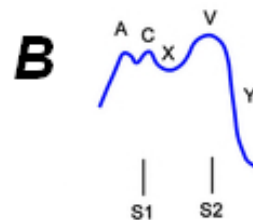


**D**

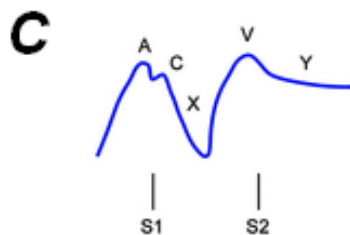




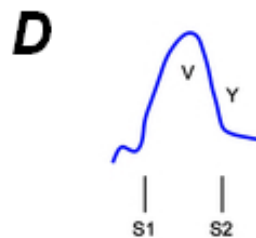
*Нормална крива*



*Констриктивен перикардит:  
бърза и стръмна Y- десцендента*



*Перикардна тампонада:  
липса на Y- десцендента*



*Тежка трикуспидална регургитация:  
Висока V- вълна*