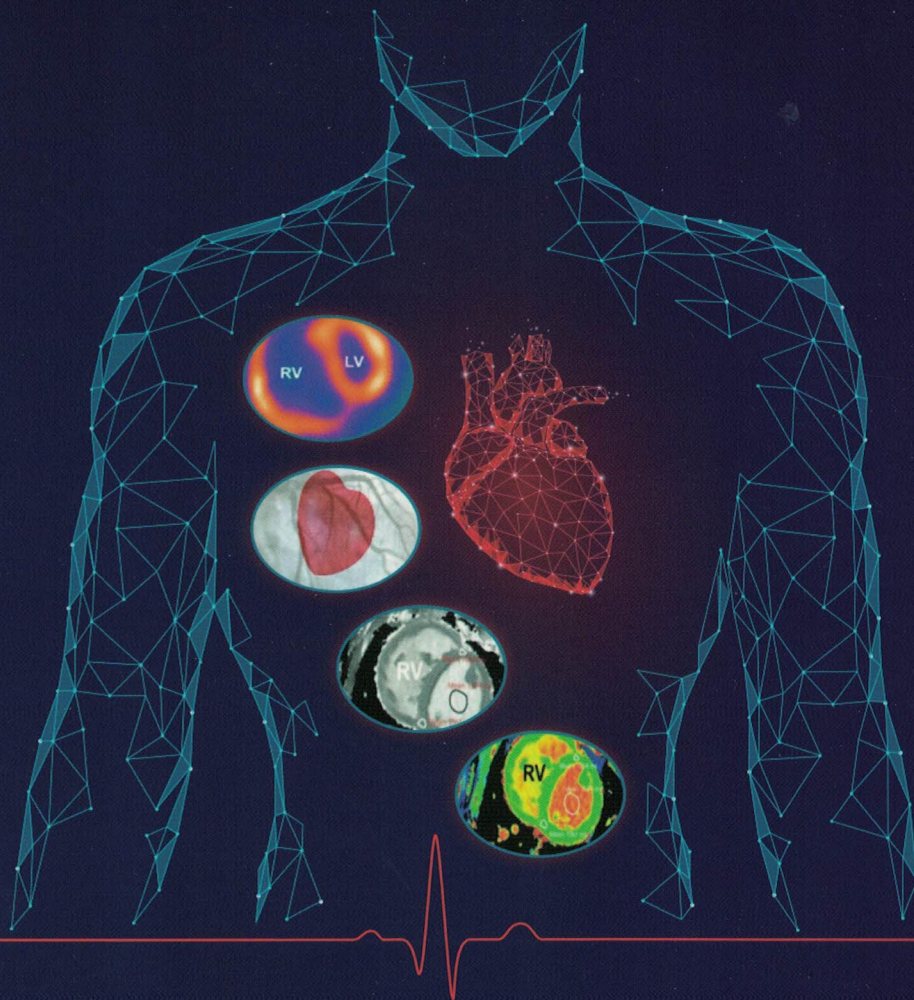




EHRA
European Heart
Rhythm Association
European Society of Cardiology

Symposium with international participation
“HIGHLIGHTS IN CARDIOVASCULAR DISEASES”

ABSTRACT BOOK



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CASE OF PATIENT WITH DILATED CARDIOMYOPATHY AND REDUCED EJECTION FRACTION, TREATED WITH SACUBITRIL/VALSARTAN

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Introduction: Heart failure is a clinical syndrome consisting of cardiac symptoms such as breathlessness, ankle swelling, and fatigue, that may be accompanied by signs: elevated jugular venous pressure, pulmonary crackles, and peripheral oedema. Heart failure remains a global epidemic with more than 64 million patients worldwide and continues to be the most common cause of hospitalization and in-hospital death. **AIM:** Treatment with sacubitril/valsartan, (ARNI) to improve symptoms of heart failure and reduce CV mortality, according the PARADIGM-HF trial and 2021 ESC guidelines for diagnosis and treatment of heart failure.

Method and materials: We report a case of 41-year old male, with symptoms of breathlessness and fatigue, and history of hypertension. Echocardiography report : EF=30 %, LVDd=68mm, LVDs=58mm, LA=43mm, Ao=37mm, RV=25mm, IVSd=12mm, global hypokinesia of left ventricle, moderate mitral regurgitation and mild aortic regurgitation. Laboratory: hsTroponin= 7,2 ng/L(<34,2), CK= 125 U/L(<200), CK-MB=22,3 U/L(<25), LDH=205 U/L(<400), Tot.Hol=5,23 mmol/L, TRIG=1,55 mmol/L, Glikemia =5,78 mmol/L. Coronary artery disease was excluded with coronary angiography, and treatment with sacubitril/valsartan 24/26 mg twice daily was initiated three days before discharge of our hospital. The patient was hospitalized in our department for 11 days. **Results and conclusion:** Regular visits were made after the first month, sixth month and after one year. Control echocardiography after one year: EF= 46%, LVDd= 53mm, LVDs= 40mm, LA= 40mm, mild mitral and mild aortic regurgitation was detected. The patient was without symptoms

of heart failure. Sacubitril/valsartan is optimal medical therapy of patients with HFrEF, effective in reducing hospitalization and CV mortality.

Key words: dilated cardiomyopathy, Sacubitril /Valsartan, echocardiography.

THE LONG TERM EFFECT OF SARS-COV-19 INFECTION ON OCCURRENCE OF ARTERIAL HYPERTENSION AND DETERIORATION OF PREEXISTING ARTERIAL HYPERTENSION

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Introduction: The SARS CoV2 virus is binding to the human ACE- receptors, found in the lungs and other organs and tissues, causing their damage. Patients with preexisting hypertension have a higher inclination to develop covid - infection and have more severe form of covid- infection and higher incidence of death.

Objective: The aim of this study is to analyze the incidence of newly diagnosed hypertension in patients after covid- infection and worsening of the pre-existing hypertension.

Material and methods: In this study 203 consecutive patients, hospitalized in the Modular Hospital-Clinic for Infectious Diseases in Skopje, from December 2020 to May 2021, were retrospectively analyzed. Pre-existing hypertension was defined based on history, medical records, or ongoing antihypertensive therapy. Newly diagnosed hypertension was defined as systolic blood pressure ≥ 140 mmHg and/or diastolic BP ≥ 90 mmHg, measured in the office of the family doctor and noted in the electronic medical record (EMR). The worsening of hypertension was also registered by the family doctor and noted in EMR.

Results: In this study we included 203 patients with an average age of 63, 24 +/- 13, 23. 59% of the patients had diagnoses of hypertension prior to covid-infection. Newly diagnosed hypertension during the follow-up period of 1 year was detected in 14 patients (7%). Worsening of hypertension with a need of addition of one or more antihypertensive medications was noted in 25% of patients that survived covid-infection, during the period of follow-up.

Conclusion: Covid-19 raises systolic and diastolic blood pressure and can lead to new-onset of hypertension. It also worsens the preexisting hypertension.

Keywords: Covid-19, hypertension