

CASE OF PATIENT WITH DILATATED 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, IVDs=12mm, global hypokinesis 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=1,55mmol/L, Glikemia=5,78 mmol/L.

Coronary artery disease was excluded with coronary angiography and treatment with sacubitril / valsartan 24/26mg twice daily was initiated three days before discharge of our hospital. The patient was hospitalized in our department for 11 days.

Results and Conclusions

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, 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.

