Case Präsentation

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Patientendaten

Alter: 68 Jahre

Geschlecht: männlich

• Grunderkrankung: Ischämische CMP NYHA IV, INTERMACS 4

• BMI: 28.5

 Medikation: Bisoprolol 2.5mg 1-0-1, Sacubitril/ Valsartan Pause, Spironolocaton Pause, Torasemid 20mg 1-0-0, Sedacoron 200mg 1-0-0.



Komorbiditäten und Labor

• NIDDM: HbA1C = 6.7%

- Chronische Niereninsuffizienz
 - GFR 25.27 ml/min/1,73m²
- proBNP: 10703 pg/ml

Hyperlipidämie

Hypothyreose (substituiert)

Herzinsuffizienzanamnese

- Herzinfarkt 2009
 - PCI + Stent LAD
 - Erstdiagnose Herzinsuffizienz
 - Z.n. ICD Implantation 2010
 - Z.n. 2x Mitra Clip Implantation 2011 bei hohgradiger MI
 - HTX Evaluierung, fix. PH + prärenal Nierenversagen

Rechtsherzkatheter

Vasodynamischer RHK – fix. PH

- CI 2L/min/m²
- sPAP 72mmHg
- dPAP 38mmHg
- mPAP 49mmHg
- PCWP 37mmHg
- PVR 246 dynsec/cm⁵
- PVR 3.1 Wood Units











Table 13.3 Patients potentially eligible for implantation of a left ventricular assist device

Patients with >2 months of severe symptoms despite optimal medical and device therapy and more than one of the following:

LVEF <25% and, if measured, peak $VO_2 < 12$ mL/kg/min.

≥3 HF hospitalizations in previous 12 months without an obvious precipitating cause.

Dependence on i.v. inotropic therapy.

Progressive end-organ dysfunction (worsening renal and/or hepatic function) due to reduced perfusion and not to inadequate ventricular filling pressure (PCWP \geq 20 mmHg and SBP \leq 80–90 mmHg or Cl \leq 2 L/min/m²).

Absence of severe right ventricular dysfunction together with severe tricuspid regurgitation.

CI = cardiac index; HF = heart failure; i.v. = intravenous; LVEF = left ventricular ejection fraction; PCWP = pulmonary capillary wedge pressure; SBP = systolic blood pressure; $VO_2 = oxygen consumption$.

2016 ESC Guidelines



Operatives Konzept

LVAD Implantation als Bridge to Candidacy

Device HeartMate 3

OP Zugang: laterale Thorakotomie + obere Hemisternotomie

Zusätzliche Prozeduren: keine geplant