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TRANSPOSITION OF THE GREAT ARTERIES WITH MULTIPLE ASSOCIATED COMORBIDITIES

Author: **Laurențiu Humă**

Scientific adviser: Dr. Mircea Buruian, Academician, University Professor,

George Emil Palade University of Medicine, Pharmacy, Science and Technology of Targu Mures

Background. Transposition of the great arteries is an embryological misplacement of the Aorta and the trunk of the Pulmonary Artery, in which the Aorta rises from the right ventricle, while the pulmonary trunk continues the left ventricle, thus creating two parallel vascular systems. This situation is not compatible with life in the absence of a communication between the two systems (e.g. Ventricular septum and/or atrial septum defect, persistence of the arterial duct etc.) which will allow the mixing of oxygen-rich blood with deoxygenated blood. In order for the patients to survive, this congenital heart disease has to be treated as soon as possible. In some circumstances the surgery can be post-poned by using prostaglandines to keep the arterial duct open. Considering this information, we decided to look upon a case of TGA with multiple comorbidities and evaluate the role of radiologic and ultrasound(US) investigations in decisions regarding the tempos of the multidisciplinary surgical interventions.

Case report. We will present the case of a newborn female, prenatally diagnosed with TGA, who was transferred from another clinic, where an ileostomy was performed, to temporarily treat her inability to feed. She associated a diaphragmal hernia, metabolic uncompensated acidosis, anemia, elevated respiratory rate, fever and decrease of SpO₂. She was treated with PGE₁ prior to the surgical interventions which took place in our clinic. After her admission paraclinics confirmed the TGA and diaphragmal hernia through repeated radiographies, and identified the need of closing the ileostomy and reconstructing the digestive tract, due to the presence of peritonitis seen during ultrasound investigations. The patient has undergone a complex multidisciplinary surgical intervention, with the aim of simultaneously fixing all the cardiac and digestive abnormalities through thoracotomy as well as laparotomy. The decision of



who was transferred from another clinic, where an ileostomy was performed, to temporarily treat her inability to feed. She associated a diaphragmal hernia, metabolic uncompensated acidosis, anemia, elevated respiratory rate, fever and decrease of SpO₂. She was treated with PGE1 prior to the surgical interventions which took place in our clinic. After her admission paraclinics confirmed the TGA and diaphragmal hernia through repeated radiographies, and identified the need of closing the ileostomy and reconstructing the digestive tract, due to the presence of peritonitis seen during ultrasound investigations. The patient has undergone a complex multidisciplinary surgical intervention, with the aim of simultaneously fixing all the cardiac and digestive abnormalities through thoracotomy as well as laparotomy. The decision of

such an intervention was taken upon evaluating the results of imagistic investigations in a multidisciplinary team.

Conclusions. Deciding upon the tempos and complexity of surgical interventions in fragile patients require great team communication and decision making, using all the information available. Thus, radiologic investigations tend to be the centre of these decisions with the amount of information they provide and help guide the surgical team.

Key words: transposition of the great arteries, diaphragmal hernia, ileostomy



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ADVANCED NEW INTRACORONARY IMAGING TECHNIQUES - ROLE IN THE MANAGEMENT OF A COMPLEX CASE OF ACUTE CORONARY SYNDROME - CASE REPORT

Humă Laurențiu¹, Moldovan Diana-Andreea¹, Moldovan Liviu-Mihai¹, Branea Ioan - Alexandru¹, Moldovan Sonfalean Andra Simina¹, Benedek Theodora¹

¹UMF Tirgu Mureș

Background: Optical coherence tomography (OCT) represents the first-line intravascular investigation for vulnerable plaques, that present increased risk of rupture and can trigger most acute coronary syndromes. **Objective:** This paper aims to present the case of a 67-year-old patient known with complex comorbidities: multi-vessel coronary artery disease, arterial hypertension, diabetes mellitus and chronic kidney disease, who presented with typical symptoms of new onset angina pectoris. **Material and methods:** Laboratory results indicated renal, liver and pancreatic dysfunction and the ECG revealed a major RBBB. The invasive coronary angiography (ICA) showed new coronary artery lesions on all important branches, for which the patients received 3 drug-eluting stent (DES), with optimal postprocedural results. During the 1-year follow-up, the patient presented again with chest pain, and an MRI study was performed which showed no important myocardial fibrosis and normal myocardial functional parameters. ICA revealed no new lesions with indication of revascularization. An OCT was performed which showed a vulnerable plaque in the proximal segment of left anterior descending artery, for which a DES was successfully implanted. **Results:** In this complex case with multivessel coronary artery disease, the therapeutic decisions were guided by the intravascular imaging methods, leading to optimal results. **Conclusions:** Besides ICA, OCT can identify markers of plaque vulnerability in special in patients with history of stent implantation and multiple comorbidities, with high cardiovascular risk in which the follow-up is extremely important.

Keywords: unstable angina pectoris, vulnerable plaque, optical coherence tomography

PYOPERICARDIUM PRESENTING AS AN ACUTE CORONARY SYNDROME – A CASE REPORT

Moldovan Diana-Andreea¹, Humă Laurențiu¹, Moldovan Sonfalean Andra Simina¹, Matei Lavinia Andrada¹, Moldovan Liviu-Mihai¹, Benedek Theodora¹

¹UMF Tirgu Mureș

Background: Pneumo-pyopericardium represents a rare, acquired condition leading to a series of important complications with poor prognosis, which in some cases could be determined by a gastro-pericardial fistula a condition clinically presented by severe thoracic pain with shoulder irradiation and dyspnea. **Objective:** This is the case of a 68-year-old man with no history of CV disease who presented in the emergency unit complaining of a unique syncopal episode, pain in the posterior thoracic and epigastric region. **Material and methods:** Troponin and cardiac necrosis enzymes levels were normal found in the presence of ST segment elevation in DI, DII, DIII, aVL, aVF, V2-V6 leads on the ECG. For excluding an acute coronary syndrome (ACS), a coronary CT angiography was performed, revealing no coronary lesions. A thoracic CT was performed which showed an abscess associated with a fistula between the stomach and the pericardium. Contrast agent administration revealed modifications that indicated a pyopericardium. **Results:** This case diagnosis was pneumopericardium secondary to a gastro-pericardial fistula in a hiatus hernia. Surgical treatment was performed consisting in both correction of the hiatus hernia and drainage of the pyopericardium. **Conclusions:** Due to the pericardial involvement, this patient presented with clinical symptoms of an acute coronary syndrome, which was denied by the low levels of troponin and the negative CT coronary angiography. The thoracic CT revealed the diagnosis of an incarcerated hiatal hernia with a gastro-pericardial fistula, resulting in a life-threatening form of pneumo-pyopericardium with immediate indication of surgical treatment and large spectrum systemic antibiotic therapy.

Keywords: pneumo-pyopericardium, computer tomography, acute coronary syndromes



ACUTE MYOCARDIAL INFARCTION IN THE CASE OF A UNIQUE CORONARY ARTERY ANOMALY – CASE REPORT

Branea Ioan - Alexandru¹, Simion Anastasia¹, Rusu Sonia Alexandra¹, Humă Laurențiu¹, Moldovan Liviu-Mihai¹, Benedek Theodora¹, Hodas Roxana¹

¹UMF Tirgu Mures

Background: Unique coronary artery anomaly is a rare congenital malformation that involves higher risk of acute coronary events, due to the accelerated atherosclerotic process, more important hemodynamic effects and even higher rates of sudden death in case of an acute occlusion than in the rest of patients. **Objective:** We aim to present the case of a 64-year-old female patient with known arterial hypertension and no family history of cardiovascular disease, which presented in the Emergency Unit with her first episode of angina and dyspnea. **Material and methods:** Due to her clinical presentation, ST-segment elevation in the anterior leads on the electrocardiographic tracing and a major rise in troponin I levels (23 ng/ml), the patient was diagnosed with anterior STEMI. The invasive coronary angiography performed in emergency settings revealed the absence of the right coronary artery, separated origins of an occluded LCX and a LAD coronary artery with 90% stenosis. Interventional treatment was performed consisting of thrombectomy and angioplasty with drug eluting stent in the LCX, followed by bare metal stent implantation on the LAD with TIMI III flow grade. **Results:** After the procedure, the patient received maximal anti-ischemic treatment and presented ST-segment elevation resolution and remission of symptoms. **Conclusions:** Patients with unique coronary artery anomaly present a significantly higher risk of extensive myocardial infarction, which involves more important acute complications and a higher risk of sudden death.

Keywords: Myocardial Infarction, Invasive Coronary Angiography, Unique Coronary Artery

ACUTE MYOCARDIAL INFARCTION CAUSED BY A THROMBOEMBOLIC EVENT – CASE REPORT

Moldovan Liviu-Mihai¹, Humă Laurențiu¹, Moldovan Diana-Andreea¹, Moldovan Sonfalean Andra Simina¹, Branea Ioan - Alexandru¹, Benedek Theodora¹

¹UMF Tirgu Mures

Background: The presence of a thrombus in the ascending aorta is a rare condition, which in most of the cases is a result of an embolic complication. **Objective:** We aim to report a 62-year-old female patient with a history of recent thromboembolic events (acute myocardial infarction and transient ischemic attack) who was admitted at 6 hours from onset of a typical angina and symptoms of heart failure. **Material and methods:** Important ST-segment elevation in the inferior leads with reciprocal ST-segment depression in the anterior territory was shown by the ECG tracing. The laboratory tests revealed only elevated levels of troponin I (0.327ng/ml). The patient was admitted with an unstable hemodynamic status (BP of 84/51 mmHg, HR of 109 bpm). Invasive coronary angiography (ICA) performed in emergency conditions revealed acute occlusion of the right coronary artery caused by a floating mass which extended from the right coronary sinus, with no significant lesions on left coronary artery and its branches. Catheter thrombectomy with extraction of a massive thrombus was performed followed Percutaneous Transluminal Coronary Angioplasty (PTCA) with balloon. Intracoronary followed by 24h intravenous systemic administration of a IIb/IIIa inhibitor was performed, in order to prevent thrombotic recurrence. **Results:** The control ICA revealed a TIMI III flow, with no atherosclerotic remaining lesions. **Conclusions:** This is the case of an uncommon etiology of AMI, that was successfully treated with embolectomy and PTCA. Further investigations are needed to elucidate the presence possible clotting abnormalities.

Keywords: coronary embolism, acute coronary syndrome, percutaneous transluminal coronary angioplasty



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VIVID CLINICAL MANIFESTATION IN A CASE OF PNEUMONIA - CASE PRESENTATION

Davide Čălin Mereu¹, Laurentiu Huma, Simona Mădălina Gorga¹, Mihaela Măican¹, Marius Andrei Munteanu¹, Gianina Butnariu²

¹UMFST Tirgu Mures

²Clinical Hospital of Infectious Diseases, Brasov

Background: Pneumonia is the inflammatory condition of the lungs' parenchyma affecting primarily the alveoli.

Objective: The aim of this paper is to present the case of a 34-year-old patient diagnosed with pneumonia after a type B flu episode. **Material and methods:** Firstly, type B flu was diagnosed. The patient underwent treatment with Oseltamivir for 5 days up until she was admitted in the hospital accusing fever (40°C), chills, cough, nausea and

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vomiting with food and biliary contents. The auscultation of the lungs revealed a tightened vesicular sound located at the low right (LR) lung and a tracheal sound at the upper right (UR) and middle right (MR) lung. Afterwards, the patient was scheduled for an X-ray and chest CT. **Results:** The chest X-ray revealed a macronodular opacity of 10/10 cm, slightly inhomogeneous, visible near the right hilum. CT detected small alveolar infiltrates with a tendency towards apical confluence (LR lung) and an extended pulmonary condensation process (UR and MR lung), hepatosplenomegaly and biliary lithiasis. Laboratory test results showed: leukocytes $14.43 \cdot 10^3/\mu\text{L}$ ($4.0 - 10.0 \cdot 10^3/\mu\text{L}$), C-reactive protein 196 mg/L (0-10 mg/L), procalcitonin 13.27 ng/mL (0-0.5 ng/mL) which indicated the presence of an inflammatory reaction. The diagnosis of pneumonia was established and followed by treatment. The patient received Teicoplanin (400mg, 1 phial daily), Meropenem (3g daily), symptomatic drugs (Metamizole, Pantoprazole, Metoclopramide, Paracetamol) and probiotics. **Conclusions:** Pneumonia was triggered on a low immunity background due to influenza B virus and together with the associated pathology of the patient resulted in this vivid clinical manifestation. Complications of pneumonia may include pulmonary abscess, meningitis, endocarditis therefore, it should not be treated superficially.

Keywords: Pneumonia, Influenza, Low immunity