CARDIO TYUMEN 2023

XIII МЕЖДУНАРОДНЫЙ КОНГРЕСС

«КАРДИОЛОГИЯ НА ПЕРЕКРЕСТКЕ НАУК»

СБОРНИК ТЕЗИСОВ

ФИЛИАЛ ТОМСКОГО НИМЦ
ТЮМЕНСКИЙ КАРДИОЛОГИЧЕСКИЙ НАУЧНЫЙ ЦЕНТР

РОССИЙСКАЯ АКАДЕМИЯ НАУК

РОССИЙСКОЕ КАРДИОЛОГИЧЕСКОЕ ОБЩЕСТВО

Сибирь
siberia resort & spa

ТОМСКИЙ НАЦИОНАЛЬНЫЙ ИССЛЕДОВАТЕЛЬСКИЙ МЕДИЦИНСКИЙ ЦЕНТР РОССИЙСКОЙ АКАДЕМИИ НАУК

РОССИЙСКОЕ ОТДЕЛЕНИЕ МЕЖДУНАРОДНОГО ОБЩЕСТВА ПО СЕРДЕЧНО-СОСУДИСТОМУ УЛЬТРАЗВУКУ

МИНИСТЕРСТВО НАУКИ И ВЫСШЕГО ОБРАЗОВАНИЯ РОССИЙСКОЙ ФЕДЕРАЦИИ

14-16 декабря 2023 | г. Тюмень, Россия

Министерство науки и высшего образования РФ
Российская академия наук
Российское кардиологическое общество
Томский национальный исследовательский медицинский центр
Тюменский кардиологический научный центр – филиал Томского НИМЦ
Российское отделение Международного общества
по сердечно-сосудистому ультразвуку
Департамент образования и науки Тюменской области
Департамент здравоохранения Тюменской области
Центр восстановительного лечения и реабилитации Санаторий Сибирь

СБОРНИК ТЕЗИСОВ

XIII МЕЖДУНАРОДНОГО КОНГРЕССА «КАРДИОЛОГИЯ НА ПЕРЕКРЕСТКЕ НАУК»

совместно с

XVII Международным симпозиумом по эхокардиографии и сосудистому ультразвуку

XXIX Ежегодной научно-практической конференцией «Актуальные вопросы кардиологии»

Тюмень
2023

Содержание тезисов воспроизведено в полном соответствии с представленными материалами без правок.

FEATURES OF THE COURSE OF INFECTIVE ENDOCARDITIS IN HIV-INFECTED PATIENTS

Shoalimova Z.M., Maxmudova M.S.

The Department Internal Medicine №1 Tashkent Medical Academy, Tashkent, Uzbekistan

Introduction. Infective endocarditis (IE) in patients with human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS) can be considered as a severe opportunistic bacterial infection of the bloodstream, and as a serious independent medical problem leading to valve destruction and poor outcome.

The aim of the study was to determine the features of the course of infective endocarditis (IE) with tricuspid valve damage against the background of human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS).

Materials and methods. We observed 8 men with right-sided IE in combination with HIV/AIDS. The age of the patients ranged from 26 to 35 years (average 30.5 ± 3.4 years), all of them were injecting drug users (experience - from 2 to 18 years). The diagnosis of IE was first established during hospitalization in the cardiology department of the Tashkent medical academy multidisciplinary clinic using Duke criteria, while echocardiographic (EchoCG) criteria for reliable IE were present in all examined patients. All patients had damage to the tricuspid valve (in 6 - isolated, in 2 - in combination with damage to the pulmonary artery valve). The clinical manifestations of the disease were compared with those in previously examined men with IE of the same localization (n = 10), drug users, comparable in age, but without signs of HIV infection. In addition to clinical and biochemical studies, all patients underwent transthoracic EchoCG , bacteriological blood test, chest x-ray, pulse oximetry. Statistical processing of the material was carried out using the Statistica 6.0 software package.

Results. Acute course of IE was detected in 2 patients with HIV/AIDS and in 3 patients in the comparison group ($p > 0.05$); in the rest of the patients, the course of IE was subacute. Positive blood culture was isolated in 5 patients with HIV/AIDS and in 6 patients in the comparison group. In all cases of positive blood culture , the causative agent of IE was Staphylococcus aureus. aureus, in 3 patients with HIV/AIDS - Staphylococcus aureus in combination with Candida albicans. Patients with IE on the background of HIV/AIDS and patients of the control group were hospitalized for fever and intoxication, the leading clinical manifestations of the disease, mainly in the later stages, but patients with IE on the background of HIV infection were almost 2 times later (74±20 and 42±17 days from the onset of fever, respectively). Dyspnea of varying severity was noted in all patients with IE on the background of HIV/AIDS and in 8 patients in the comparison group ($p > 0.05$), unproductive cough in 2 and 3 patients, respectively, episodes of hemoptysis in 5 and 6. All patients a slight dilatation of the right ventricle was found (the end-diastolic size of the right ventricle averaged 3.4±0.04 cm in patients with IE due to HIV/AIDS and 3.3±0.2 cm in the comparison group; p > 0, 05). The value of cardiac output, as well as the geometry of the left ventricle, its linear and volumetric parameters in patients of both groups corresponded to the norm. In patients with IE on the background of HIV/AIDS, the value of systolic pressure in the pulmonary artery was 51.6 ± 5.8, and in the comparison group - 46.5 ± 9 mm Hg. Art. ($p < 0.05$). In 7 patients with HIV/AIDS, pulmonary dissemination was noted, in 1 - bilateral infiltrative damage to the lung tissue (in the comparison group, the ratio of disseminated and infiltrative lung damage was 3 and 7, respectively; $p<0.05$) . The most common cause of lung damage in right-heart IE is recurrent thromboembolism of small branches of the pulmonary artery. Given the predominantly staphylococcal etiology, patients with a positive blood culture may also develop staphylococcal septic pneumonia. Small destruction cavities in the lung tissue were found in 3 out of 9 HIV-infected patients, and in the comparison group - in 4 out of 10, i.e. the frequency of destructive changes in the lungs in the examined patients did

not differ significantly. In patients with IE on the background of HIV/AIDS, a significant decrease in hemoglobin oxygen saturation according to pulse oximetry was observed, compared with this indicator in patients with IE - intravenous drug addicts without HIV infection (86.8 ± 10 and 94.7 ± 4, 7, respectively, $p < 0.025$).

Conclusion. The course of IE associated with HIV/AIDS in injecting drug users is generally characterized by the same signs as in intravenous drug users without HIV infection: right-sided localization, predominantly staphylococcal etiology, and the presence of respiratory symptoms. Distinctive features of IE in this category of patients are the greater severity of lung damage, its disseminated nature, a more significant violation of tissue oxygenation, and a greater severity of pulmonary hypertension.

Literature

1. Gurevich M.A., Tazina S.Ya. Features of modern infectious endocarditis. Russian Medical Journal 1998;6(16):1024-35.

2. Demin A.A., Drobysheva V.P., Welter O.Yu., etc. Infectious endocarditis in «injecting drug addicts». Clinical Medicine 2000;(8):47-52.

3. Demin A.A., Demin Al.A. Bacterial endocarditis. M., 1978.

4. Bartlett J., Galant J. Clinical aspects of HIV infection. eBook, 2007. http://million-knig.ru/76288.html

5. Carrel T., Schaffner A., Pasic M., et al. Surgery of endocarditis in the drug dependent and HIV patient. A prospective comparison with conservative treatment. HelvChirActa 1993;60(3):439–45.

6. Habib G., Hoen B., Tornos P., et al.; ESC Committee for Practice Guidelines. Guidelines on the prevention, diagnosis, and treatment of infective endocarditis (new version 2009): the Task Force on the Prevention, Diagnosis, and Treatment of Infective Endocarditis of the European Society of Cardiology (ESC). Endorsed by the European Society of Clinical Microbiology and Infectious Diseases (ESCMID) and the International Society of Chemotherapy (ISC) for Infection and Cancer. EurHeartJ 2009;30(19):2369–413.

7. Tyurin V.P. Infectious endocarditis with negative hemoculture: diagnosis and treatment. Clinical medicine 1997;(7):68-71.

8. ChanK., CurrieP.J., SewardJ.B., etal. Comparison of three Doppler ultrasound method in the prediction of pulmonary artery disease. JAmCollCardiol1987;9:549-54.

9. Pokrovsky V.V., Ermak T.N., Belyaeva V.V., Yurin O.G. HIV infection: clinic, diagnosis and treatment. Moscow: geotarMed, 2003.

10. Filippenko P.S., Dragoman E.A. Infectious endocarditis in injecting drug addicts. Part 2. Features of the clinical picture, diagnosis and treatment. Clinical Medicine 2010;(2):22–9.

11. Uteshev D.B., Karabinenko A.A., Filatova E.N., Storozhakov G.I. Infectious and septic complications in drug addicts. Attending Physician 2001;(1):28–31.

Содержание:

CARDIO TYUMEN
2023

ТЮМЕНСКИЙ
КАРДИОЛОГИЧЕСКИЙ
НАУЧНЫЙ ЦЕНТР

Viber +7 982-940-01-13
+7 3452 68-14-14
infarkta.net