Right ventricle: systolic and diastolic function in patients with end-stage renal disease

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Background: chronic dialysis treatment has been suggested to increase pulmonary pressure values, Right ventricular dysfunction (RVD) is a major cause of death in patients with end-stage renal disease. We investigated the impact of two dialysis treatments on right ventricular function.

Methods: We examined 130 subjects grouped as follows: healthy controls (n = 40), hemodialysis (HD) with radial arteriovenous fistula (AVF; n = 40), and HD with brachial AVF (n = 30). Echocardiography including tissue Doppler (TDI) of the right ventricle was performed in all patients.

Results: TDI indices of right ventricular function were more impaired in HD patients, especially in those with brachial AVF. Pulmonary pressure values progressively rose from controls across the 2 dialysis groups. (21.7 ± 6.8, 29.7 ± 6.7, 37.9 ± 6.7 and 40.8 ± 6.6 mm Hg, respectively; p < 0.001).

RVD, assessed by TDI myocardial performance index, was higher in HD patients compared with controls patients (71.3 vs. 34.6%, p < 0.001).

Conclusions: Compared to group control, HD increases the risk of RVD, particularly in the presence of brachial AVF. TDI may detect early functional failure of the right ventricle in HD patients.

Interest of therapeutic patient education in modifying the emotional feeling of patients after myocardial infarction

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To know the emotional feeling of patients after myocardial infarction (MI) and whether the therapeutic education patient can change this feeling, 50 patients aged 31 to 83 years received within 2 months to 3 years after MI a program of therapeutic education on chest pain (CP). Earlier this program and using a creation plan, 6 types of emotions expressed by patients: fear cited 31 times, anguish 8 times, panic 5 times, worry 3 times, apprehension 2 times and anxiety finally 1 time. These emotions reflect a situation that patients do not want to relive. Fear mostly cited by patients is a threat to our security and our personal identity. It reflects a real danger and suddenly our physical wellbeing. Patients are afraid of a CP recurrence (cited 31 times) which can lead to death (30 times), fear of reliving a stressful situation (22 times) leading to hospitalization, additional tests or invasive surgery.

In the remainder of the program, patients participated in the workshop Chest Pain whose goal is to make the patient able to manage a recurrence of CP regardless of the situation. According to them, the interest of this workshop lies in providing knowledge about CP and how it occurred, appropriate conduct on the onset of CP, knowledge of nitroglycerin and its use. Those different knowledges and the ability to act on CP therefore reassure patients attenuating the emotional experience during a recurrent CP.

In conclusion, if the fear can prepare ourselves to face a threatening situation, it does not give us the keys of the action. The identification of the contents of fear, the knowledge of CP mechanism and how to manage the recurrence of CP will give the patient the keys of the action thereby reducing his emotions.

Support daily acute pericarditis: clinical paraclinical presentation, and etiological diagnosis

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Introduction: acute pericarditis is a frequent cause of hospitalization in cardiology. It occur at any age, but especially among young adults. diagnosis currently poses little problem since the advent of echocardiography, however etiological is still difficult.

The objective of this study is to determine clinical, paraclinical and etiological aspects of pericardial disease.

Patients and methods: This is a retrospective study of 87 patients admitted with acute pericarditis in cardiology department of the University Hospital Mohamed VI in Marrakech over a period of 4 years 9 months (January 2006 - September 2010). Were excluded patients with post operative and post myocardial necrosis pericardial effusion.

Results: mean age was 39.8 years with a male predominance (51M/36 F), clinical presentation was typical in 89% of cases. The ECG was suggestive in 70.6% of patients. The inflammatory balance was positive in 58% of cases.echocardiography trans thoracic showed moderate effusion in most cases, tamponade in 20% and 9.2% of myopericarditis. Etiological diagnosis was made in 56 patients (64%) Tuberculosis is the leading cause of pericardial disease, she was found in 16 patients, followed by viral pericarditis in 14 patients, systemic diseases in 7 patients (lupus 4 cases, rheumatoid arthritis), hypothyroidism in 4 patients, other etiologies are neoplastic in 6 cases, uremic in 4 cases, infection in 3 cases and 2 cases of post traumate pericardi-
ditis.Treatment: antibacillary (18.3%), aspirin (11.5%), anti-inflammatory drugs (5.8%), colchicine (2.3%), corticosteroids (8%) and antibiotics (3.5%). The short-term evolution was favorable in most patients, constriction in 8 patients and recurrent pericarditis in 4 cases deaths in 5 cases including two cases with neoplasia and 3 patients died of tamponade.

Conclusion: pericarditis is very heterogeneous disease often benign and idiopathic, the key challenge lies in the diagnosis and treatment of secondary forms and / or complicated.

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