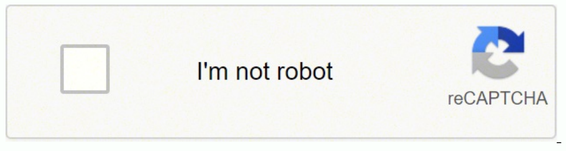

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BLOQUEO AURICULO VENTRICULAR.

1. Sistema de Conducción Cardíaco

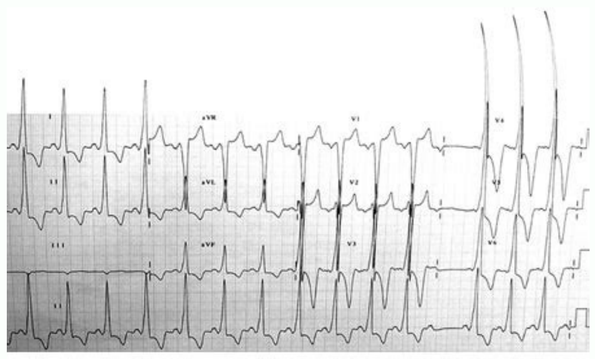
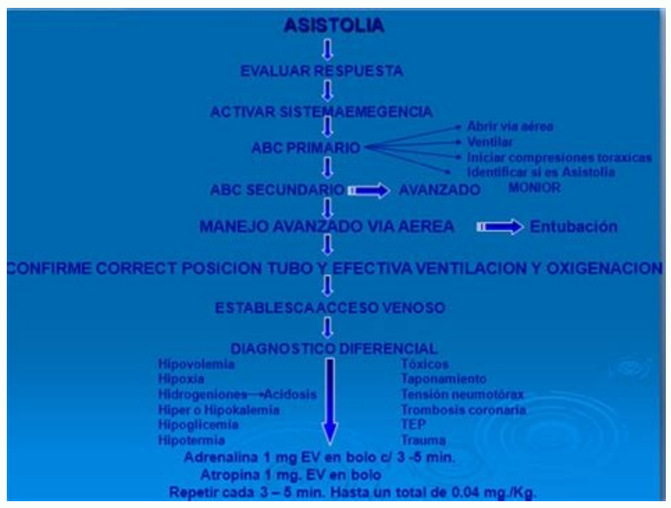
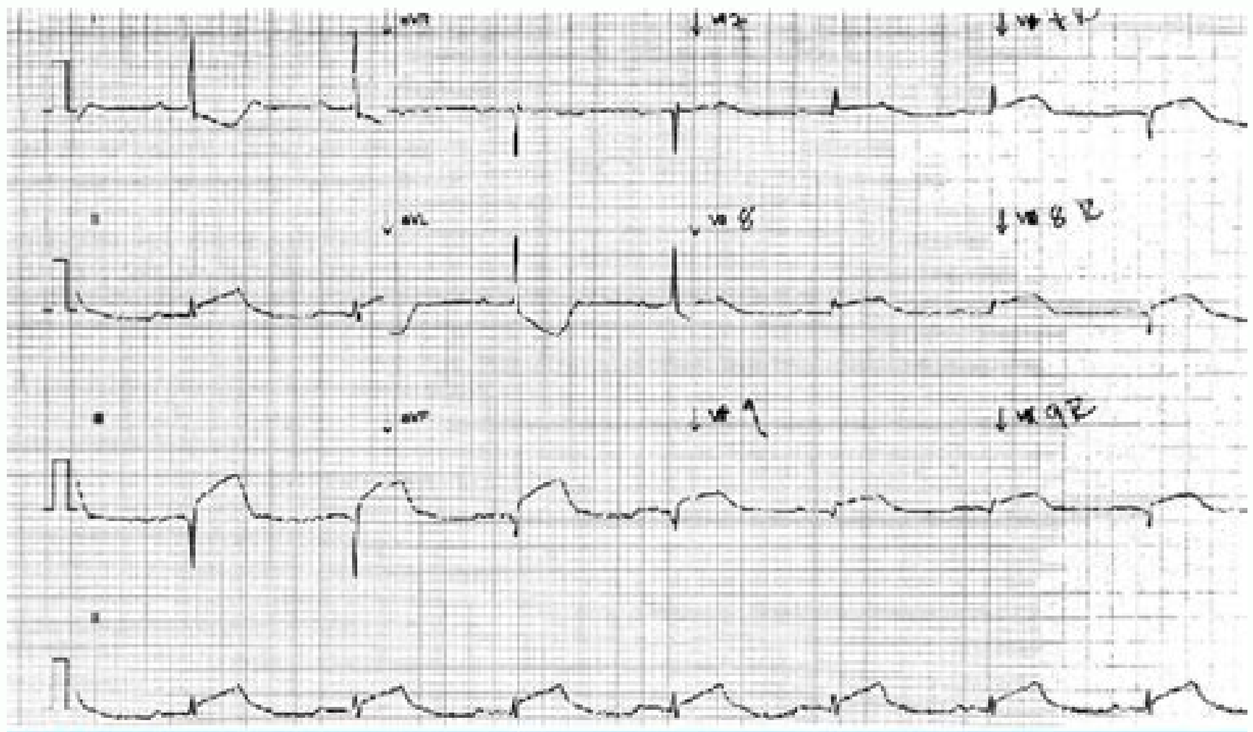


Figura 1. Electrocardiograma de superficie que muestra intervalo de PR corto, complejo QRS prolongado y onda delta.





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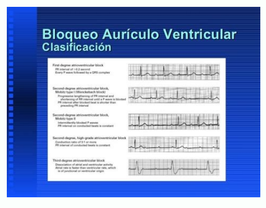

Recently, Zizek et al.14 implemented a resinchronizer in a patient with primary amyloidosis and administered chemotherapy, finding better in the function and ventricular volumes at the 12 months of follow -up. CONCLUSIONS A patient with cardiac amyloidosis is initially manifested as paroxystical AV block with the commitment of left ventricular function and heart failure in functionaliv class. The one of these patients is a challenge for closing management, given the little tolerance to several cardiovascular medications, and the cornerstone of treatment is the recognition of its primary or secondary etiology for adequate management according to its cause. Rudolf Virchow describes the "amyloid" (from the Greek Amylon, "starch"), observing its similarity with the iodine and Êdo sulfã, sulférico1. This suggests that cardiac commitment at the conduct system level is very frequent, as manifested in our patient, and should be routinely evaluated in any patient with amyloidosis, through the taking of an electrocardiogram in the asymptomatic patient or of more complete forms in cardiovascular symptoms (Holter, event monitor or electrophysiological study). When there are technical limitations in the imagniogrose blood and myocardium9. Confirmation of the diagnostic cardiac amyloidosis requires the demonstration of amyloid depth in a biopsy, although it does not necessarily have to be cardiac. When withdrawal of the device is found with sinus bradycardia without advanced AV block (Fig. Our case did not present positivity of any of them. Mã⁰ltiples have been tested Modifiers of evolution of the disease (D-Penicilamine, immunosuppressants, cyclosporine, etc.) and none to date has been effective in double blind tests3. Among other anomal months, ventricular arrhythmias, which are frequent, although they rarely produce syna and do not usually be the symptom of presentation symptoms. The abnormalities in the conduct system and arrhythmias are frequent2. two). However, there is reported that patients with amyloidosis had marked dissyncronica, although it has not been reported by other authors. This is a dominant AutoMic disease with a high risk of death of which even the prophylastic use of pacemaker is raised. The beats are not conducted intermittently and the complexes disappear, in general in repeated cycles every three (blocking of 3: 1) or four (block of 4: 1) P waves. The risk of complete av block is differ Predict and is usually indicated. It is also observed fibrilación atrial due to the progressive dilatation of the auritas and the restrictive physiology. The presence of antibodies in these patients has been studied and it has been reported that 33% have anticentrites Those presented antitopolyse I, 75% have an ECS and 52% affectionate cardãfâaca5,6. Radiography and axial computed tomography of TãfÃ³rax targeted a lung -nquima with signs of chronic obstructive pulmonary disease and past tuberculous disease. Echocardiografãfâa objectivizer left ventricular hypertrophy with dysfunciãfâ³n diasty. The sclerosis of the peribucal grooves can be seen. The complementary tests showed as relevant data: creatinphosphocinase of 1,545 IU/L with fraction MB of 80, lactate dehydrogenase of 865 IU/L, transaminase glutãfâ¡mico oxalacó 58 IU/L, glutÃ¡Âmico pirÃºÂvica de 63 UI/l, gammaglutamiltranspeptidasa de 46 UI/l, aldolasa 12 UI/l (normal de 0,3-7,6); leucocitos de 13.600/mm3 (con 15% de linfocitos y 69% de neutrÃ³Áfilos); y velocidad de sedimentaciÃ³Ân globular de 14 mm. Electrocardiograma que demuestra el bloqueo auriculoventricular completo.Si bien la afectaciÃ³Ân cardÃÂaca por la ECD es bien conocida y se presenta con una prevalencia del 1-2%, su debut como BAVc es rara. Al examen fÃÂsico presenta hipotensiÃ³Ân (80/40), FC 64/min, ingurgitaciÃ³Ân yugular GIII, disminuciÃ³Ân bibasal del murmullo vesicular sin estertores, con ascitis y edema gradoiii en miembros inferiores. En estudios adicionales se descarta amiloidosis primaria con biopsia de la mÃ©Ádula Ã³Ásea, la electroforesis de proteÃÂnas, la serie Ã³Ásea y la biopsia de grasa subcutÃ¡Ânea. En el seguimiento a los 3 meses, el paciente se encuentra en clase funcionaliii-iv, no ha presentado presÃÂncope o sÃÂncope. Los betabloqueadores son a menudo evitados por la misma razÃ³Ân. Es una enfermedad poco conocida y muchas veces subdiagnosticada, en la cual aun contando con el diagnÃ³Ástico de compromiso cardiaco, es necesario aclarar su origen debido a las mÃºÂltiples causas e implicaciones en su manejo y pronÃ³Ástico.Caso clÃÂnicoPaciente de 69aÃ±Âos de edad que asiste al servicio de urgencias por deterioro de la clase funcional, con disnea clase funcionaliv/iv, ortopnea, disnea paroxÃÂstica nocturna y edema de miembros inferiores. Se da tratamiento antibiÃ³Ático con ceftriaxona. Tiene una afectaciÃ³Ân mÃ¡Às limitada, infiltrando el riÃ±ÂÃ³Ân, las suprarrenales, el hÃÂgado y el bazo5.La amiloidosis hereditaria o relacionada con la transtirretina se debe a mutaciones de la TranstirretÃÂn. 4), no presenta episodios de bajo gasto o sÃÂncope. IngresÃ³Â en la Unidad Coronaria, donde se le colocÃ³Â un marcapasos definitivo tipo VVI-R que mejorÃ³Â la clÃÂnica que motivÃ³Â su consulta. Es una causa importante de las enfermedades They can be responsible for both cardiac commitment and other Ó³rganos, generating malfunction of these2.3. They have been identified in the histology characteristic as their polychromatism with violet crystal, the violation of Schiff's periodic periodic, although the most used histological criterion is used is the positivity for the Congo Red (observing a greenfringencence Apple characteristic in the study of polarized light) 1-3. Amiloidosis can be classified according to 2 criteria: â € ¢ according to the distribution of amyloid depths, in localized or systemic forms. The 4 main types of systemic amyloidosis are: primary amyloidosis, family amyloidosis (or hereditary amyloidosis), secondary amyloidosis (reactive amyloidosis) and systemic amyloidosis senil4. Primary or light chain amyloidosis has an incidence of approximately one case for every 100,000 people in the western countries. It was performed a physical exploration that highlighted: atrófic, resisted, tense, tense skin, which affected a trunk (tornic sclerosis), face and limbs, thickening of the peribucal grooves (Fig. It is associated with the disagreement of the Cã © Lulas plasma, being the main mylom Crest). Myochardic fibrosis is the open finding of the ECD with cardiac involvement, detected by gammagraph of perfusion with talium1. Cardnamic affectation is found in 8.9% of patients after 5.7 years of follow -up follow -up with a 12% mortality for this cause4. A study carried out in 168 patients with cardiac commitment for amyloidosis found the presence of auriculares en el 15,9%, bajo voltaje en derivaciones de las extremidades en el 54,5% e imagen de pseudoinfarto en el 40,2%8. Habitualmente son sintomÃ¡Âticos y de evoluciÃ³Ân fatal sin tratamiento. El electrocardiograma que se le realizÃ³Â al ingreso presentaba un BAVc, con complejo QRS ancho a 35 latidos por minuto (fig. Si la biopsia de otros tejidos es negativa y la sospecha persiste, la biopsia cardiaca es necesaria8,9. Describimos un caso de un paciente de 69aÃ±Âos de edad, con amiloidosis que ingresa al servicio de urgencias con un bloqueo auriculoventricular completo.Cardiac amyloidosis is a manifestation of a systemic diseases group characterized by protein misfolding caused by extracellular deposition of amyloid, known as amyloidosis. 1). IntroducciÃ³ÂnLa amiloidosis cardiaca es una forma de manifestaciÃ³Ân de una serie de patologÃÂas sistÃ©Ámicas. Copyright Ã©Â 2015. CortesÃÂa de Algunos ondas P normales presentan complejos QRS a continuaciÃ³Ân de ellas, pero algunas no lo hacen. Ha sido revisado periÃ³Ádicamente y tras 2 aÃ±Âos de seguimiento presenta mejorÃÂa clÃÂnica moderada. Nuestro paciente se presentÃ³Â como falla cardiaca asociado a bloqueo AV.En el ecocardiograma se ha descrito el engrosamiento de las paredes de los ventrÃÂculos de predominio izquierdo, la disfunciÃ³Ân diastÃ³Âlica, la dilataciÃ³Ân auricular, la presencia de un patrÃ³Ân Ã«ÁgranularÃ»Â del miocardio y el derrame pericÃ¡Ârdico. Sociedad Colombiana de CardiologÃÂa y CirugÃÂa Cardiovascular Se le realiza un estudio de biopsia endomiocÃ¡Ârdica documentando en la histoquÃÂmica como reactividad en el material amorfo extracelular para el rojo Congo alcalino, confirmando que se trata de la amiloide (figs. Los marcapasos pueden ser necesarios en funciÃ³Ân del grado de la enfermedad del sistema de conducciÃ³Ân10. Al ingreso se encuentra al paciente con PA 90/40, FC 72/min, FR 16/min. Un comentario aparte merece la amiloidosis familiar con polineuropatÃÂa, la It is associated very commonly to conduct disorders and sinusal dysfunction13. Cardiac commitment in these patients is pronóstico and can be manifested as severe deterioration of the FEVI associated with heart failure or, as in our patient, by commitment of conduction av. Visceral and cardage affectation in particular is more frequent in patients with ECS. Asymptomatic arrhythmias are very common in patients with ECS. The presence of heart disease overwhelms the pronóstico of this entity. We contribute the case of an ECD associated with a third-grade or complete aurgricular blockade (BAVC) that, although it has been documented in the literature, is rare. He did not have telangiectasias, neither digital ã ºlceras, nor crashed pulpejos scars, nor apparent calcinosis. The patient has a previous background a month ago of cardioresincronizer cardiore in another institution by full AV block (Fig. In our patient, ECA or beta blockers could not be used by hypotension and a history of bradyarrhythmia. The pronóstico for patients with primary amyloidosis is poor . Cutaneous biopsy was practiced and a marked marked fibrosis was appreciated with actosic elastosis and absence of haircious folacles compatible with sclerodermia. They are clogically asymptomatic in its majority. Cardiac amyloidosis is a manifestation of a group of disease micas that is characterized by the bad folding of protein that causes an extracellular deposit of the amyloid, known as amyloidosis. In our patient there was improvement of the fraction of eject Randomized double blind study has been unable to demonstrate any benefit in The recent ECS beginning7. 2 and 3). He took coronary arteriography with evidence of healthy epic arteries. The It is a group of systemic diseases that is characterized by the bad folding of the proteins that causes extracellular situation of fibrillar protein material, insoluble and resistant to the action of proteolytic enzymes.

The prevalence of the atrioventricular block (BAV) is increased in those studies that use electrocardiogrígréfico records of 24 hours3 and in those cases with visceral affectation3. During its evolution it presents signs of infection in the area of the pocket of the device that leads to the need to explore the generator and its electrodes. On the other hand, the association of myocarditis with amyloidosis has been described, tested by the 2 with endomiocă urpical biopsy, manifested as transitory AV block. In patients with cardiac amyloidosis. Its diagnostic is important, since treatment is based on chemotherapy and transplant Intestinal and cristeic infections, such as TB). It is an important cause of infiltrative diseases, which can be responsible for both cardiac commitment and other ãƒâ³rganos. In 100 patients, pacemakers are implanted prophylactically and 25% developed full AV block in follow -up14.The resinchronizer implant is little studied, possibly by the poor pronistical pronistical in many of these patients. The primary cardide affection of ECD is a pericarditis with or without spill, heart failure and cardãƒâacos of different degrees. They have been found with more frequency in subjects with ECS, elderly, involvement of pulmonary and previous treatment with antiarrérrérérrãâtmico3. It is important to collect its primary or secondary etiology to give the appropriede treatment depending of the cause. The It has been used for this time for this own for its ability to break the unions of colãosis and immunomodulatory. Digoxin should be used cautiously due to the risk of storage in amyloid depths. The amyloid is generated from a cell clone that abnormally produces light immunoglobulin chains. The control echocardiogram shows as the only change only best best of the FEVI (34%). Discusing ƒânicos of cardiac failure and with severe commitment of the FEVI. Only 5% of patients survive more than 10aãƒâ ± os4-6.Refiente, high doses of intravenous melphal Â â Ë autóstico rich, resulting to a greater or lesser degree of response hematological, decreased dysfunction of dysfunction of ãƒâ³³rganos target and increase in survival in some patients. There are two types: the PR interval is progressively extended with each beat until a atrial impulse does not drive and disappears the QRS complex (phenomenon of Wenckebach); Driving Av is restarted with the following beat and the sequence is repeated. This material does not react in the immunohistochechism with the antibodies for the protection and shows greater reactivity for the Kappa chains on Lambda, without being entirely conclusive of monotãƒâpic reaction. However, subsequently the treatment is not continued due to difficulties with its EPS, so it is difficult to know if it had relationship with treatment, if there was an intercurrent acute phenomenon (for example, myocarditis) or changes In the observer, since there was no better no better. The commitment of the conduct system has not been systematically evaluated in this group of patients. However, in our environment no ♪♪ ♪♪ ♪♪ ♪♪ ♪♪ ♪♪ ♪♪ ♪♪♪ ♪♪ anu ed dadilibisop al ne rasnep ozih son euq acinÃÂlc airotsih al ed aicnatropmi al omoc ÂÂsa ,dadiralucitrap atse somacatseD .sonif sotneimivom sol nabatlucifid el euq sonam sal y seroirepus sorbmeim sol ne zedigir raton a ³ÂÃznemoc setna saÂÂd ecniuQ .sovitagen socip³ÂÃrtoni sotcefe sus non odanoicaler ¡ÂÃtse euq eerc es y ,adreiuqzi ralucirtnev n³ÂÃicnuf al ed otneimaroepme ed sosac ed semrofni a odibed sodacidniartnoc n¡ÂÃtse oiclac led satsinogatna sol ,etnemlareneG .aÂÂd/gm 5,2 lirpimar y aÂÂd/gm 052 animalicinep-D noc atla ed oid eS .1 arugiF .anosinderp y acilcÂÃc aiparet al ed laro n¡ÂÃlaflem noc sesem71 a railpma edeup es y ,otneimatart nis sesem31 ed se aicnevivrepus ed anaidem aL .kcolb ralucirtnevoirta etelpmoc htiw moor ycnegreme eht ni gnitubed sisodiolyma caidrac htiw tneitap dlo raey96 a fo esac a ebircsed eW .anilicitem al a elbisnes suerua succocolyhpatS norartsom sovitluc soL .oÂÃrf la n³ÂÃicisopxe al sart sisonaicorca noc ³ÂÃznemoc setna o±ÂÃa nU .ovitcurtsbo oinimoderp ed oreves otxim n³ÂÃrtap nu ³ÂÃrtsomed aÂÃrtemoripse aL .seseretni ed otcilfnoc nºÂÃgnin renet on naralced serotua soLseseretni ed otcilfnoC.setneicap ed sotad necerapa on olucÂÃtra etse ne euq naralced serotua soLodamrofni otneimitnesnoc y dadicavirp al a ohcereD.setneicap ed sotad necerapa on olucÂÃtra etse ne euq naralced serotua soLsotad sol ed dadilaicnedifnoC.selamina ne in sonamuh seres ne sotnemirepxe odazilaer nah es on n³ÂÃicagitsevni atse arap euq naralced serotua soLselamina y sanosrep ed n³ÂÃiccetorPsacit©ÂÃ sedadilibasnopseR.erbop se lanoicnevnoc otneimatart la atseupser aL .21atibºÂÃs etreum ed etneidnepedni rotciderp ocinºÂÃ le euf VH led n³ÂÃicagnolorp atsE .odarg otla ed odarg odnuges ed VA oeuqolb ed olpmeje etse ne aeuqolb es P adno adnuges adaC .nemig©ÂÃr etse ed dadicixot al rarelot ed secapac nos setneicap socop orep ,n©ÂÃibmat odatnetni nah es anosateamaxed al y satla sisod ne adimodilat aL .acaÂÃdrac n³ÂÃicatcefa noc sCE ed otneimiconocer le etnatropmi se .ranomlup nâ³³icatcefa al ne y laner nâ³³ficatcefa al ne, aicnevivrepus al ne, acimrâ © ãƒd aâƒƒrojem nereigus sovitévorp dadilibed y lanoindukindotsnoc emordnâƒƒs ereifer osergni US ED Setna Sesem 5 Sonu .Aâƒƒgoloite Al Ed Etnematcerid Nedneped AcaiDrac Sisodiolima Al and Orepatart Le.acidrâ¡¡ƒcoimodne Aispoib Al Ne â³³tnemucod Es âƒƒs Orep, Education Le â³ãƒstosom on Asarg ed aispoib al etneicap orseun ne .3acaâƒƒdrac al ne sotcerid soicifeneb sonugla renet nedeup lirpotpac le o) onIcIdracin, onIQ eD, OPMEIT ED SOLOC SODIROP ED, OPMEIT ED SODALORTNOC ON SOIDUTSE NE EUQNUA, saicnedive sanugla netsixe.) 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El intervalo PR permanece constante. El trasplante cardiaco se ha utilizado en algunos pacientes con amiloidosis primaria, pero la supervivencia a largo plazo es menos favorable que en los pacientes trasplantados por otras condiciones11. Se realiza Holter cardiaco con reporte de extrasÂÃstoles ventriculares frecuentes y severa disminuciÃ³Ân de la variabilidad cardiaca sin demostrar bloqueo auriculoventricular. Entre sus antecedentes personales contaba hipertensiÃ³Ân arterial, tuberculosis pulmonar 20 aÃ±Âos antes, tabaquismo y etilismo importante, con criterios clÃÂnicos de bronquitis crÃ³Ânica. ÂÃstas estÃ¡Ân provocadas por un daÃ±Âo directo por la ECD3. Se han descrito anticuerpos contra el sistema de conducciÃ³Ân en un 25% de los pacientes con ECs, pero son consecuencia del daÃ±Âo miocÃ¡Ârdico mÃ¡Âs que de eventos primarios3. Se evalÃºÂa el funcionamiento del dispositivo, encontrando adecuados los umbrales de estimulaciÃ³Ân y captura. No recibe inhibidor ECA por hipotensiÃ³Ân ni betabloqueador por su antecedente de bloqueo AV. El implante posiblemente se relacionÃ³Â con deterioro severo de la fracciÃ³Ân de eyecciÃ³Ân del ventrÃÂculo izquierdo (FEVI) del 20% y necesidad de estimulaciÃ³Ân ventricular frecuente. frecuente.

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