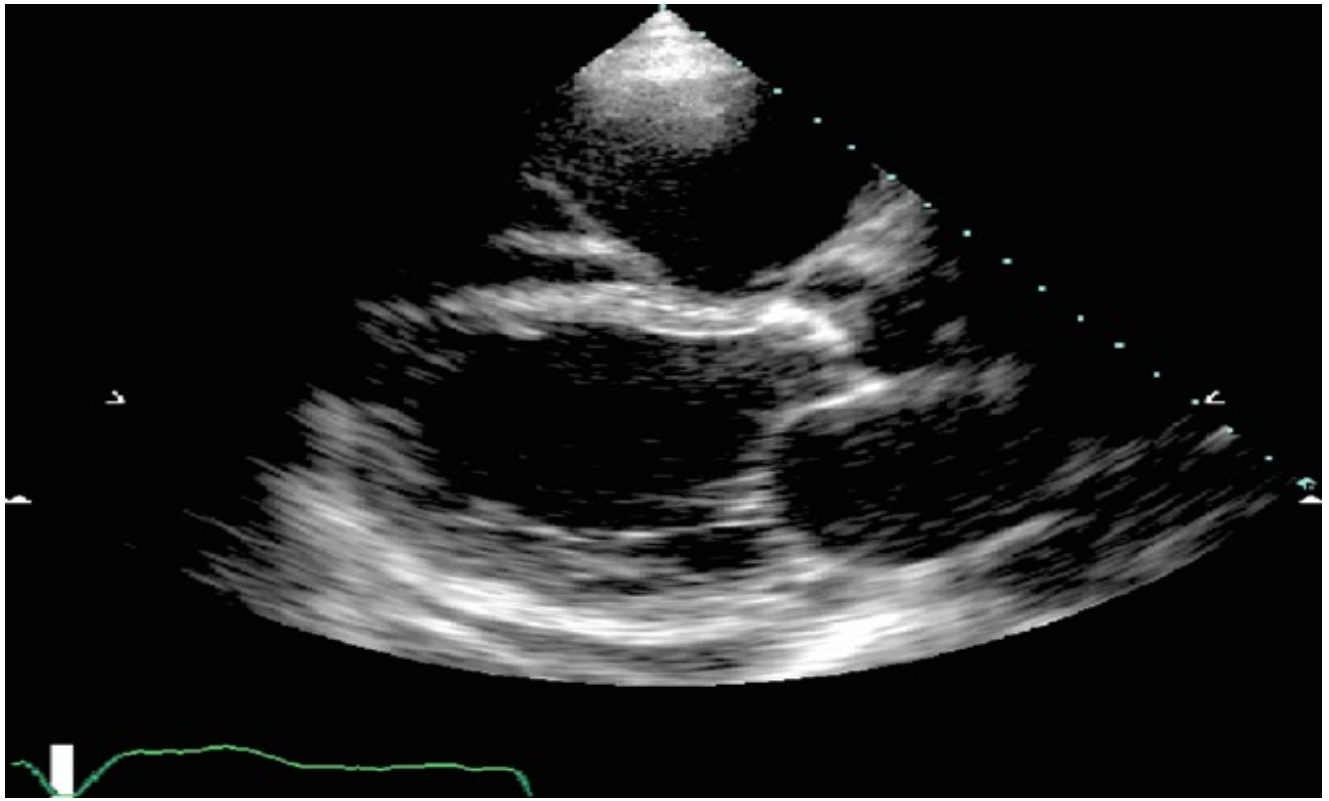
CASO CLINICO 15-9-21

Luis Quiroga Prado
Victoria Muñoz Embuena

EVOLUCION:

- Recibe transfusion.
- Se efectuan estudios: ECOCARDIOGRAMA



Ventrículo izquierdo con hipertrofia y diámetro diastólico de 56 mm y sistólico de 37 mm. Fracción de eyección 62%.
Estenosis aórtica severa, con área valvular de 0,5 cm2 y gradiente máximo de 85 mmHg y medio de 52 mmHg.

Cateterismo con angiografia coronaria

- Estenosis aortica: Gradiente VI-AI de 45 mmHg.

- Arteria descendente anterior:
  - Lesión de 60% en 1/3 proximal
  - Resto, sin lesiones críticas, apenas con irregularidades.

Colonoscopia:

Angiodisplasia en colon ascendente proximal.

DIAGNOSTICO FINAL

- Insuficiencia cardiaca
- Estenosis aortica severa
- Anemia ferropenica por sangrado digestivo
- Angiodisplasia

→ SINDROME DE HEYDE

Aterosclerosis coronaria

- Pasa a cirugía cardiaca que efectúa recambio valvular con prótesis biológica.
- 3 meses después permanece clínicamente estable y sin anemia.

SINDROME DE HEYDE*

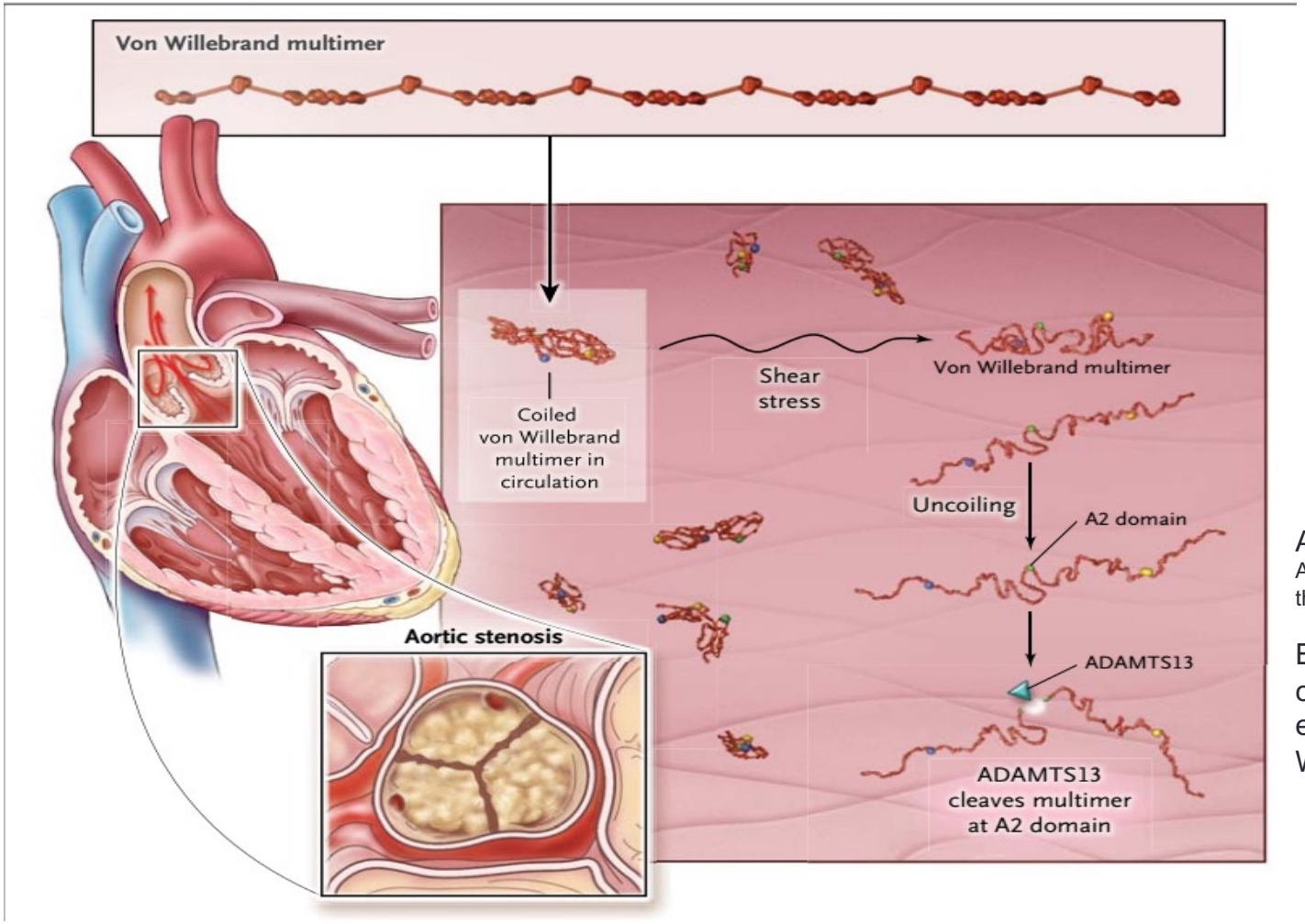
- Descripcion original, N Engl J Med 1958;259:196: Gastrointestinal Bleeding in aortic stenosis.

To the Editor:
In the past ten years, I have seen at least 10 patients with calcific aortic stenosis who had massive gastrointestinal bleeding for which we could discover no cause. They were nearly all elderly people, ranging from sixty to eighty, and most of them had classic signs of calcific aortic stenosis, with harsh systolic murmurs transmitted widely into neck or back and palpable systolic thrills. I have not found any reference to this association in the literature, and thought that a letter to a prominent journal might elicit some response about the matter. I suppose these people bleed from sclerotic vessels, but I would certainly be interested in hearing from some of your readers concerning their observations. It seems to me that people with this disease have gastrointestinal hemorrhage considerably more often than comparable age groups without it. I would appreciate your printing this letter and hope it may stimulate some replies or statistical studies.1

*1958, E.C. Heyde, a general practitioner from Vancouver, Washington

SINDROME DE HEYDE: PATOGENIA

- Sindrome von Willebrand adquirido



El factor de Von Willebrand (vWF) es una glucoproteína de la sangre multimérica de gran tamaño presente en el plasma sanguíneo, producida en endotelio, megacariocitos,y el tejido conectivo subendotelial. interviene en el momento inicial de la hemostasia permitiendo que las plaquetas se unan de manera estable a la superficie del vaso roto.

ADAMTS13.:
A disintegrin-like and metalloprotease with thrombospondin type 1 motif no. 13).

Es una desintegrina (también conocida como proteasa de escisión del factor de von Willebrand)

https://interactive.nejm.org/iv/numbered/index.html?media_id=8fQEI0Hf&fixed=true