

عنوان مقاله:

Surgical embolectomy in the management of massive and sub-massive pulmonary embolism: The results of ۳۰ consecutive ill patients

محل انتشار:

مجله آریا آنزواسکلروز، دوره 11، شماره 3 (سال: 1394)

تعداد صفحات اصل مقاله: 6

نویسندگان:

Ali Azari - Cardiovascular Research Center, Ghaem Hospital AND Atherosclerosis Prevention Research Center, Imam Reza Hospital, AND Department of Cardiac Surgery, School of Medicine, Mashhad University of Medical Sciences, Mashhad, Iran

Leila Bigdelu - Cardiovascular Research Center, Ghaem Hospital AND Atherosclerosis Prevention Research Center, Imam Reza Hospital AND Department of Cardiology, School of Medicine, Mashhad University of Medical Sciences, Mashhad, Iran

Zahra Moravvej - Cardiovascular Research Center, Ghaem Hospital AND Atherosclerosis Prevention Research Center, Imam Reza Hospital AND School of Medicine, Mashhad University of Medical Sciences, Mashhad, Iran

خلاصه مقاله:

BACKGROUND: Despite the improvement in the diagnosis and treatment of acute pulmonary embolism, it is yet a common clinical problem. The actual role of open embolectomy has not been well understood. The present report aimed to extrapolate the outcome of early open pulmonary embolectomy in a number of patients with acute (sub) massive pulmonary embolism (AMPE/ASMPE). **METHODS:** A prospective study was performed on ۳۰ patients who underwent emergency embolectomy at Ghaem Hospital, Mashhad, Iran during January ۲۰۰۵ to November ۲۰۱۲. All patients with an indication for pulmonary embolectomy according to recent American Heart Association guideline were enrolled in this study. Echocardiographic features, pulmonary artery pressure, and right ventricular (RV) diameter were recorded. The patients were followed up monthly by two cardiologists. **RESULTS:** Indications for operation in descending order consisted of contraindication for fibrinolytic therapy (۳۰%), failure to respond to fibrinolysis (۲۶.۶۶%), cardiopulmonary arrest (۲۰%), patent foramen ovale (۲۰%), right atrium clot (۱۰%), and cardiogenic shock (۱۰%). Mean pulmonary artery pressures were ۵۲.۲۶ ± ۶.۵۴ and ۲۹.۴۳ ± ۲.۸۷ mmHg before and after the operation, respectively ($P < .۰۰۰۰۱$). RV function and diameter improved significantly after surgery ($P < .۰۰۰۰۱$ and $< .۰۰۰۰۱$, respectively). Complete follow-up was performed in all surviving patients. All patients survived the operation, except one who died ۲ days after surgery due to profound hypotension. **CONCLUSION:** Short and long-term outcomes of early open embolectomy seemed to be satisfactory in high-risk patients presenting high clot burden in central pulmonary arteries. This study demonstrated that pulmonary embolectomy may play a promising role in the management of AMPE and ASMPE and recommended for future clinical trials

کلمات کلیدی:

Echocardiography, Fibrinolysis, Embolectomy, Thromboembolism, Pulmonary, Treatment Outcome

لینک ثابت مقاله در پایگاه سیویلیکا:

<https://civilica.com/doc/1504857>

