

Medical Expertise

"Development of the European Network in Orphan Cardiovascular Diseases"
„Rozszerzenie Europejskiej Sieci Współpracy ds Sierocych Chorób Kardiologicznych”

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CASE SUMMARY and DISCUSSION

The patient underwent an operation of implantation of mitral valve due to mitral stenosis and closure of coronary artery - pulmonary artery fistula. Both of these diseases with longer last may lead to pulmonary hypertension. In this case the character of pulmonary hypertension is mixed because of congestion and pulmonary overflow. Not known is the volume of fistulas left - right shunting, however, the combination of high $Q_p : Q_s$ from coronary - pulmonary artery fistula and pulmonary congestion due to mitral stenosis is quite significantly accelerating changes in pulmonary microcirculation. This can be seen in radiological examination as an amputation of peripheral pulmonary vascular more clearly visible in the lower parts of lungs. This has been illustrated in this case. The patient has lower limb varicose, and ultrasound has been demonstrated for thrombus in the vena porta. In conclusion - right pulmonary artery stenosis may correspond to the “old thrombosis” in right pulmonary artery. While it is difficult to determine how big an area and caliber of pulmonary arteries was affected by fouling small thrombi. These changes correspond to an advanced changes in the mixed pulmonary hypertension with accompanying pulmonary artery thrombosis.

EXPERT'S OPINION

Patient does not require surgical intervention. I suggest further anticoagulants treatment and pharmacological treatment of pulmonary hypertension.

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