

Cor pulmonale

COR PULMONALE

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1. Definitie

- chronisch lijden van rechter ventrikel door decompensatie, dilatatie of hypertrofie.
- oorzaken: chronische pulmonale hypertensie tgv longziekten (emfyseem, fibrose, silicose of recidiverende embolen), thoraxmisvorming (kyfoscoliose, pectus excavatum), ziekten van de longvaten, chronische inspiratoire obstructie (vb tonsilhypertrofie)

2. Oorzaken

rechter ventrikelfalen

- rechter ventrikel dilatatie of hypertrofie

- oorzaken pulmonale hypertensie

- cardiovasculair:

- linker ventrikel falen (mitralisstenose, collageen vaatziekten)

- links-rechts shunt (congenitale hartafwijkingen)

- bloed:

- chronische hypoxie (veroorzaakt stijging van de vaatweerstand)

tgV van COPD, chronische aanwezigheid op grote hoogte, slaapapnee, ernstige anemie.

- verhoogde viscositeit van het bloed (leukemie, polycytemia vera)

- longen:

- primaire pulmonale hypertensie

- verhoogde intrathoracale druk (COPD, mechanische ventilatie- peep, thoraxmisvorming-kyfoskoliose, obesitas, cystische fibrose)

- pulmonale venoöclusieve ziekte

- longembolen

3. Diagnostiek

-anamnese

- verhaal van progressieve dyspnee (hoest, heesheid), gewichtstoename, zwakte (vermoeidheid, syncope), perifere oedemen.

- vraag steeds na:gebruikte medicatie en MVG

- kliniek

- ademhaling (dyspnee, hoest, hemoptysis, wheezing, heesheid)

- gastroenterologisch (gewichtstoename, ascites, hepatomegalie)

- beeld van overload (opzetting halsvenen, perifere oedemen)

- pulse oximetrie

- labo

- bloedgasen (PO₂ in rust 40-60 mm Hg, PCO₂ in rust 40-70 mm Hg)
- Hb en hematocriet
- B-natriuretisch peptide (DD biventriculair lijden of respiratoir lijden)

-Electrocardiogram

- asdeviatie naar rechts (door rechter ventrikel hypertrofie)
- P-toppen zijn groot en gepiekt
- T afvlakking thv rechter precordialen
- ST depressie thv II, III en aVf

- beeldvorming

- RX-thorax: tekenen van pulmonale hypertensie (grote pulmonale arteries > 16- 18 mm, vergroot silhouet rechter ventrikel), zijn er longeffusies?
- Echocardiogram: rechter ventrikel (dilatatie en hypertrofie), linker ventrikel (normaal), meting met doppler (meten tricuspidalis regurgitatie, druk arteria pulmonalis, rechter ventrikel ejectiefractie)
- ventilatie/perfusiescan
- CT of MRI: grootte van de ventrikels en pulmonale arteriën, opsporen van longembolen

- hartcatheterisatie

- rechter hart: geeft goede drukmetingen

4. DD

- primair linker hartlijden
- congenitale hartafwijkingen
- hypothyroidie
- cirrhose

Eerste opvang

- ABC
- O₂ geven tot 90% saturatie
- IV-lijn
- monitoring (hart, bloeddruk, pulse oxymetrie)
- indien bronchospasmen: aerosol
- voorkom hypotensie, dus ten velden geen vasodilatoren, geen cedocard en geen diuretica

- soms is intubatie vereist

Spoeddienst

- **Zuurstof**: streef naar 90% saturatie

- betere oxygenatie geeft minder pulmonale vasoconstrictie en dus een verbeterde cardiac output
- cave CO₂-retentie: geregeld pCO₂ controleren. Te hoge pCO₂ geeft ademhalingsdepressie en geeft ook acidose.

- **bronchodilatatie**: beta-2-mimetica

- aerosols Ventolin
- Theophylline (Euphillin) 1 amp IV. Max dagdosis is 900 mg/dag

- **Diuretica**: Lasix

- **Bij acute COPD decompensatie**: vroegtijdig steroidtherapie, antibiotica

- **restrictie**: vocht, zout

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