

COMUNICAZIONI ORALI
CARDIOLOGIA CLINICA
Sessione A

Vericiguat in cardiac surgery. An ally for the cardiologist in the post-operative period of high-risk patients

Buioni Dario



STORIA CLINICA

UOMO di 68aa

In Anamnesi: Ipertensione arteriosa; 2 pregressi episodi di TEP prima a TAO (Coumadin), poi NAO (Eliquis)

Accesso in PS per dispnea ed astenia > NSTEMI

1° Ecocardiogramma: VSX (DTD 51mm, SIV 10mm, EDV 141 ml ESV 108ml), ipocinesia globale diffusa FE 20%; IM severa da tethering. VDX TAPSE 11mm, IT severa PAPS 34mmHg

Trasferito in UTIC



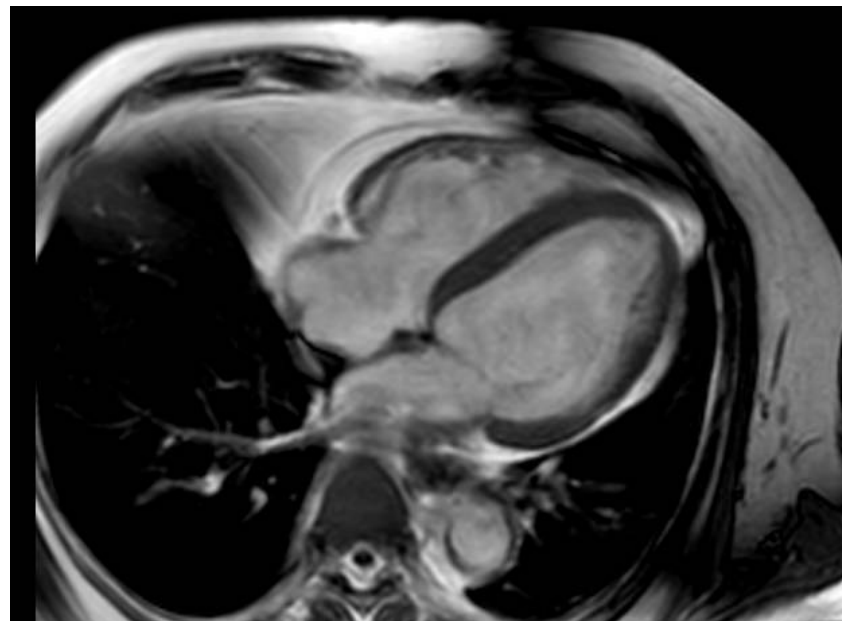
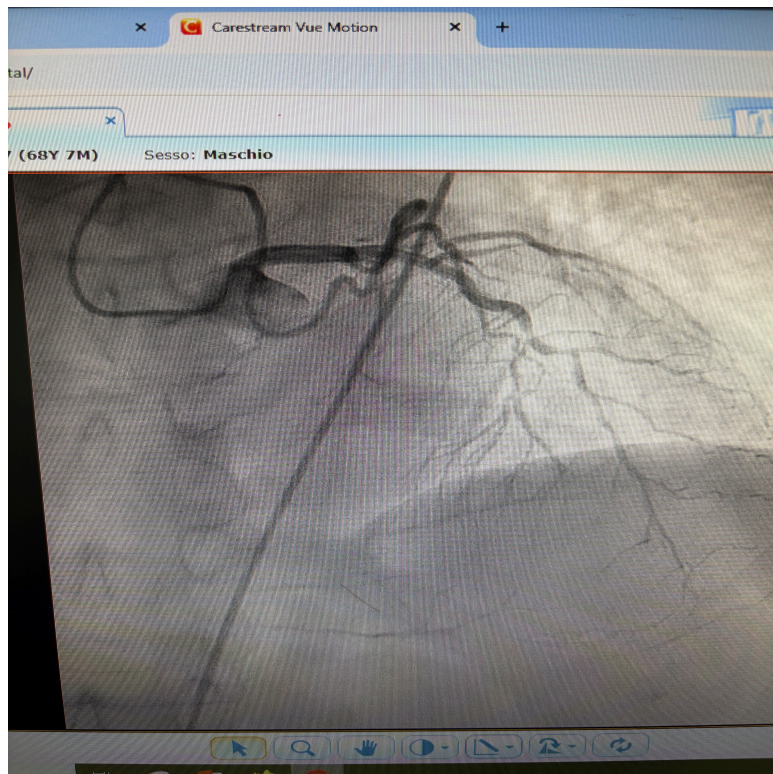
ITER DIAGNOSTICO

CORONAROGRAFIA: Dominanza dx; TC esente da stenosi, DA stenosi critiche tratto medio; CX stenosi subocclusiva in triforcazione per MO1 e MO2 e tratto terminale CX; CDX occlusa all'ostia riabitata da DA

RM CUORE: VSX DT 60mm, VTDi 124ML/M2, VTSi 98.ml/m2;

Aree LGE transmurale >50% a livello parete inferiore e infero-laterale in sede basale; LGE <50% parete anterolaterale e infero laterale in sede media. Non edema. VDX FE 28%, VTDi 80.5ML/m2, VTSi 57.8ml/m2, no LGE





PLANNING TERAPEUTICO

SCORE DI RISCHIO EU II 5.18%; STS 2.55%, SYNTAX 40

ESEGUITO HEART TEAM:

- INVIARE PAZIENTE A CENTRO REGIONALE TRAPIANTO
- INDICAZIONE CARDIOCHIRURGICA
- OPZIONE PERCUTANEA

INDICAZIONE A RIVASCOLARIZZAZIONE CHIRURGICA ARTERIOSA, LEVOSIMENDAN
PREOPERATORIO 48H PRIMA INTERVENTO, ESTUBAZIONE PRECOCE



INTERVENTO: AMISx su DA; RAD Sx in free graft su RMO in CEC

10 GPO Impianto ICD

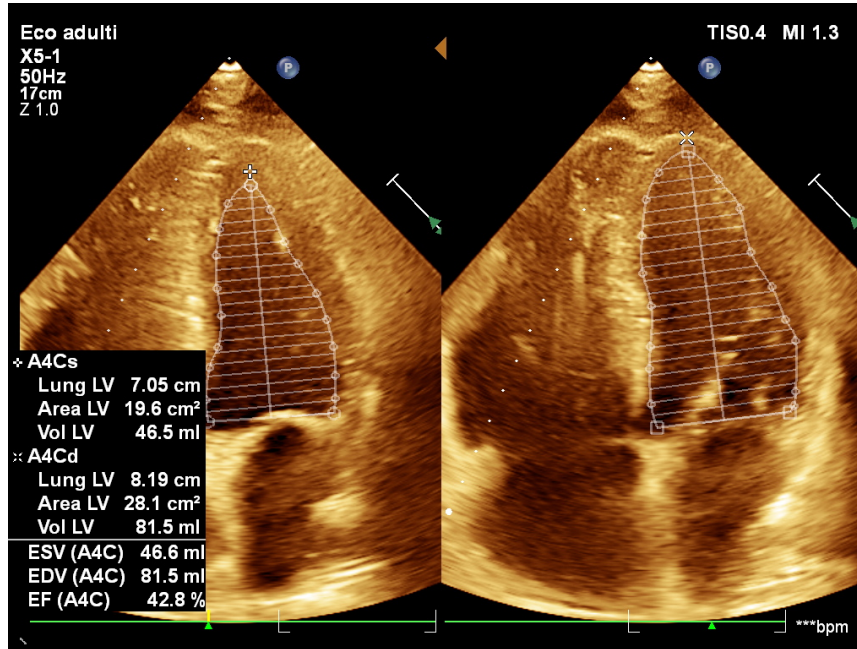
IVGPO iniziata terapia con Sacubitril Valsartan, scarso adattamento del paziente con persistente stato ipotensivo associata ad astenia

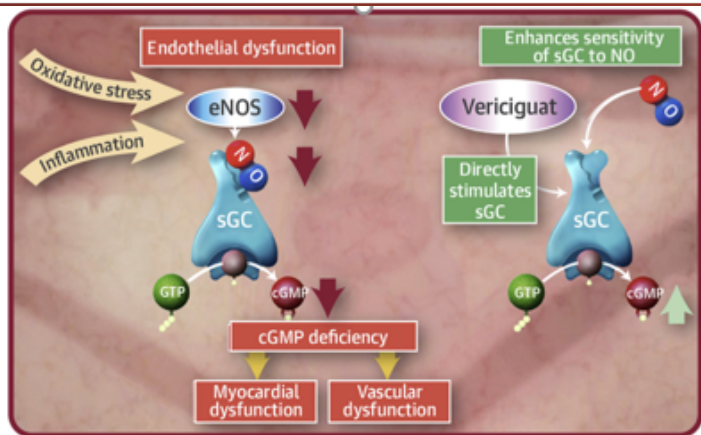
Vericiguat: Iniziato con dosaggio 2.5mg/die poi 5mg/die dopo 1 settimana; associato a Beta bloccante e gliflozine (inibitori SGLT2)

Al controllo ECO predimissione VSX FE 36%; Dopo 1 mese di terapia FE VSX FE42%

Attualmente paziente assume 10mg/die







VICTORIA and PARADIGM-HF. Demonstrated that the HR for CVD or hHF with vericiguat did not significantly differ from that for sacubitril/valsartan (HR: 0.88, 95% CI:0.62–1.23). The upper limit of the 95% CI was less than the predefined margin of 1.24, confirming vericiguat's non-inferiority to sacubitril/valsartan. Sensitivity analyses affirmed the robustness of the base-case results. Kang Primo caso di utilizzo in paziente cardiocirurgo



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Comparative efficacy of vericiguat to sacubitril/valsartan for patients with heart failure reduced ejection fraction: Systematic review and network meta-analysis

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Eui-Soon Kim ^f, Jong-Chan Youn ^g, Sun-Kyeong Park ^{a,*}



In this study, 75 patients (50.3%) received vericiguat plus GDMT treatment, while 74 patients (49.7%) received GDMT treatment alone. The average age of enrolled patients was 65 years, with approximately 17.4% being female. 33.6% were classified as NYHA class III heart failure, and the average LVEF was 38.11%. Over the 12-month follow-up, the composite endpoint event occurred in 5 (6.67%) of 75 patients in the vericiguat group and 13 (17.57%) of 74 patients in the GDMT group (hazard ratio [HR] 0.31 [95% confidence interval (CI) 0.10–0.96]; $P = 0.041$). By the end of the follow-up, LVEF improved significantly more with vericiguat. From the first month, the vericiguat group demonstrated greater reductions in NT-proBNP ($P = 0.004$) and improvements in KCCQ-QoL ($P = 0.042$). Adverse events were mild with vericiguat, similar to the GDMT group

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<https://doi.org/10.1186/s12872-020-05622-1>

BMC Cardiovascular Disorders

RESEARCH

Open Access

Vericiguat in patients with acute coronary syndrome and reduced ejection fraction: the EVE-ACSrEF study

Xinying Shi¹, Anran Zhao¹, Yi Ding¹, Lingling Gu¹, Tongrong Tang¹, Hao Wang¹, Qiming Wang¹, Sibao Wang² and Liansheng Wang²

This study aims to conduct a randomized controlled trial to determine if Vericiguat improves MBF and MPR in patients with stable chest pain and INOCA caused by CMD.



Study Protocol

Randomized controlled trial of vericiguat in patients with coronary microvascular dysfunction causing stable chest pain (V-COM): study protocol for a randomized control trial^{*}

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Vericiguat è stato ben tollerato dal paziente

Valida alternativa al sacubitril/valsartan

Caso clinico

Su questa tipologia di pazienti serviranno trial randomizzati con significativi campioni di pazienti

