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## Cardio renal syndrome: Case presentation

**Katerina Ristoska**

PZU Sistina Nefroplus, Macedonia

**Background:** Cardio renal syndrome (CRS) is used to describe clinical conditions in which cardiac and renal dysfunction co-exist. First were classified in 2008 and divided into five subtypes. Its pathogenesis is not fully understood. Additionally available therapeutic strategies are challenged to manage this syndrome.

**Case presentation:** We report the case of 60-year-old diabetic man, hypertronic, with adipositas permagna, previous myocardial infarction (1998), LVH and diastolic dysfunction, with implanted St. Jude's prosthesis and the aneurysm of ascending aorta. In 2013, he was diagnosed with bilateral renal cysts, with a worsening of renal function, which was characterized as chronic renal failure stage three (GFR 39mL/min according to MDRD formula), with albuminuria of 90mg/L and an increased quotient albumin/creatinine of 164mg/dL. Same year, after *Enterococcus faecalis* bacteremia, without the development of endocarditis, he develop atrial thrombus, which is resumed by conservative treatment. Due to the development of Stanford B aortic dissection and aneurysmal endoleak, with the tendency of aneurysm growth, was performed the stenting with prosthesis of the thoraco-abdominal transition of the aorta and of truncus coeliacus. He is suffering from restrictive, moderate peripheral obstructive ventilatory insufficiency, with the development of respiratory acidosis, dependent on oxygen therapy and CPAP mask (SAP syndrome). Infectiously affected by gastroenteritis and right-side pneumonia he developed an acute decompensation of chronic renal failure, with a worsening of heart failure, develops pulmonary edema, with an increase in degradation products, and commences hemodialysis three times a week. In December 2016, during dialysis he developed VF with a state of unconsciousness, which was treated with CPR with electro shock therapy. After that he developed bradycardia, AF and AV block third degree, therefore AICD was implanted.

In December 2017 he was diagnosed that stentprothese in the thoracolumbar junction with supply of the celiac trunk via a stent with a retrograde restoration of the truncus was compromised and developed new atrial thrombus.

**Conclusion:** Since renal function is the single most important factor in the outcomes of patents with heart failure, the importance of early recognition, after adjusting the differences in baseline data, etiology and severity of disease, as much of early therapeutic strategy have impact of long life outcomes.

### Biography

Katerina Ristoska has completed her Graduation in Medical Faculty, Skopje, Republic of Macedonia, where she also attended her specialization in internal medicine. Currently, she is the Author and Coauthor of 57 publications at the international congresses at home and abroad, as same in the several other journals. She was Contributor on two multi-centric studies of pharmaceutical company "Krka-Farma" DOOEL Skopje. She is a Fellow of New Westminster College, Vancouver, British Columbia, Canada; Member of The Macedonian Association of internal medicine, ESC, EAPCI, HFA, EACVI, EAPC and ACCA; Member of ESC Council on Cardiovascular Nursing and Allied Professions, ESC Council on Hypertension, ESC Council on Valvular Heart Disease, the Member of Working Group on Grown-up Congenital Heart Disease, the Member of Working Group on Aorta & Peripheral vascular disease; Member of ERA-EDTA Diabetes Group, ERA-EDTA EUREKA -M Working Group of European renal and Cardiovascular medicine, ERA - EDTA CKD- MB D Working Group and an Accredited Examiner of a doctor's professional exam for obtaining a work license and Editor-In-Chief in the *International Journal of Medicine and Healthcare* and Section Editor in the *Interdisciplinary Studies, for Healthcare in International Journal Anglisticum*.

krist\_1969@yahoo.com