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· 病例报道 ·

Echocardiographic diagnosis of papillary muscle hypertrophic cardiomyopathy: a case report

超声心动图诊断乳头肌肥厚型心肌病 1 例

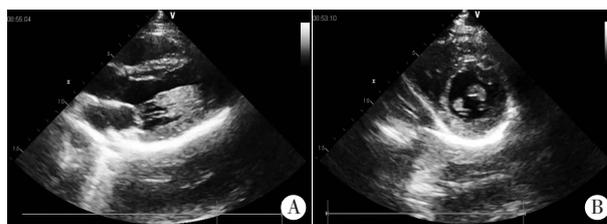
陈小艳 吴同果

[中图法分类号] R541;R540.45

[文献标识码] B

患者男, 24 岁。因两年内晕厥 4 次入院。发作前伴有胸闷、气短, 心悸不适, 发作时意识完全丧失, 无口吐白沫、四肢抽搐, 每次晕厥持续约 1 min 后自行苏醒。苏醒后患者无记忆力障碍, 无肢体活动障碍。体格检查: 神清, 心界不大, 心率 69 次/min, 律齐, 各瓣膜未闻及病理性杂音。无高血压等病史, 无吸烟饮酒史。家族史中无原发性心脏病患者。心电图: 窦性心律, 二度 I 型房室传导阻滞, 左室肥厚, ST 段压低伴 T 波倒置。头颅 CT 检查无异常。心肌钙蛋白 T 等均无异常, 心脏超声检查: 室间隔厚度 10.2 mm, 左室后壁厚度 9.3 mm, 主动脉内径正常, 主动脉搏幅正常, 重搏波存在, 主动脉瓣回声和二尖瓣回声均正常, 且二者均开放好。左房及左室呈正常大小, 室间隔与左室后壁呈逆向运动。左室侧壁近乳头肌部前外侧组乳头肌见局限增厚: 舒张期前后径 14.6 mm, 收缩期前后径 20.0 mm(图 1)。后内侧组乳头肌厚 14.0 mm。右房、右室大小比例正常, 三尖瓣回声正常, 开放好。肺动脉不宽, 肺动脉瓣开放好。左室流出道 20.0 mm。心脏各结构连续完整; CDFI 示各房室未见反流信号。超声心动图提示: 乳头肌肥厚型心肌病(非梗阻型), 左室收缩功能正常。考虑为乳头肌肥厚型心肌病。

讨论: 左室乳头肌分为前外侧乳头肌与后内侧乳头肌, 前者位于左室前壁和外侧壁交界处, 后者位于后壁。肥厚型心肌病



A: 长轴观; B 短轴观。

图 1 乳头肌肥厚型心脏超声声像图

分为梗阻型和非梗阻型, 而乳头肌肥厚型心肌病多为局限性和非对称性。晕厥是肥厚型心肌病的常见临床表现, 且多认为其是猝死的先兆表现。分析原因可能是左室流出道梗阻, 导致脑和心脏灌注不足, 引发脑缺血、心肌缺血, 造成严重心律失常。然而, 晕厥除梗阻因素外, 还有神经反射因素, 由于心肌缺血增强交感神经兴奋性, 反馈诱发迷走神经反射而导致血流动力学异常, 继而发生晕厥。本病例为非梗阻型, 考虑患者晕厥原因为神经反射因素, 故发作时间短。超声检查发现乳头肌肥厚的文献报道较少。本例患者心脏超声显示两组乳头肌舒张期测量均超过 11 mm, 依据此可诊断。

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