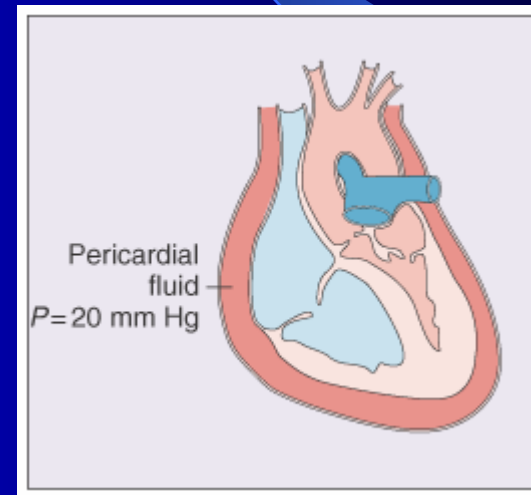


Tamponamento Cardíaco

Sergio Olival

Tamponamento Cardíaco

- Compressão do coração por: fluido, sangue, coágulo, pus ou gas.



- Volume.
- Tamponamento gera um estímulo neuro-humoral \simeq Insuf. Cardíaca exceto BNP.

Etiologia

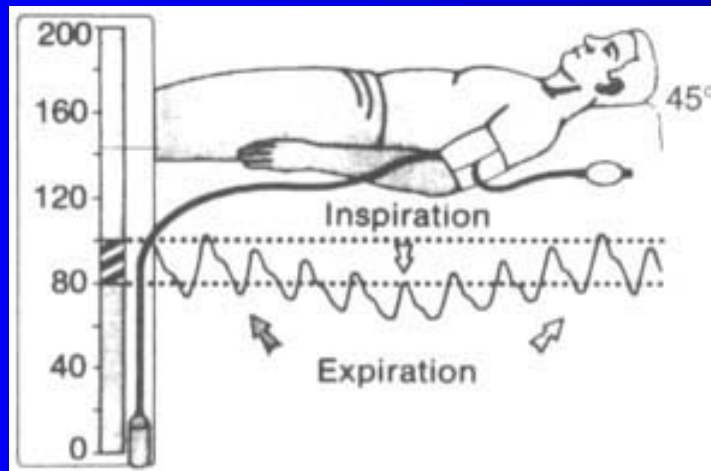
- Infecciosa
- Inflamatória
- Neoplásica
- Pós-radioterapia
- PO cc, pós-intervenções
- Trauma
- Dissecção
- amiloidose
- Hipotireoidismo

Tamponamento Cardíaco

- História clínica.
- ↓ PA, ↑ FR, ↑ FC e dor pleurítica
- TJP, queda do nível de consciência, extremidades frias e cianose.
- Sintomas vagos: anorexia, disfagia e tosse
- 1^a. manifestação: Insuf. renal.

Tamponamento Cardíaco

- Pulso paradoxal (\downarrow PAS ≥ 10 mm Hg)



Obs: respiração normal

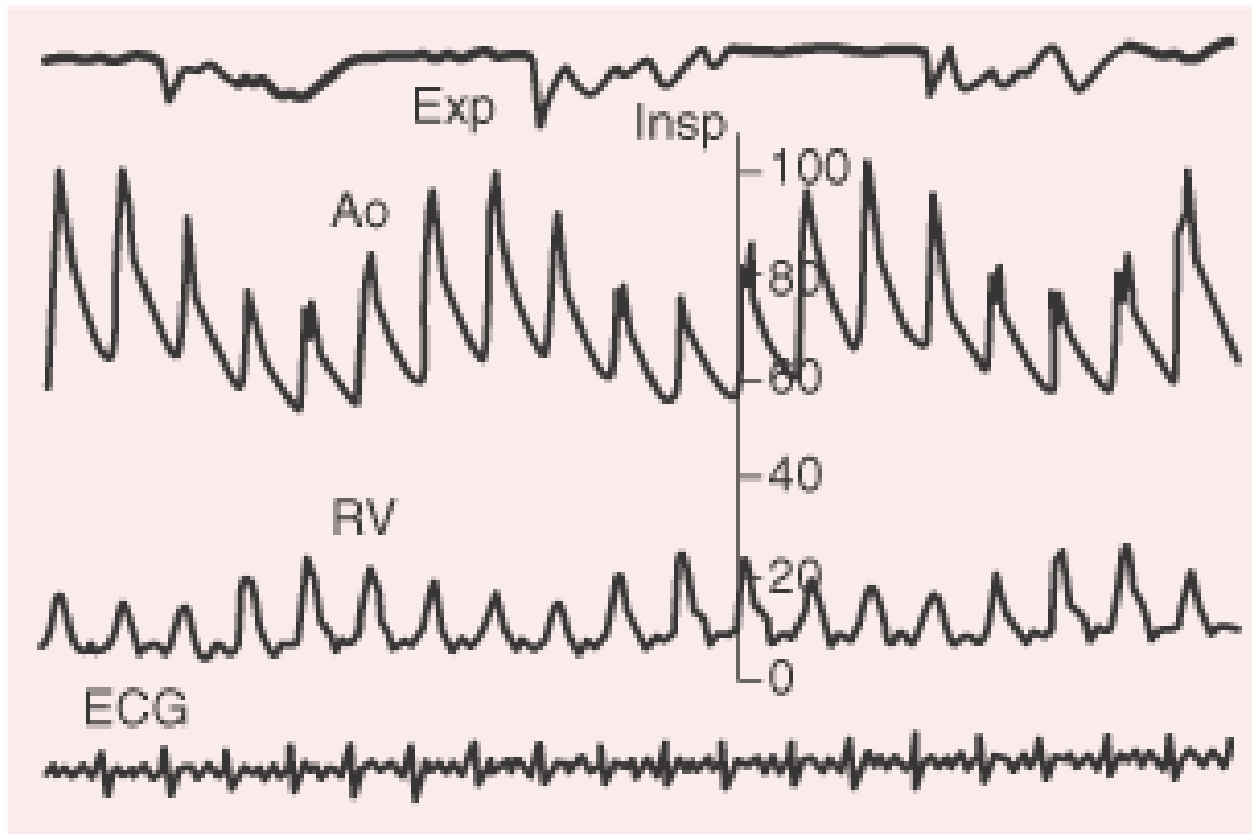
Ocorre em 97%
dos pt s/ trauma.

Curtiss E, et al.. Am Heart J 115:391, 1988.

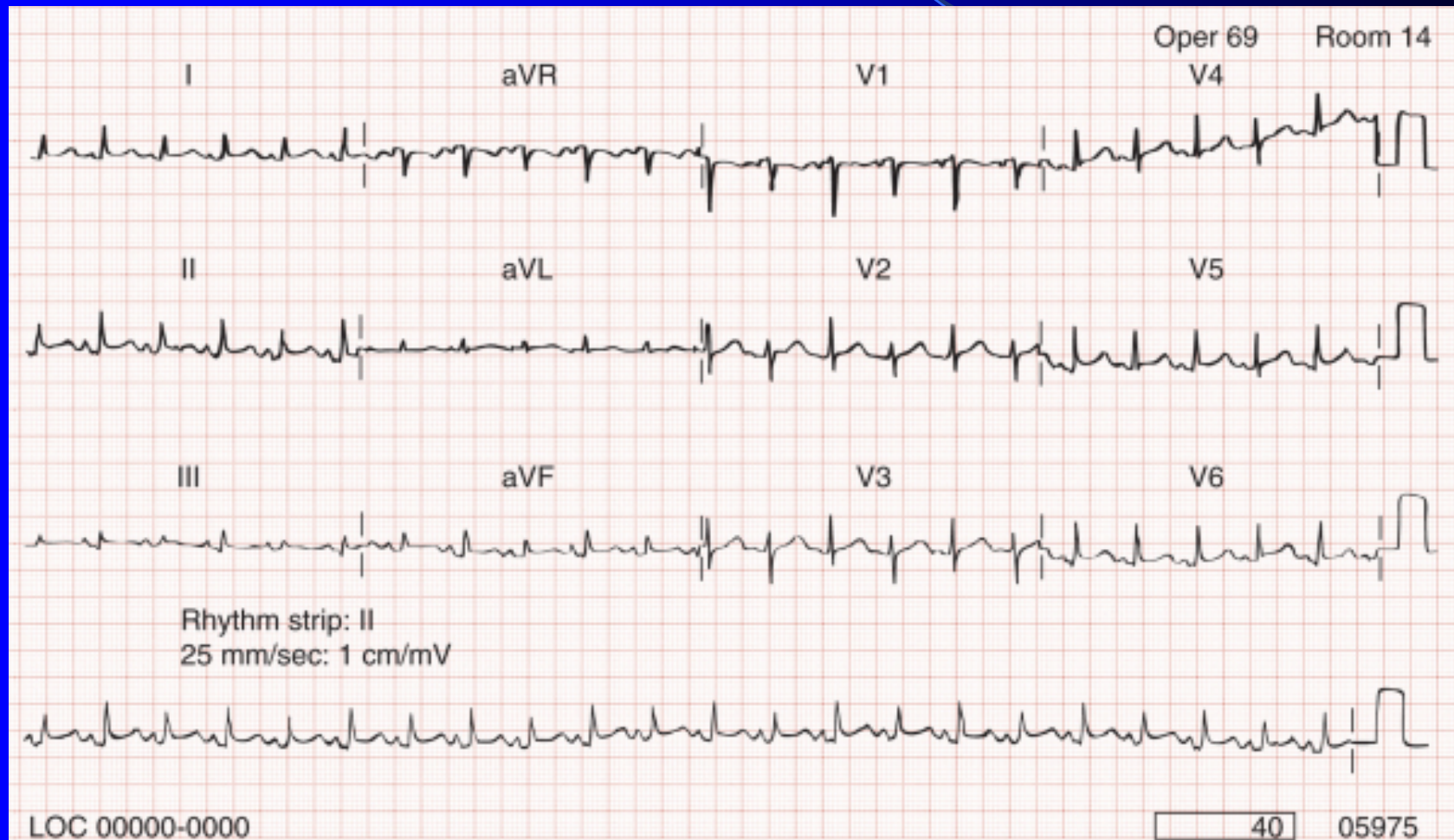
Table 1. Conditions Leading to the Absence of Diagnostic Pulsus Paradoxus in Cardiac Tamponade.

Condition	Consequence
Extreme hypotension, as in shock, and even severe tamponade	May make respiration-induced pressure changes unmeasurable
Acute left ventricular myocardial infarction with occasional effusion causing tamponade	—
Pericardial adhesions, especially over the right heart	Volume changes impeded
Local (usually postsurgical) pericardial adhesions	Local cardiac compression by loculated fluid
Pulmonary vein and left ventricular diastolic pressures and left ventricular stiffness markedly exceed those of the right ventricle*	Reduced effects of respiration on right-heart filling
Right ventricular hypertrophy without pulmonary hypertension	Causes right-sided resistance to the effects of breathing
Severe aortic regurgitation, with or without severe left ventricular dysfunction	Produces sufficient regurgitant flow to damp down respiratory fluctuations
Atrial septal defects	Increased inspiratory venous return balanced by shunting to the left atrium
Some cases of low-pressure tamponade	Makes marked respiratory changes in blood pressure diagnostically insignificant

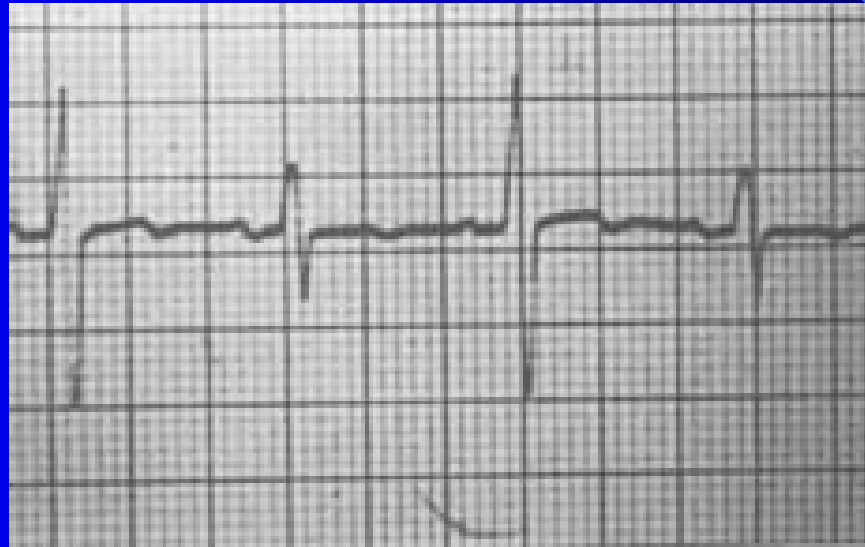
Spodick. N Engl J Med 2003;349:684-90.



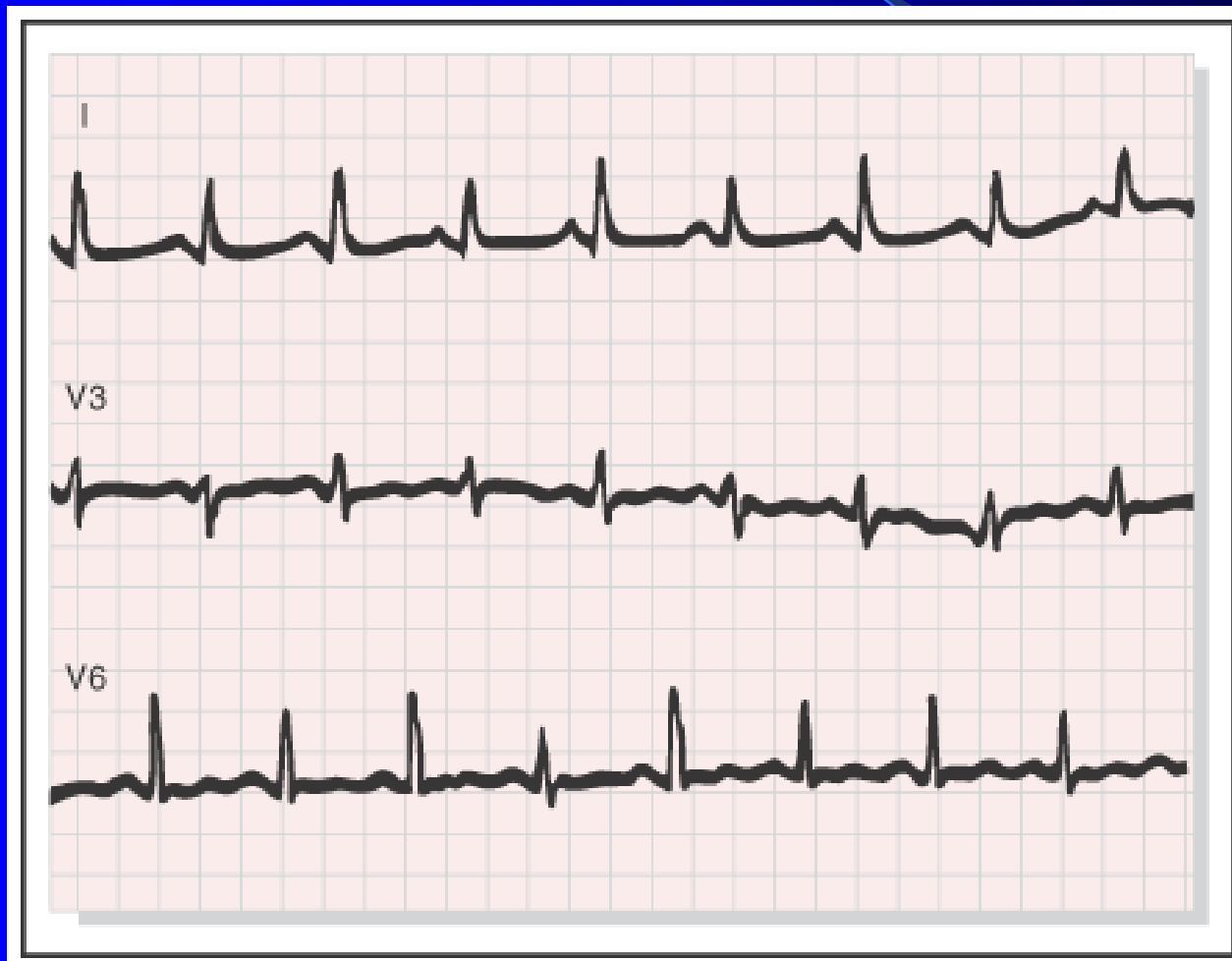
ECG

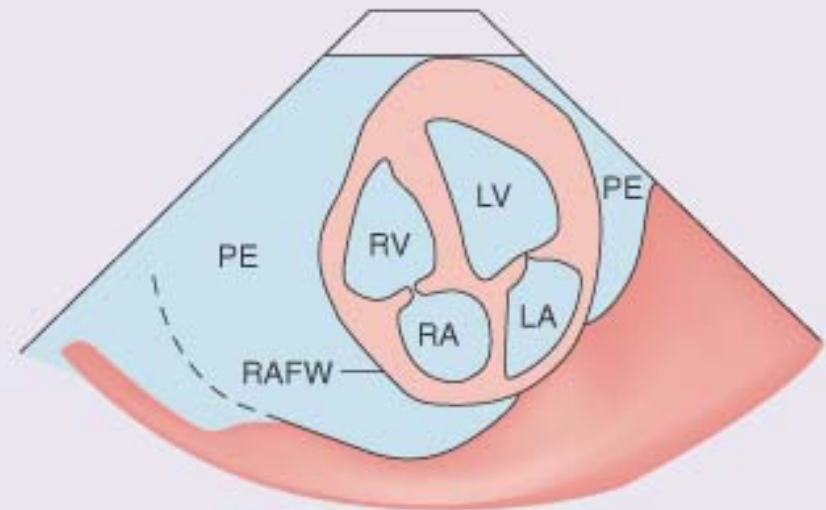
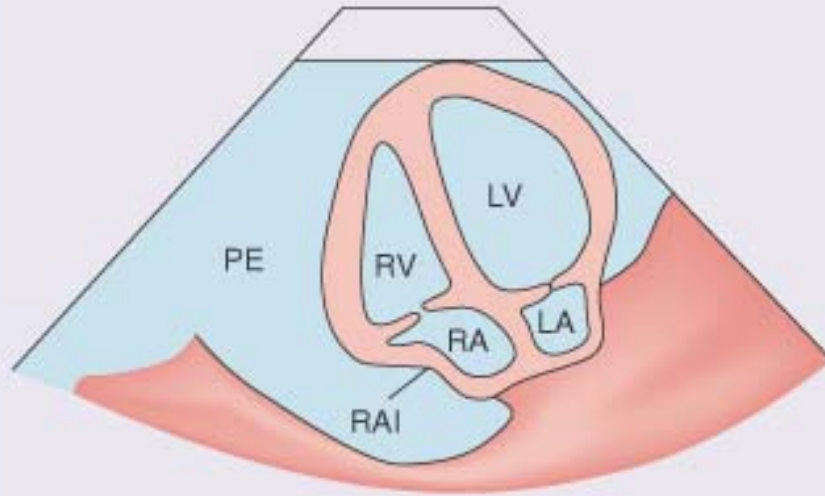


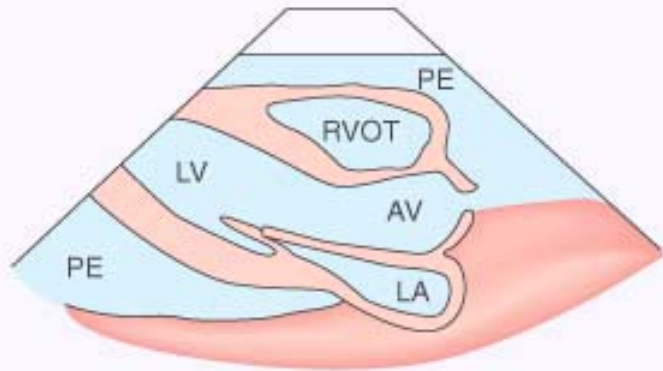
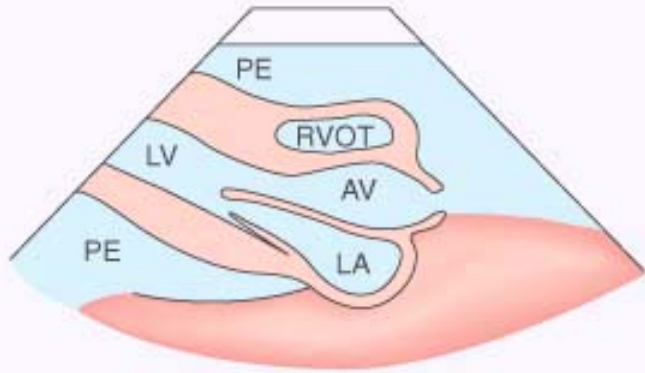
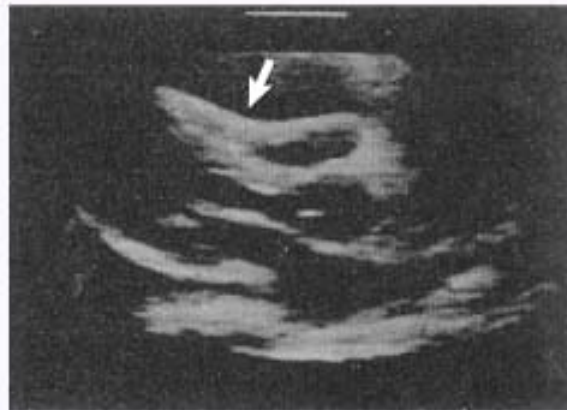
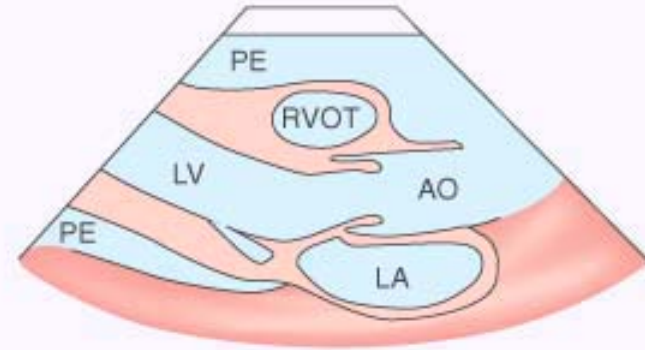
ECG

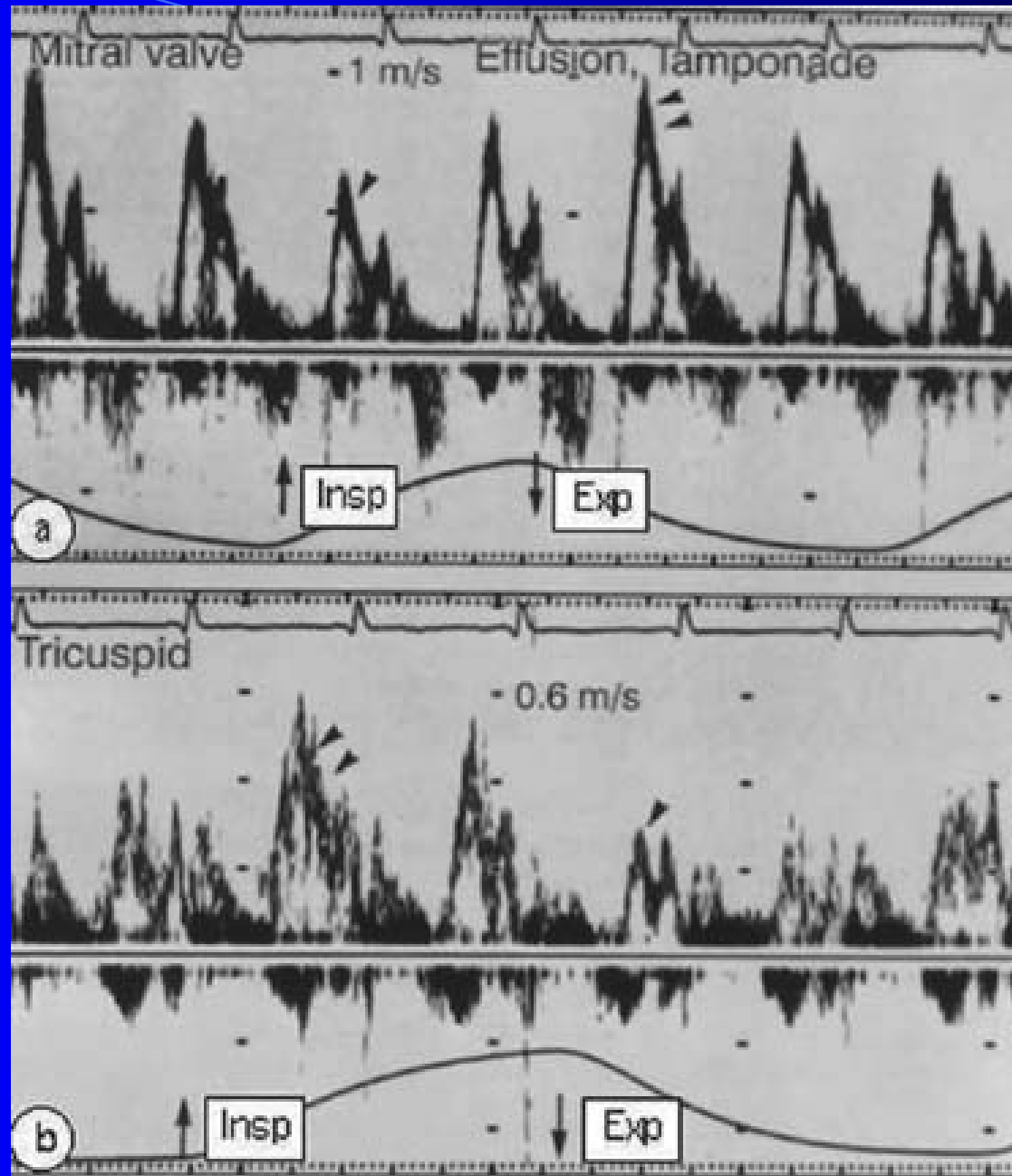


ECG



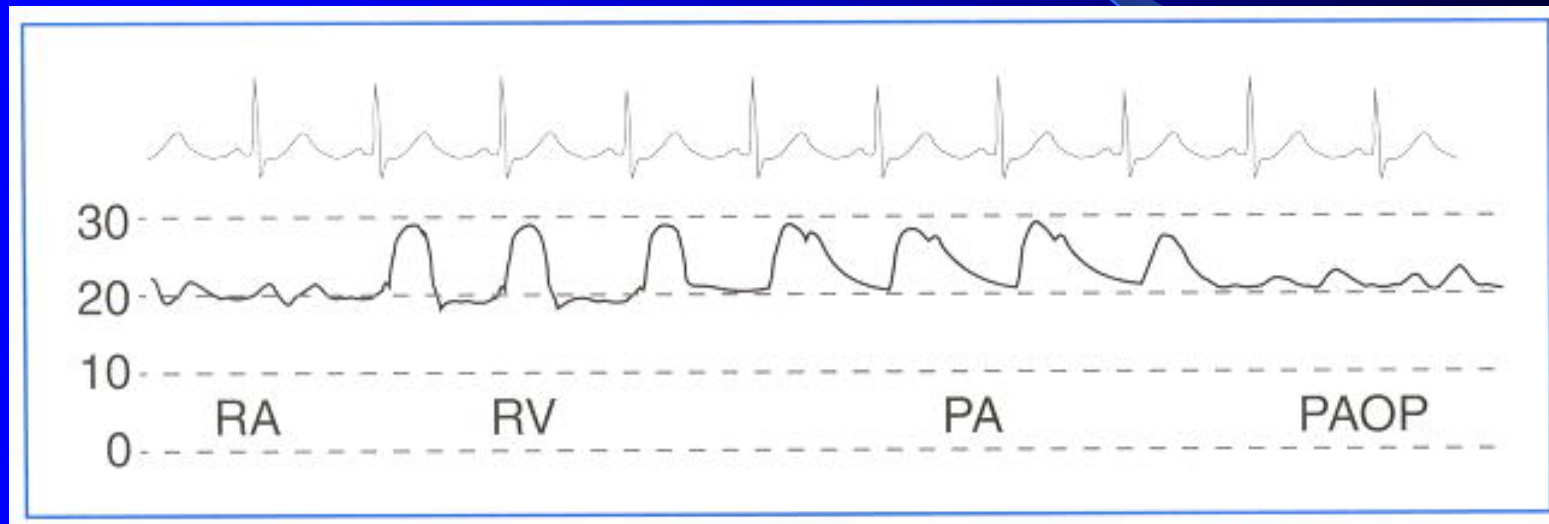






VCI

Cateter de Swan-Ganz



Tamponamento com pressão baixa

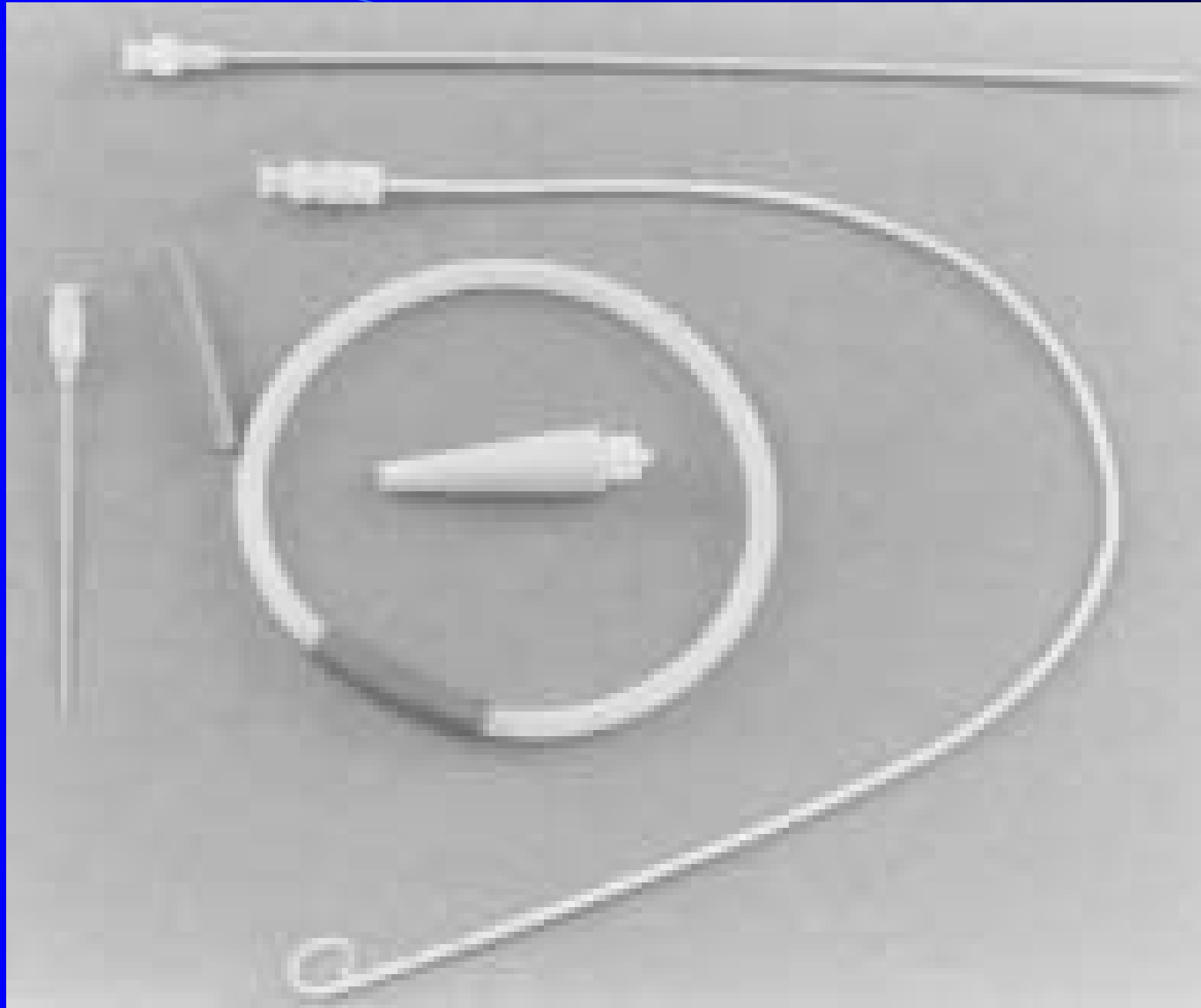
- Pressão diastólica 6-12 mmHg. (normal/ 15-20 mmHg)
- PA geral/ normal.
- Dispneia aos esforços e s/ pulso paradoxal.
- Ocorre pp pt em HD ou uso de diurético.
- Tem flutuação respiratória do fluxo transvalvar ao Doppler.

Tamponamento cardíaco hipertensivo

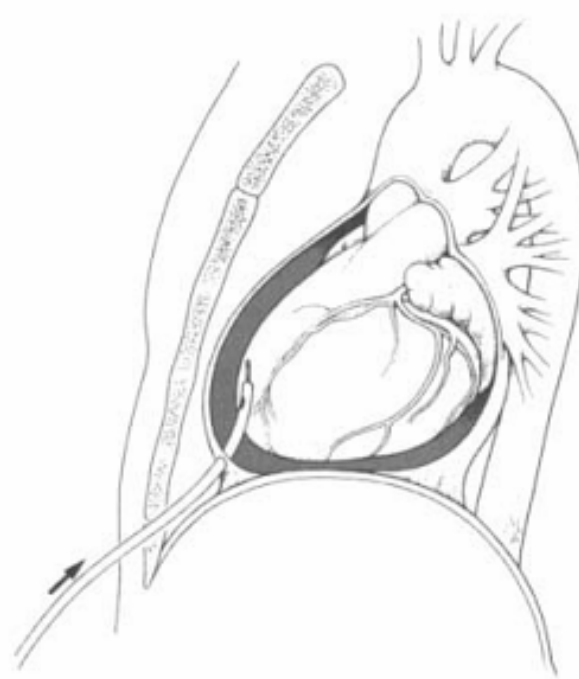
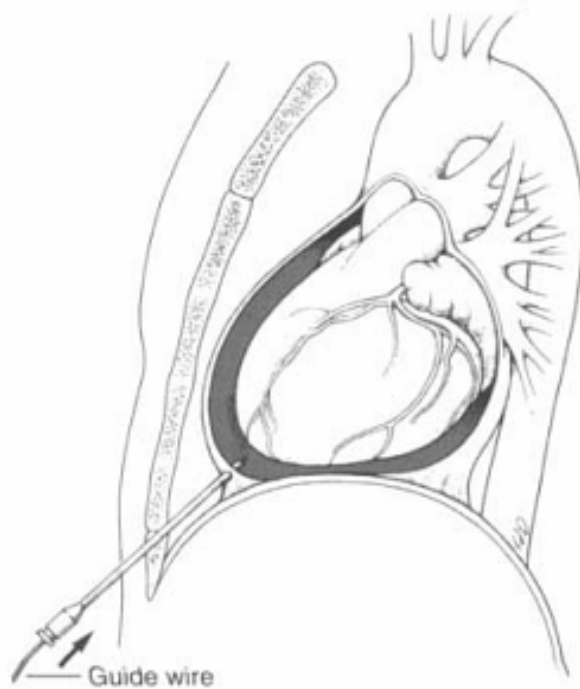
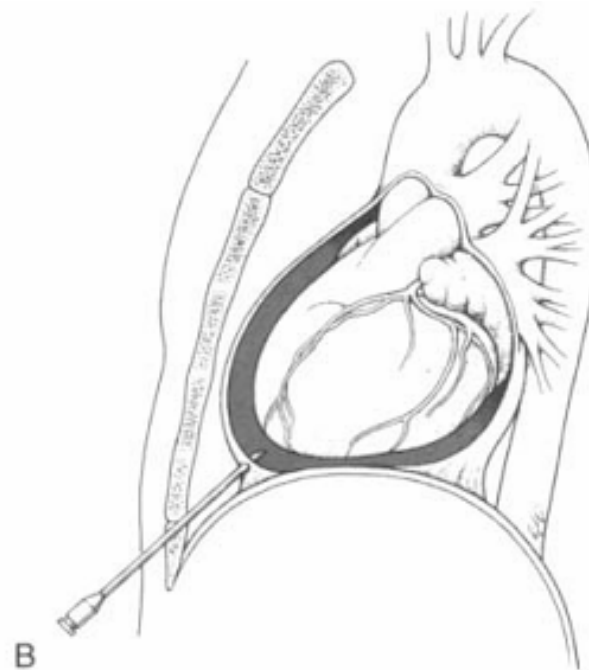
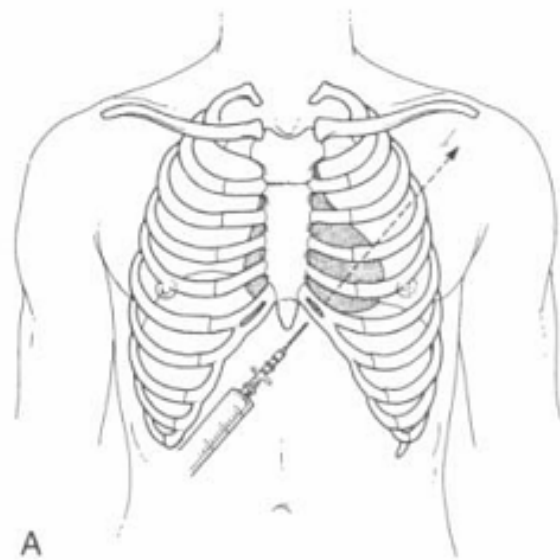
- Ocorre com PAS > 200 mmHg. (descarga adrenérgica + HAS)

Tratamento

- Morte ocorre por atividade elétrica sem pulso.
- Pericardiocentese.
- Reposição volêmica.







Guide wire

Tamponamento Cardíaco

Choque + TJP

PCR + TJP

