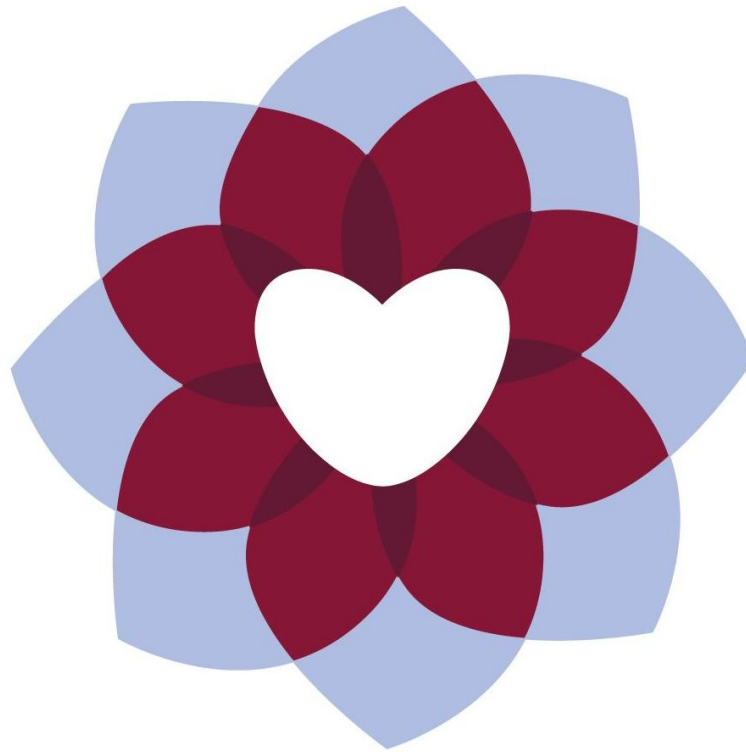


Intensyvioji kardiologija 2018 m.

Doc. Giedrė Bakšytė



6TH INTERNATIONAL MEETING ON ACUTE CARDIAC CARE AND EMERGENCY MEDICINE

METU RENGINYS

September 14, 2018

Friday, September 14 – Saturday, September 15 2018

Vilnius, Lithuania

Vilnius University





European Society
of Cardiology

European Heart Journal - Cardiovascular Pharmacotherapy
doi:10.1093/ehjcvp/pvy032

POSITION PAPER

ESC Council on hypertension position document on the management of hypertensive emergencies

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Felix Mahfoud⁷, Fouad Amraoui¹, Alexandre Persu⁸, Thomas Kahan⁹,
Enrico Agabiti Rosei¹⁰, Giovanni de Simone¹¹, Philippe Gosse⁵, and
Bryan Williams¹²**

Ūminių hipertenzinių būklių gydymas

Clinical presentation	Time line and target BP	1st line treatment	Alternative
Malignant hypertension with or without TMA or acute renal failure	Several hours, MAP -20% to -25%	Labetalol Nicardipine	Nitroprusside Urapidil
Hypertensive encephalopathy	Immediate, MAP -20% to -25%	Labetalol Nicardipine	Nitroprusside
Acute ischaemic stroke and BP >220 mmHg systolic or >120 mmHg diastolic	1 h, MAP -15%	Labetalol Nicardipine	Nitroprusside
Acute ischaemic stroke with indication for thrombolytic therapy and BP >185 mmHg systolic or >110 mmHg diastolic	1 h, MAP -15%	Labetalol Nicardipine	Nitroprusside
Acute haemorrhagic stroke and systolic BP >180 mmHg	Immediate, systolic 130<BP <180 mmHg	Labetalol Nicardipine	Urapidil
Acute coronary event	Immediate, systolic BP <140 mmHg	Nitroglycerine Labetalol	Urapidil
Acute cardiogenic pulmonary oedema	Immediate, systolic BP <140 mmHg	Nitroprusside or Nitroglycerine (with loop diuretic)	Urapidil (with loop diuretic)
Acute aortic disease	Immediate, systolic BP <120 mmHg and heart rate <60 b.p.m.	Esmolol and Nitroprusside or Nitroglycerine or Nicardipine	Labetalol or Metoprolol
Eclampsia and severe pre-eclampsia/HELLP	Immediate, systolic BP < 160 mmHg and diastolic BP <105 mmHg	Labetalol or Nicardipine and Magnesium sulphate	

BP, blood pressure; HELLP, haemolysis, elevated liver enzymes and low platelets; TMA, thrombotic microangiopathy.

Naujos revaskuliarizacijos gairės

Revaskuliarizacija esant ŪMI su ST segmento pakilimu

Kardiogeninio šoko atveju atliekant pirminę PTVAI rutininė su infarktu nesusijusių stenozių revaskuliarizacija yra nerekomenduojama.

III

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European Heart Journal (2018) 00, 1–96

doi:10.1093/eurheartj/ehy394

ESC/EACTS GUIDELINES

**2018 ESC/EACTS Guidelines on myocardial
revascularization**

KVIETIMAS

LIETUVOS ŠIRDIES ASOCIACIJA, LIETUVOS KADIOLOGŲ DRAUGIJA, KAUNO
KRAŠTO KADIOLOGŲ DRAUGIJA

ŪMINIŲ IŠEMIJOS SINDROMŲ AKTUALIJOS

Konferencija skirta ŪMI savaitės renginių ciklui

2018 m. gruodžio mėn. 19 d.

Kaunas, Park Inn Radisson konferencijų centras, Donelaičio g. 27, Kaunas



KVIETIMAS



ACCA
Acute Cardiovascular
Care Association

ACUTE CARDIOVASCULAR CARE2019



2-4 March
Malaga, Spain

www.escardio.org/acutecvd
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