

Prikazi slučajeva

AME refresher training 03.12.2022.

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HR.AME.01

Slučaj 1.

- Kandidat na inicijalnom pregledu za kategoriju 1, 01.09.2022.
- Muškarac, 1997.g.
- MED.B.010 (e) (2) (i) -WPW sindrom, Arrhythmia ES supraventricularis
- AMC1 MED.B.010 (1) (1)

Slučaj 1.

- Redovni jednogodišnji kontrolni pregled
- Dg. Sy WPW, Arrhythmia ES supraventricularis
- Subjektivno bez ikakvih kardijalnih tegoba
- EKG-sinus ritam, 63/min, PQ manje od 0.12, prisutan delta val, IRBBB, ST i T b.o.
- EKG monitoring-povremeno se registriraju SVES, delta val prisutan cijelo vrijeme
- Ergometrija-infero-lateralno horizontalna ST depresija do 2 mm, subjektivno bez tegoba
- SPECT miokarda-normalna perfuzija miokarda, nema scintigrafskih znakova za smanjenu koronarnu rezervu
- Referral med.procjenitelju!!



According to the AMC1.MED.B010. I) 1) the following examinations are necessary:

- cardiological review (symptoms, tachycardiac episodes, ECG, medication etc)
- exercise ECG to the Bruce protocol or equivalent. (Bruce stage 4 should be achieved and no significant abnormality of rhythm or conduction, or evidence of myocardial ischaemia should be demonstrated) - I saw somewhere ST depression, and I saw a SPECT examination, but was not in English
- 24-hour ambulatory ECG which should demonstrate no significant rhythm or conduction disturbance;
- 2D Doppler echocardiogram which should show no significant selective chamber enlargement or significant structural or functional abnormality, and a left ventricular ejection fraction of at least 50 %.



AMC1.MED.B.010. I) (9) Ventricular pre-excitation

(i) Asymptomatic initial applicants with pre-excitation may be assessed as fit if an electrophysiological study, including adequate drug-induced autonomic stimulation reveals no inducible re-entry tachycardia and the existence of multiple pathways is excluded.

If WPW is diagnosed, then electrophysiology is required.

please inform the cardiologist of the following:

Asymptomatic initial applicants with pre-excitation may be assessed as fit if an electrophysiological study, including adequate drug-induced autonomic stimulation reveals no inducible re-entry tachycardia and the existence of multiple pathways is excluded.



If ablation therapy is needed: you have 2 ways:

- fast way: 2 months after the ablation a second electrophysiological study is needed. If there is no abnormality, your medical certificate is going to be valid
- slow way: after the ablation your medical certificate is suspended for 1 year. If the cardiological review, 24 hrs ambulatory ECG monitoring, exercise test are normal, you are able to apply for a Class 1 medical certificate. (AMC1.MED.B.010. I)4
(please keep in mind, that OML limitation can be imposed only for LICENSE HOLDERS, not for initial applicants)



Slučaj 1.

- Učinjena je ablacija krajem 09/2022
- 11/2022 napravljena elektrofiziološka studija- bez abnormalnosti
- Nalazi dostavljeni med.procjenitelju
- Čeka se konačna odluka o zdravstvenoj sposobnosti za kategoriju 1

Slučaj 2.

- Kandidat za inicijalni pregled kat.1
- Pilot, 56 g.,kat.1 ICAO cert.o zdrav.sposobnosti uz VML
- TFT- 15 000h
- RR 145/90, puši 20 cig./dn, Th.nihil
- CDT 3.7%, uk.kol. 6.6, LDL 4.2
- Psihologijska procjena-upućivanje u CAA
- KV rizik 16.1%

Slučaj 2.

- U svojoj zemlji obavlja psihologijsku procjenu koja ne nalazi nikakve psihopatologije
- Pregled zrakoplovnog kardiologa- zbog suspektne ishemije na ergometriji učini se perfuzijska scintigrafija miokarda koja je procijenjena kao uredan nalaz
- Doppler karotida, učinjen nakon 50% stenoze na CT angiografiji karotida, ukazuje na 40% stenozu lijeve karotide te manje od 40% ateromskog plaka također u lijevoj karotidi
- Kardiolog sugerira-sposoban uz OML ograničenje

Slučaj 2.

- Učinjene nalaze prosljeđujem u CAA te medicinski procjenitelj donosi sljedeću odluku:
- Zbog rizičnih čimbenika (pušenje, dislipidemija) i stenoze karotidnih arterija kandidat **nije sposoban za kat.1 bez OML ograničenja** (na inic.pregledu za kat.1 ne može se dati OML ograničenje!!)

Pitanja?

Hvala na pažnji!

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