**ANALIZA KLINIČKOG TOKA I ISHODA LIJEČENJA BOLESNIKA SA AKUTNIM I RECIDIVANTNIM PERIKARDITISOM U DJEČIJEM UZRASTU**

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**UVOD** Akutni perikarditis je zapaljenska bolest perikarda, sa ili bez prateće perikardne efuzije. Najčešći znaci bolesti su: bol u grudima, perikardno trenje, promjene u elektrokardiogramu, porast zapaljenskih markera i perikardna efuzija. Osnovu liječenjenja akutnih perikarditisa čine nesteroidni antinflamatorni lijekovi. Recidivantni perikarditis karakteriše postojanje dokumentovane prve epizode perikarditisa, postojanje intervala bez simptoma tokom 4-6 nedjelja ili duže, uz dokaz o naknadnom ponavljanju perikarditisa. Učestalost recidiva je 15-30%.

**CILJ RADA** 1. Utvrditi broj bolesnika sa akutnim i recidivirajućim perikarditisom u petogodišnjem periodu 2. Uporediti anamnezu, klinički i ehokardiografski nalaz, parametre akutne faze zapaljenja između ispitivanih grupa. 3.Analizirati terapiju i tok bolesti, sa posebnim osvrtom na bolesnike koji su imali recidive.

**METODOLOGIJA** Rad predstavlja retrospektivnu studiju sprovednu u Institutu za zdravstvenu zaštitu majke i deteta u Beogradu (2011-2016). Praćena su 63 bolesnika sa dijagnozom perikarditisa (51 bolesnik sa akutnim i 12 bolesnika sa recidivantnim perikarditisom). Analizirani su klinička slika, fizikalni nalaz, laboratorijski parametri inflamacije, elektrokardiogram, ehokardiografski nalaz, terapijski protokol. Rezultati rada obrađeni su deskriptivnom i analitičkom statistikom (Studentov t test, χ2 test).

**REZULTATI RADA** Najzastupljeniji simptom u kliničkoj slici akutnog perikarditisa bio je bol u grudima. Najčešće promjene na elektrokardiogramu bile su ST elevacija i PR depresija. Nije dokazana značajna razlika u ehokardiografskom nalazu ispitivanih grupa. Najveći broj bolesnika (6/12) imao je jedan recidiv, 4/12 imali su 2 recidiva, 1 bolesnik imao je 7 recidiva, a 1 bolesnik ukupno 20 recidiva. Komparacijom terapijskih protokola bolesnika sa akutnim i recidivantnim perikarditisom, dokazali smo, veću primjenu kortikosteroida kod bolesnika sa recidivima. Najčešći triger u nastanku recidiva bio je prekid ili redukcija doze kortikosteroida.

**ZAKLJUČAK** 1. Učestalost recidiva u našoj studiji bila je 19.05 %. 2. Nismo dokazali značajnu razliku u kliničkoj slici, laboratorijskim analizama, elektrokardiografskom i ehokardiografskom nalazu između grupa. 3. Najznačajniji predisponirajući faktor u nastanku recidiva bila je primjena kortikosteroida 4. Bolesnici koji su liječeni NSAI lijekovima i Colchicinom imali su manji broj recidiva u odnosu na bolesnike koji su primali kortikosteroidnu terapiju.

**KLJUČNE REČI:** perikarditis, recidivi, Colhicin, kortikosteroidi.

**ANALYSIS OF THE CLINICAL COURSE AND OUTCOME OF THE PATIENTS TREATMENT WITH ACUTE AND RECURRENT PERICARDITIS IN CHILDREN'S POPULATION**

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**Introduction** Acute pericarditis is an inflammatory disease of the pericardium, with or without accompanying pericardial effusion. The most common signs of the disease are: chest pain, pericardial friction, changes in the electrocardiogram, an increase in inflammatory markers and pericardial effusion. The basis of the treatment of acute pericarditis is non-steroidal anti-inflammatory drugs. Recurrent pericarditis is characterized by the existence of a documented first episode of pericarditis, the existence of a symptom-free interval during 4-6 weeks or longer, with evidence of subsequent recurrence of pericarditis. The recurrence rate is 15-30%.

**The aim of this study** 1. To determine the number of patients with acute and recurrent pericarditis in a five-year period 2. To compare the history, clinical and echocardiographic findings, parameters of the acute phase of inflammation between the examined groups. 3. To analyze the therapy and course of the disease, with special attention for patients who had relapses.

**Methodology** The paper represents a retrospective study conducted at the Institute for Mother and Child Health Care in Belgrade (2011-2016). 63 patients diagnosed with pericarditis were monitored (51 patients with acute and 12 patients with recurrent pericarditis). The clinical picture, physical findings, laboratory parameters of inflammation, electrocardiogram, echocardiographic findings, therapeutic protocol were analyzed. The results of the study were processed with descriptive and analytical statistics (Student's t test, χ2 test).

**Results** The most prevalent symptom in the clinical picture of acute pericarditis was chest pain. The most common changes on the electrocardiogram were ST elevation and PR depression. No significant difference was demonstrated in the echocardiographic findings of the examined groups.  The largest number of patients (6/12) had one relapse, 4/12 had 2 relapses, 1 patient had 7 relapses, and 1 patient had a total of 20 relapses. By comparing the therapeutic protocols of patients with acute and recurrent pericarditis, we have proven a greater use of corticosteroids in patients with recurrences. The most common trigger in the occurrence of recurrence was the discontinuation or reduction of the corticosteroid dose

**Conculsion** 1. The frequency of recurrence in our study was 19.05%. 2. We did not prove a significant difference in the clinical picture, laboratory analyses, electrocardiographic and echocardiographic findings between the groups. 3. The most significant predisposing factor in the occurrence of relapse was the use of corticosteroids 4. Patients who were treated with NSAI drugs and Colchicine had a lower number of relapses compared to patients who received corticosteroid therapy.

**Key words:** pericarditis, relapses, Colchicine, corticosteroids.