

- Título: COMPLICACIONES CARDÍACAS EN ANOREXIA NERVIOSA
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- Tres palabras claves.. Anorexia, cardiovascular, morbimortalidad

Las complicaciones cardíacas son frecuentes en la Anorexia Nerviosa (AN). El propósito de esta investigación fue detectar alteraciones cardíacas en pacientes con AN y bajo peso, enfatizando las complicaciones potencialmente letales. Se estudiaron prospectivamente 23 Mujeres y 7 varones con AN e Índice de Masa Corporal (IMC) menor a 17. Se excluyeron quienes presentaban cardiopatía previa o alteraciones electrolíticas. Se descartaron 5 pacientes, una de ellas con IMC 15.5 y “derrame pericardico posterior y leve” con TSH en límite con la normalidad. Todos fueron evaluados clínicamente, con Electrocardiograma y Ecocardiograma Doppler. A 19 se les realizó Electrocardiograma continuo -Holter-. Mientras persistió el bajo peso el 100% de los pacientes manifestaron “mareos”; si bien ésta es una manifestación de múltiple etiología, se consideró como una variable. Todos presentaron bradicardia, hipotensión, hipotensión ortostática y alteraciones del tono vagal. De los pacientes que manifestaron mareos 18 refirieron lipotimias y 6 “síncope”, a quienes se les identificó Seg. QT corto, arritmia supraventricular; extrasístoles supraventriculares frecuentes y uno de ellos debió ser internado por “síncope” (arritmia supraventricular, ventriculares y bradicardia de 38 cpm). En 3 se constató corazón pequeño, 7 presentaron prolapso de válvula mitral y 8 QT corto. Al recuperarse clínica y nutricionalmente prácticamente no manifestaron síntomas y no se registró alteraciones CV.

La AN requiere, además del tratamiento integral, una evaluación cardiovascular minuciosa. Se observó que las complicaciones CV suelen ser minimizadas. Sin duda que debe estudiarse una mayor población para corroborar esta tendencia.

#### Cardiac Complications in patients with Nervous Anorexia – NA -

Cardiac complications are relatively frequent in patients suffering anorexia.

It was proposed to detect cardiac alterations in patients with NA with low weight and to emphasize that potentially lethal cardiovascular complications possibilities exist.

In a prospective manner, twenty patients with NA and body mass index (BMI) under 17 were studied: 23 women – 7 men. Those who performed purge, who presented a previous cardiopathy or alterations of Na, K, Mg or Cl in blood were excluded. One of the patients was included a month after she had normalized potassemia, whom had been previously hospitalized because of a “syncope” (1.9 potassemia).

Five patients stood out: one of them with a 15.5 BMI and a “posterior light pericardial loss” but with TSH values in the upper limit.

All patients were clinically evaluated with electrocardiogram and Doppler echocardiogram. Eleven received continuous electrocardiogram (Holter).

While low weight persisted patients manifested sickness. Although this is a manifestation of a various etiology, it was considered as a variable. Likewise, they presented bradycardia, hypotension, orthostatic hypotension and vagal tone alterations. Among patients that showed sickness, 18 refered lipothymias and 6 “syncope”. To whom supraventricular arrhythmia was identified, frequent supraventricular extrasystoles and one of them had to be hospitalized because of “syncope” (supraventricular arrhythmia, ventricular and bradycardia with 38 bpm).

Small heart was observed in 3 of the patients with chronic evolution and other 7 patients presented mitral valve prolapse, short QT: 8

When all of the patients recovered clinically and nourishingly, they practically did not manifest

symptoms and cardiovascular alterations were not registered.

Considering cardiovascular complications, NA requires, besides an integral treatment, a cautious cardiovascular evaluation. It was observed that these complications are usually minimized by health professionals. Nevertheless, it is necessary to perform more studies.