

Šum na srcu – srčana mana ili ne? Heart Muzzle - A Heart Defect or Not?

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Apstrakt

Šum na srcu je prilično česta pojava u pedijatrijskoj praksi, obično bezopasna. Međutim, kod roditelja budi strah da njihovo dete ima bolesno srce, odnosno neku srčanu manu. Da li šum na srcu znači i da dete ima srčanu manu? Na sreću, odgovor je ne. Strah roditelja vezan za postojanje šuma na srcu u odsustvu znakova oboljenja tog organa, u najvećem broju slučajeva je bezrazložan. Iza šuma na srcu ne mora da stoji srčano oboljenje, kao što ni uz srčano oboljenje ne mora da postoji šum na srcu.

Šum na srcu ima više od 50 odsto zdrave dece, na terenu zdravog srca – on se naziva *funkcionalni* ili *fiziološki* šum (u narodu poznat i kao *šum zdravog srca* tj. *razvojni šum*). Prvi put obično se otkrije tokom infekcije (bilo kog porekla) praćene povišenom temperaturom. Pojedina nesrčana oboljenja mogu biti potencirajući faktor u nastanku bezazlenih šumova – povišena telesna temperatura, malokrvnost, pojačan rad štitne žlezde.

Iskusan pedijatar je sposoban da napravi razliku između fiziološkog i organskog šuma na srcu na osnovu njihovih zvučnih karakteristika, te se najčešće ne saopštava odmah roditeljima da njihovo dete ima šum. Obično sačekava da prođe infekcija, pa uporedi kvalitet i jačinu šuma, a bi se u potpunosti isključilo postojanje srčane mane (najčešće urođene), potrebno je da se roditelji upute dečjem kardiologu. Taj pregled nije hitan, naročito ukoliko dete nema nikakvih tegoba. Ovo se posebno odnosi na decu uzrasta preko dve godine. Po pravilu se sve teške urođene srčane mane ispoljavaju u prvim danima ili mesecima života.

Pregled dečjeg kardiologa podrazumeva da se, osim kliničkog pregleda, detetu uradi EKG i ultrazvučni pregled srca (EHO srca) da bi kardiološki pregled bio kompletan. Neinvasivnost, visoka specifičnost i senzitivnost ove tehnike čini je ehokardiogram neizostavnim dijagnostičkim alatom. Ukoliko se nakon njega potvrdi da se radi o funkcionalnom šumu, odnosno da je srce deteta potpuno zdravo, ispitivanje je završeno.

Kako se ovakvi šumovi često otkrivaju pri sportskim pregledima neminovno se nameće pitanje da li to dete može da nastavi da se bavi sportom? Ukoliko je dečji kardiolog isključio postojanje srčane mane, dete je sposobno za normalne životne aktivnosti, uključujući i najteže fizičke napore. Odnosno, može da se aktivno bavi sportom bez ikakvih problema, čak i ako se čuje šum.

Majka priroda je našla način da jedan broj mana sam od sebe nestane, spontano se razreši.

Leći se urođena srčana mana, a ne šum na srcu. Prema tome odgovor na pitanje: «Da li ima razloga za strah i paniku?», bio bi ne, jer šum na srcu kod dece najčešće nije znak bolesnog srca, niti zahteva hitan odlazak kod lekara. Ali zahteva bar minimalno ispitivanje, koje sprovodi dečji kardiolog. Prema tome, nema mesta panici, šum na srcu nije oboljenje, već klinički znak i čak

Abstract

A heart murmur is a fairly common occurrence in pediatric practice, usually harmless. However, parents fear that their child has a sick heart, that is, a heart defect. Does a heart murmur also mean that child has a heart defect? Fortunately, the answer is no. The fear of parents related to the existence of heart murmurs in the absence of signs of diseases of that organ is, in most cases, unfounded. A heart murmur does not have to be a heart disease, just as a heart disease does not have to have a heart murmur.

More than 50 percent of healthy children have a heart murmur, in the field of a healthy heart - it is called a functional or physiological murmur (popularly known as a healthy heart murmur, i. e. a developmental murmur). It is usually detected for the first time during an infection (of any origin) accompanied by a fever. Certain non-cardiac diseases can be a potentiating factor in the occurrence of harmless murmurs - elevated body temperature, anemia, and increased work of the thyroid gland.

An experienced pediatrician can distinguish between physiological and organic heart murmurs based on their sound characteristics, and parents are usually not immediately informed that their child has a murmur. Usually, they wait for the infection to pass, then compare the quality and volume of the sounds. To completely rule out the existence of a heart defect (most often congenital), it is necessary to refer the parents to a pediatric cardiologist. This examination is not urgent, especially if the child has no complaints. This especially applies to children over the age of two. As a rule, all congenital heart defects manifest in the first days or months of life.

An examination by a pediatric cardiologist implies that, in addition to a clinical examination, the child will undergo an ECG and an ultrasound examination of the heart (EHO of the heart) for the cardiological examination to be complete. The non-invasiveness, high specificity, and sensitivity of this technique make the echocardiogram an indispensable diagnostic tool. If it is confirmed after that it is a functional murmur, that is, that the child's heart is completely healthy, the examination is over.

As such noises are often detected during sports examinations, the question inevitably arises whether the child can continue to play sports. If the child's cardiologist has excluded the existence of a heart defect, the child is capable of normal life activities, including the most difficult physical efforts. He can actively engage in sports without any problems, even if a noise is heard.

Mother nature has found a way for several defects to disappear by themselves, and resolve spontaneously.

A congenital heart defect is treated, not a heart murmur. Therefore, the answer to the question: "Is there a reason for fear and panic?", would be no, because a heart murmur in children is usually not a sign of a sick heart, nor does it require an urgent visit to the doc-

30 do 70 % dece u nekom periodu odrastanja ima šum na srcu, koji spada u grupu funkcionalnih šumova. Verovatnoća da je dete koje ima šum na srcu bolesno, vrlo je mala. Važno je saznanje da je fiziološki tkz. razvojni šum proizvod normalnog, zdravog srca. Najveći broj fizioloških šumova nestaje do puberteta.

tor. However, it requires at least a minimal examination, which is carried out by a pediatric cardiologist. So, there is no need to panic, a heart murmur is not a disease, but a clinical sign, and even 30 to 70% of children have a heart murmur during their growing up, which belongs to the group of functional murmurs. The probability that a child with a heart murmur is sick is very small. It is important to know that the physiological so-called developmental murmur is produced by a normal, healthy heart. The largest number of physiological noises disappear by puberty.