



Je dysbetalipoproteinémie: vzácné onemocnění?

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Nové trendy v prevencii aterosklerozy

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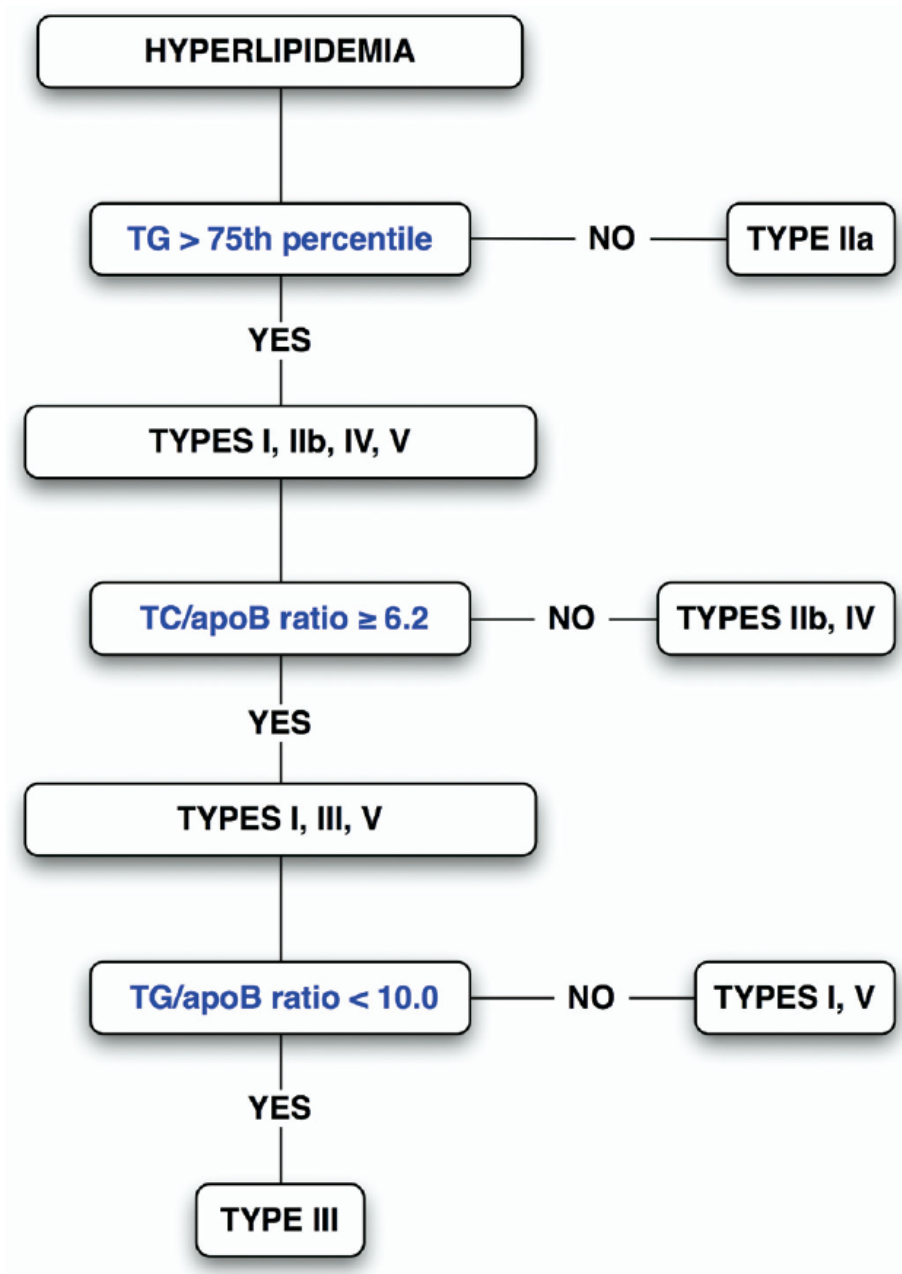
2016 ESC/EAS Guidelines for the Management of Dyslipidaemias

The Task Force for the Management of Dyslipidaemias of the European Society of Cardiology (ESC) and European Atherosclerosis Society (EAS)

Familial dysbetalipoproteinaemia produces a characteristic clinical syndrome in which both TC and TGs are elevated before treatment, usually both in the range of 7–10 mmol/L. In severe cases, patients develop tuberoeruptive xanthomata, particularly over the elbows and knees, and palmar xanthomata in the skin creases of the hands and wrists. The risk of CAD is very high, and accelerated atherosclerosis of the femoral and tibial arteries is also prevalent.

Kdy myslet na FD ?

- Molární poměr TC/Tg cca 1:1 až 2:1
- Doporučené kritérium: celk. ch. /apoB > 6,7
- Doplnkové kritérium: Tg/apoB < 10,0
- Xantomy palmární, šlachové



Terapie FD

Nelze se řídit LDL-chol. - u FD jej nelze změřit

- Cílem je Non HDL-cholesterol
 - Zahrnuje chol. ve všech LP mimo HDL
 - Zohledňuje přítomnost atypických β -VLDL
- Ovlivnit sekundarity
 - Štítnice, DM, estrogeny, alkohol, obezita
- Medikace
 - Statiny + fenofibrát