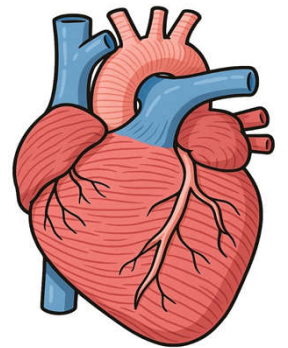




# BÁO CÁO TIN TỨC INTERNET PK TIM MẠCH

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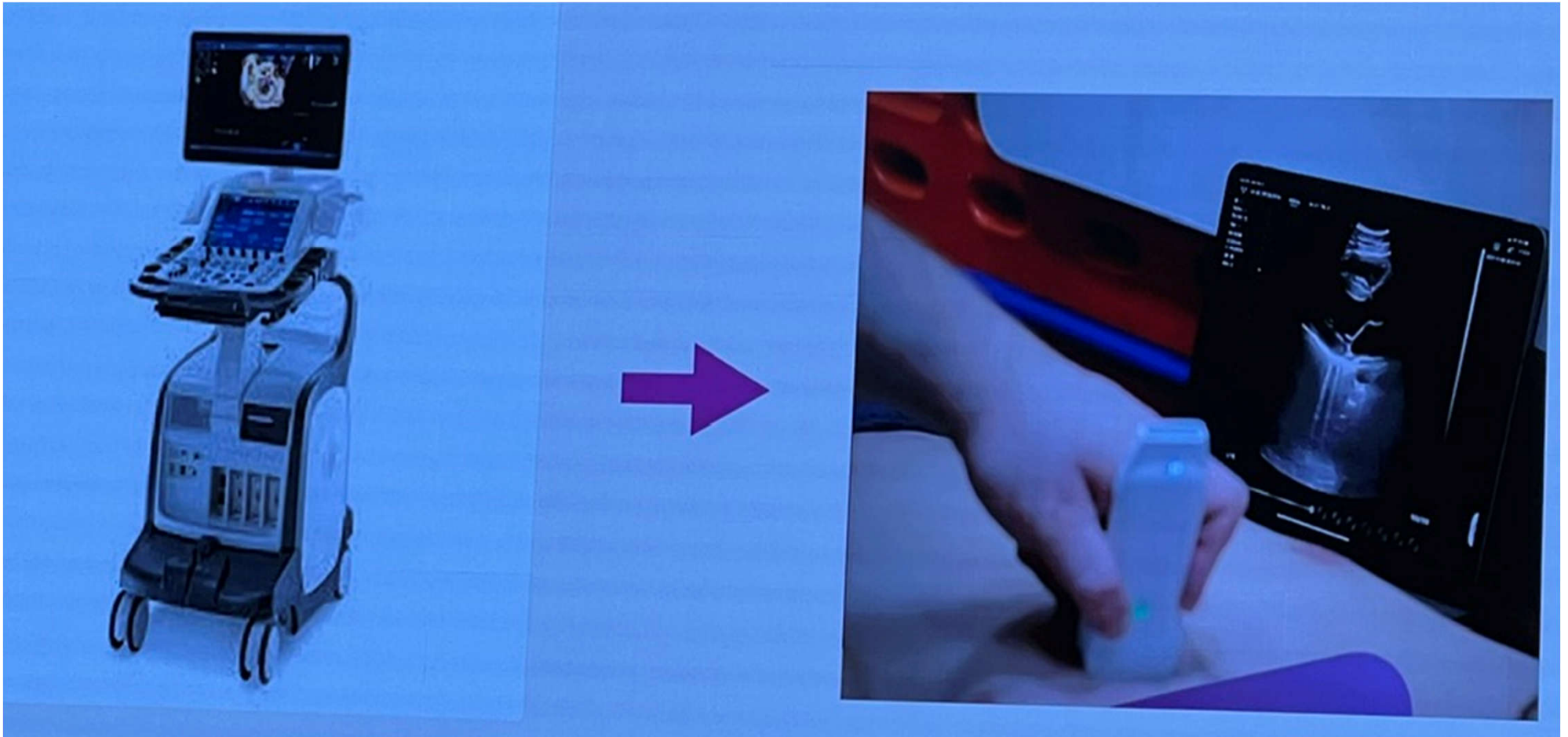
**Ths. Bs Dương Phi Sơn**



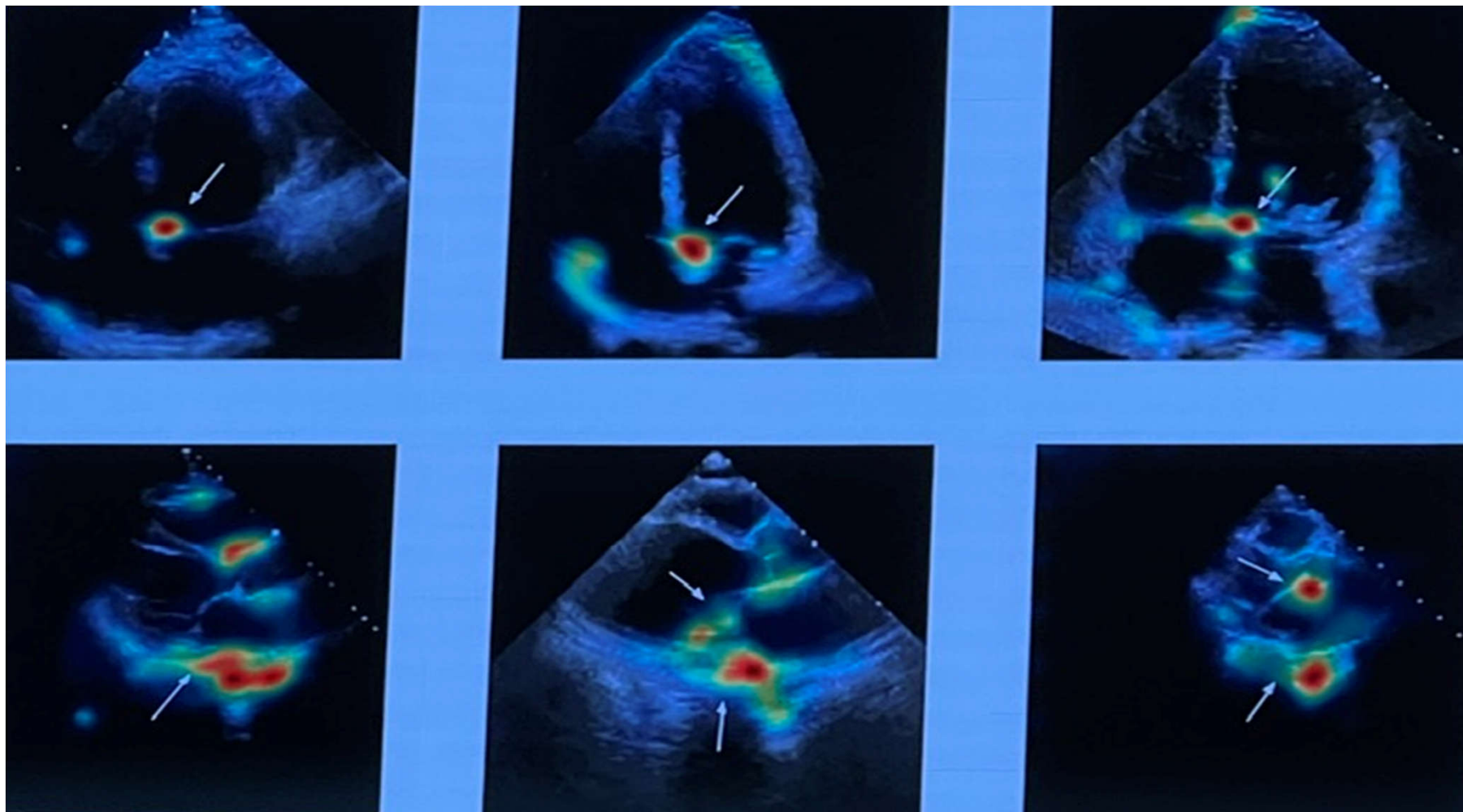
# NỘI DUNG

- Cardiac Imaging: Where will it be in 2036?
- Mavacamtem – BCTPĐ liên quan đột biến gen
- Can thiệp van 3 lá (sửa chữa hay thay van)
- Ảnh hưởng của điều trị ung thư lên tim mạch
- Virus Ebola: WHO/Việt nam
- Hepcludex (Bulevirtide-gmod) / HDV

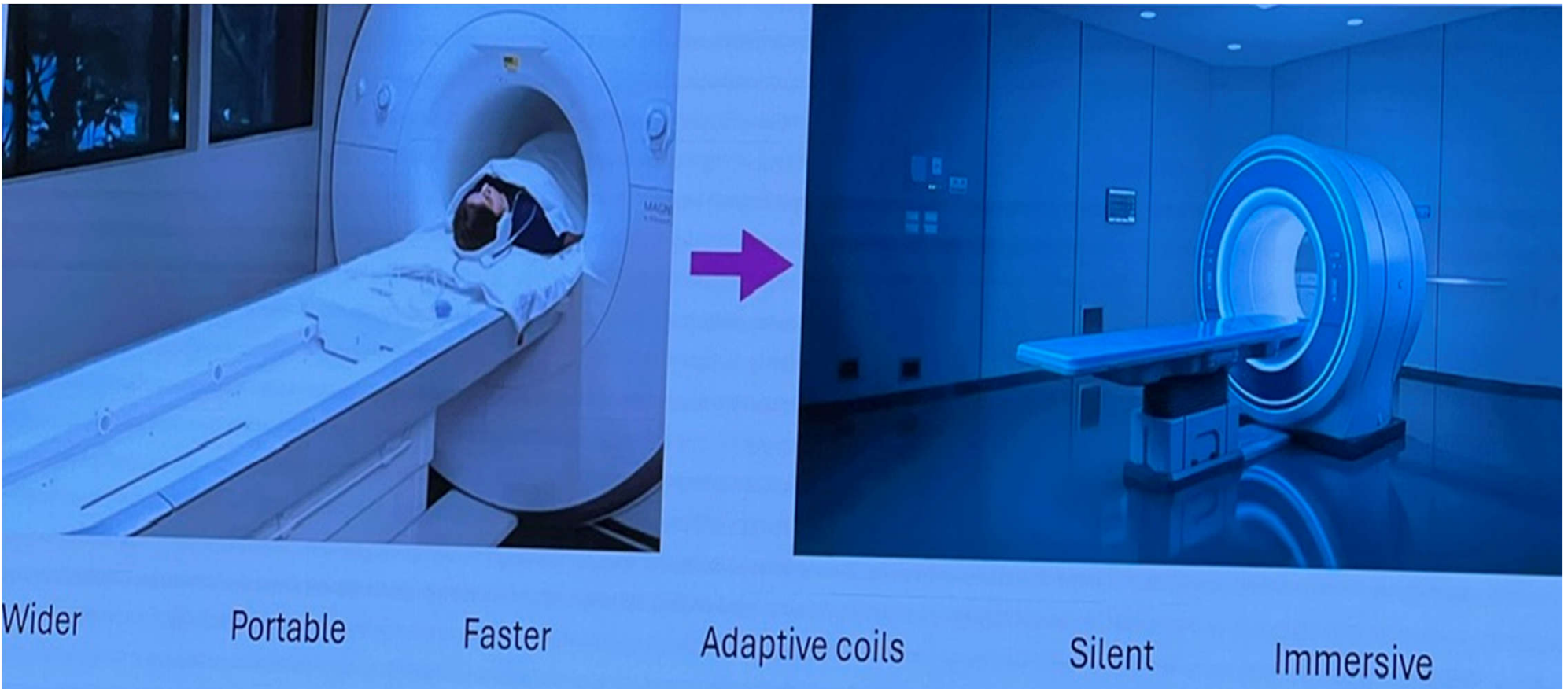
# Co-Pilot AI/Echo - Explainable AI (XAI)



# Co-Pilot AI/Echo - Heatmap màu



# Co-Pilot AI / CMR: Rộng - Gọn – Nhanh - Coils thông minh - Giảm ồn - Thân thiện môi trường

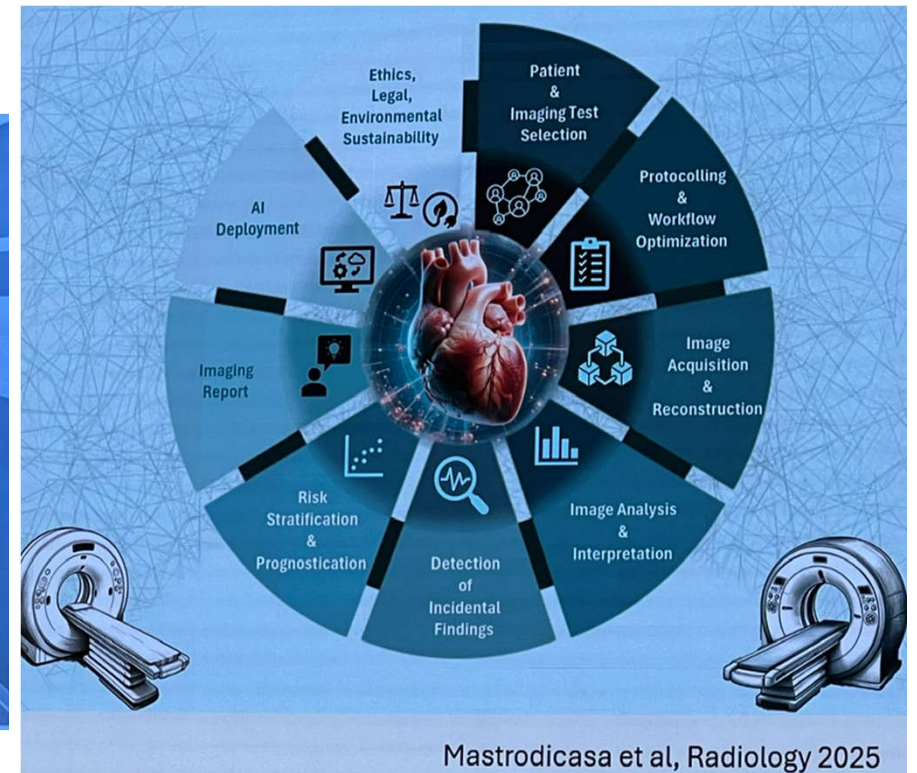
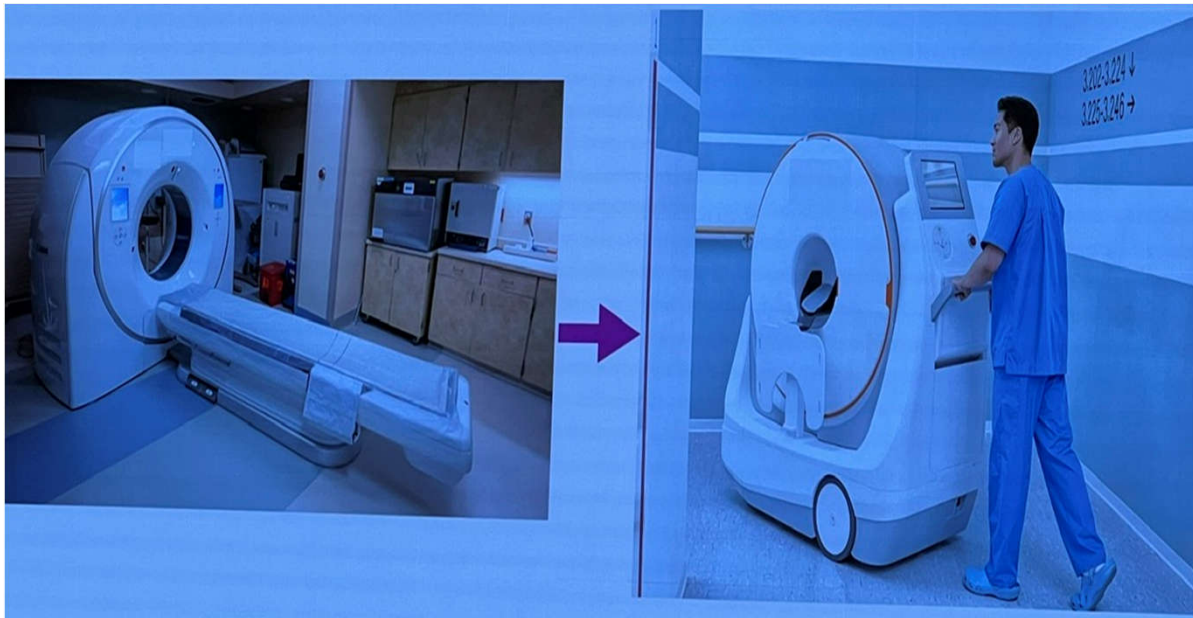


# Co-Pilot AI: CMR



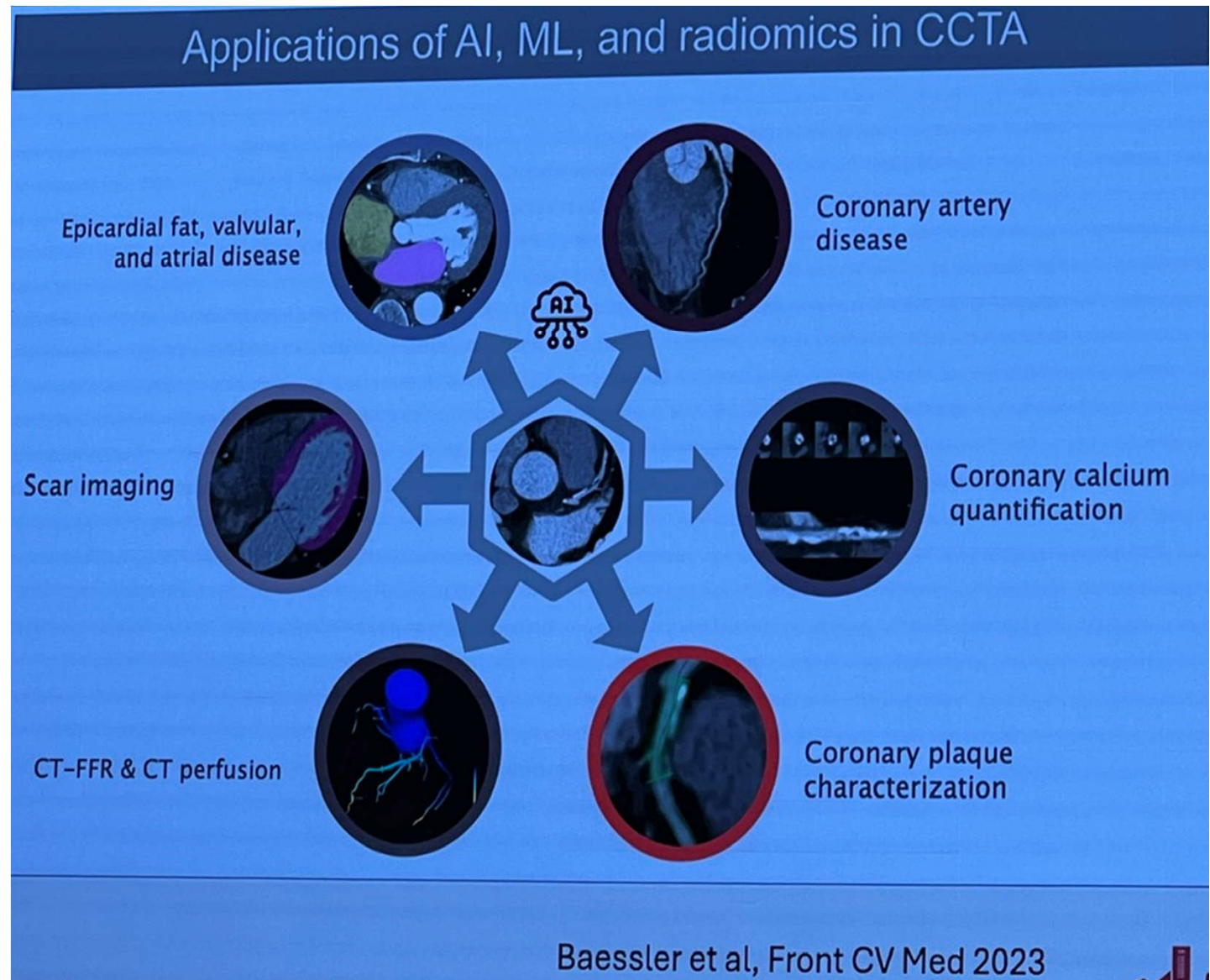
2026		2036
Scanning: 30-60 min	➔	1-2 Minutes
Interpretation: 10-20 min	➔	Seconds
Reporting: Days	➔	Minutes

# Co-Pilot AI: Cardiac CT

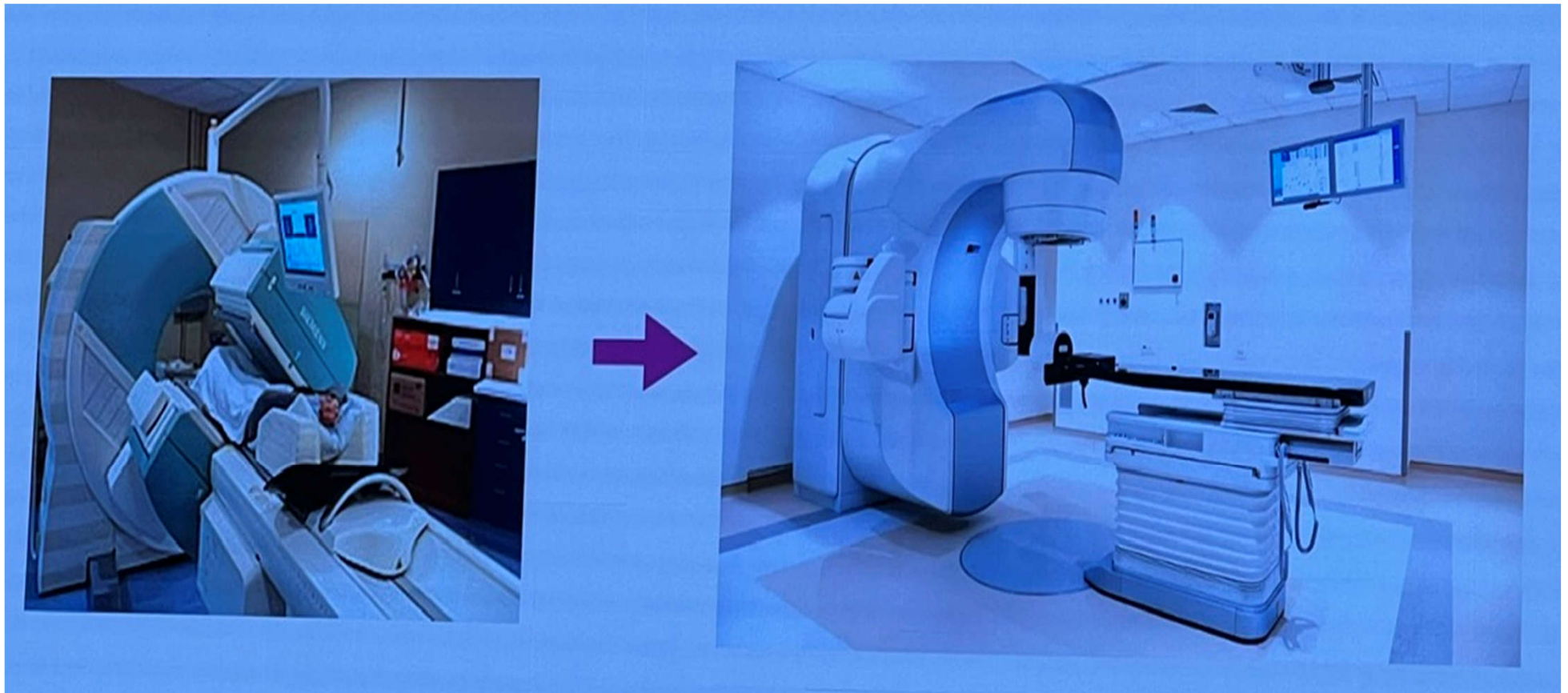


Mastrodicasa et al, Radiology 2025

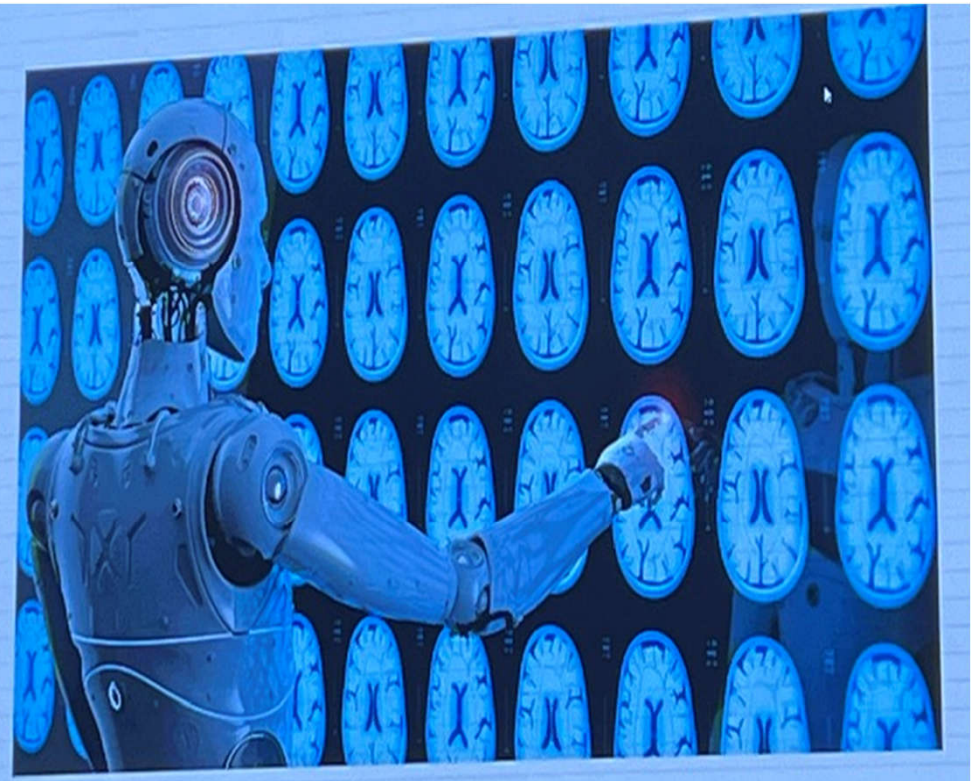
# Co-Pilot AI: Cardiac CT



# Co-Pilot: Nuclear Cardiology



# Co-Pilot AI -- Or -- Co-Pilot Human?



## Key Challenges 2026-2036

Non-invasive cardiac imaging tests:

100 million → **600 million**

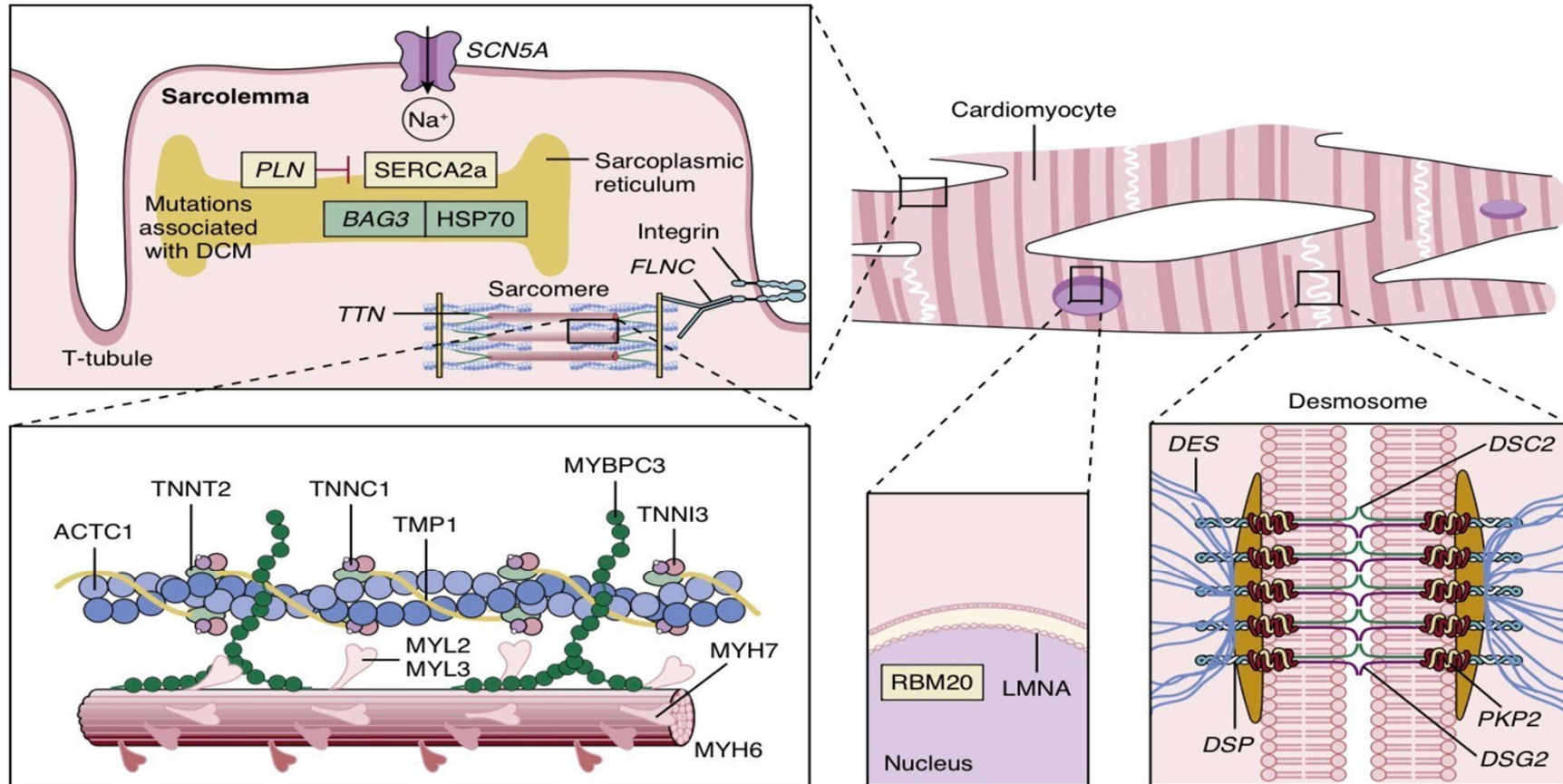
Healthcare worker shortage:

3 million → **13 million**

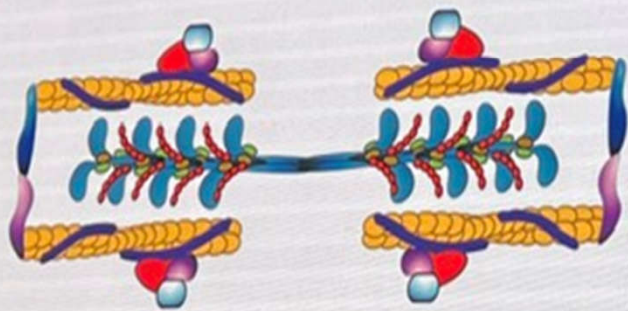
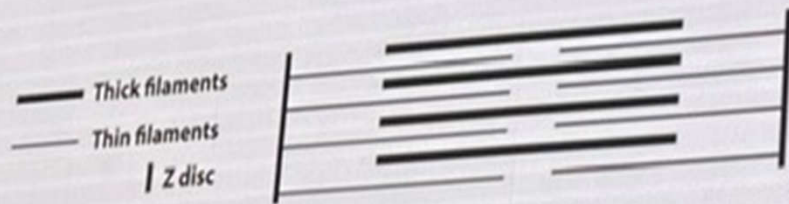
ASCI 2026 SINGAPORE



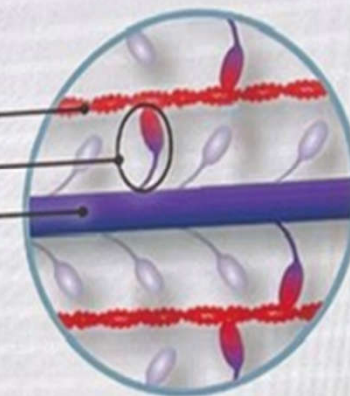
## II. BCTPĐ liên quan đột biến gen



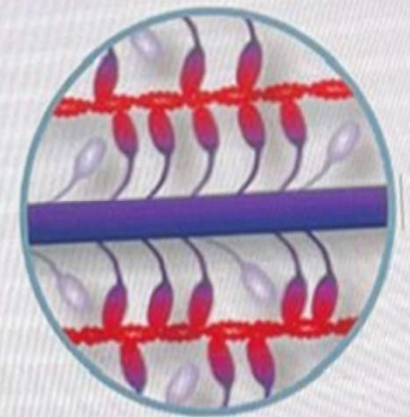
**FIGURE 52.6** Subcellular localization of key cardiomyopathy proteins (see text for abbreviations). (Adapted from Schultheiss H-P, Fairweather D, Caforio ALP, et al. Dilated cardiomyopathy. *Nat Rev Dis Primers*. 2019;5:32. <https://doi.org/10.1038/s41572-019-0084-1>.)



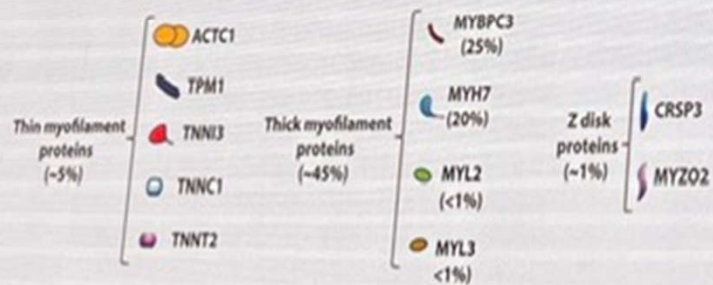
Actin thin filament  
Actin-myosin cross-bridge  
Myosin thick filament



Normal Sarcomere

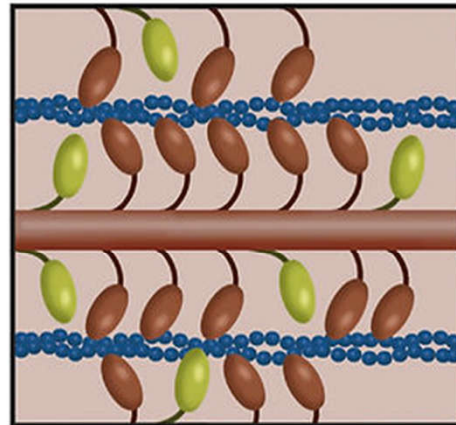


HCM Sarcomere (hypercontractility)





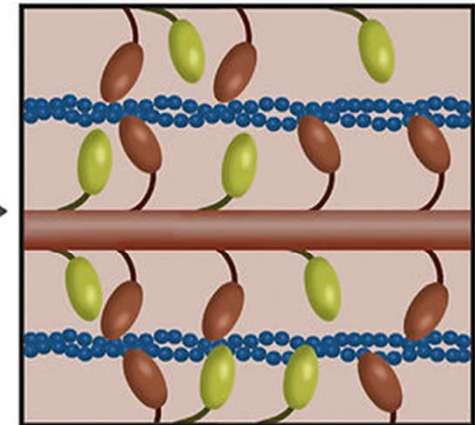
### HCM Sarcomere



- Hypercontractility
- Impaired relaxation
- Altered myocardial energetics

Mavacamten

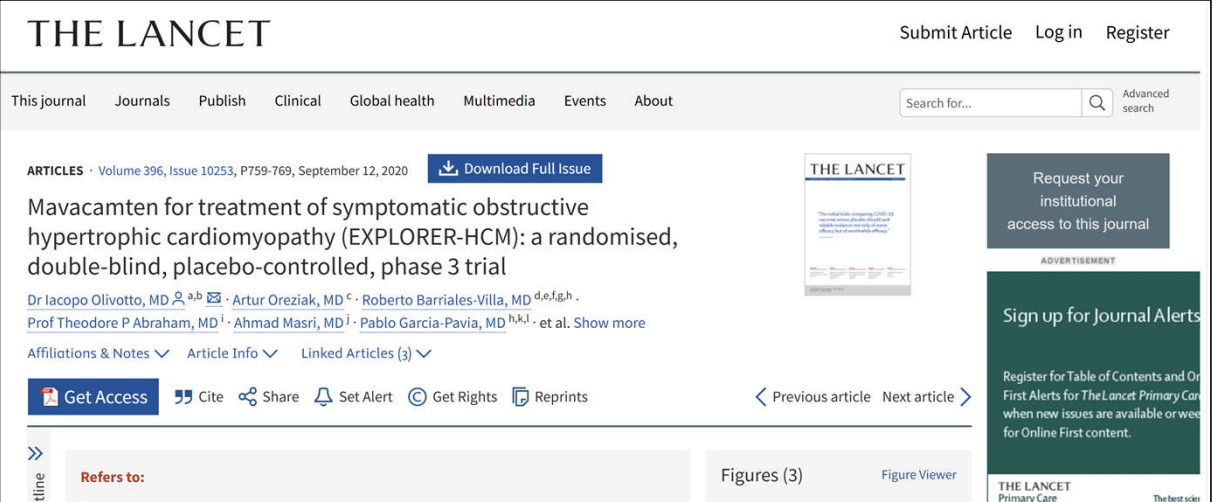
### HCM Sarcomere with Mavacamten



- Reduces myosin-actin cross bridges
- Attenuates hypercontractility and improves compliance and energetics

# Mavacamten

- Giảm tương tác Actin-myosin
- Giảm hypercontractility (cơ quá mức)
- Cải thiện thư giãn tâm trương thất trái
- Giảm chênh áp qua LVOT



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Mavacamten for treatment of symptomatic obstructive hypertrophic cardiomyopathy (EXPLORER-HCM): a randomised, double-blind, placebo-controlled, phase 3 trial

Dr Iacopo Olivetto, MD <sup>a,b</sup> · Artur Oreziak, MD <sup>c</sup> · Roberto Barriales-Villa, MD <sup>d,e,f,g,h</sup> · Prof Theodore P Abraham, MD <sup>i</sup> · Ahmad Masri, MD <sup>j</sup> · Pablo Garcia-Pavia, MD <sup>h,k,l</sup> · et al. [Show more](#)

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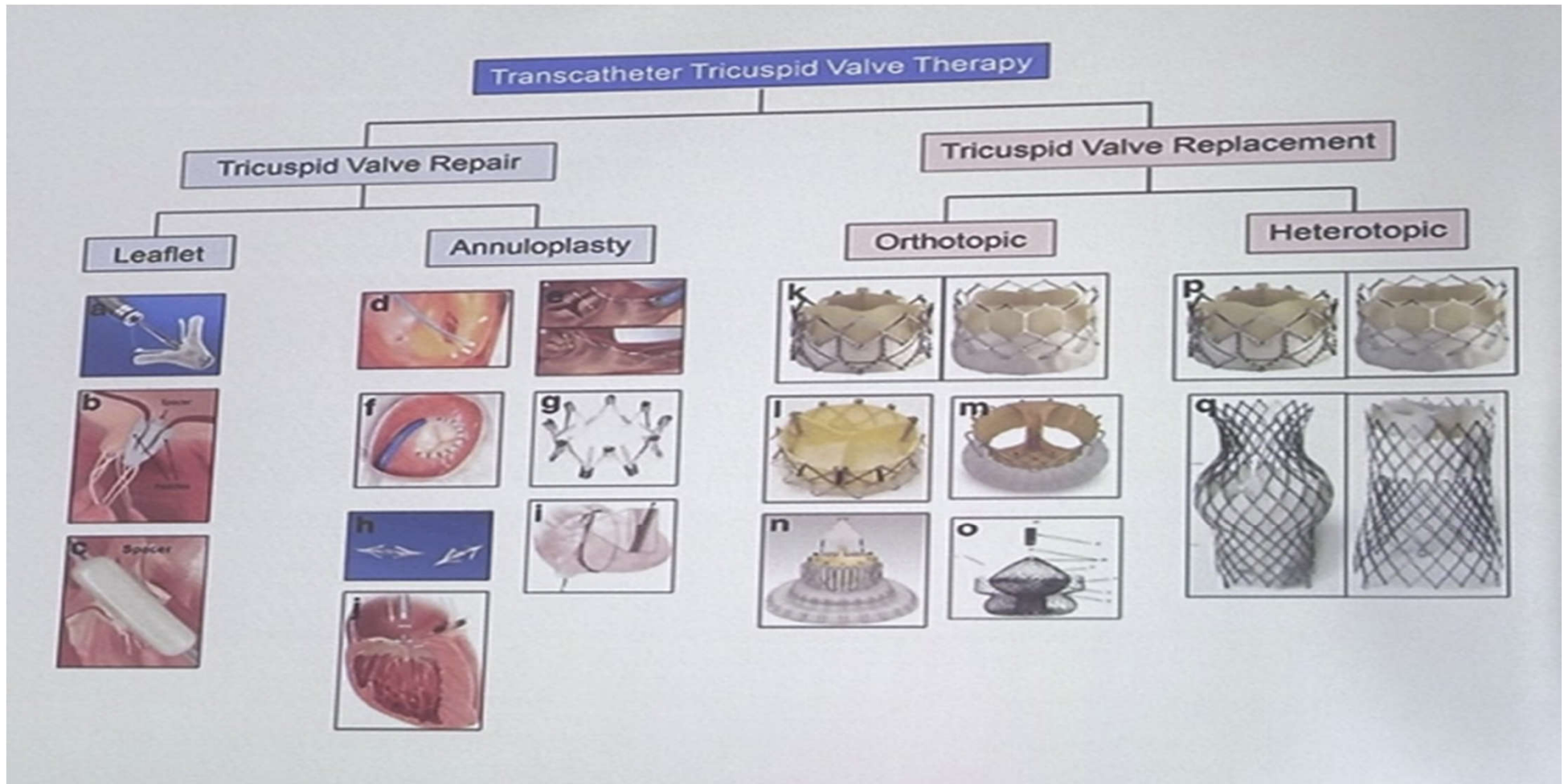
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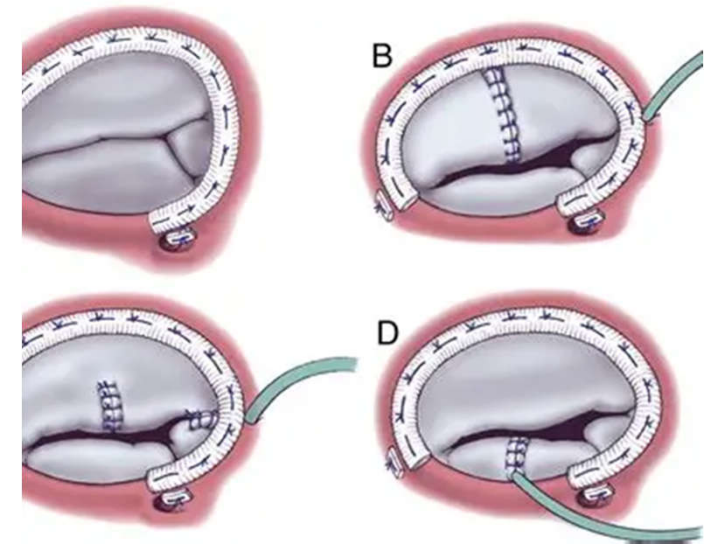
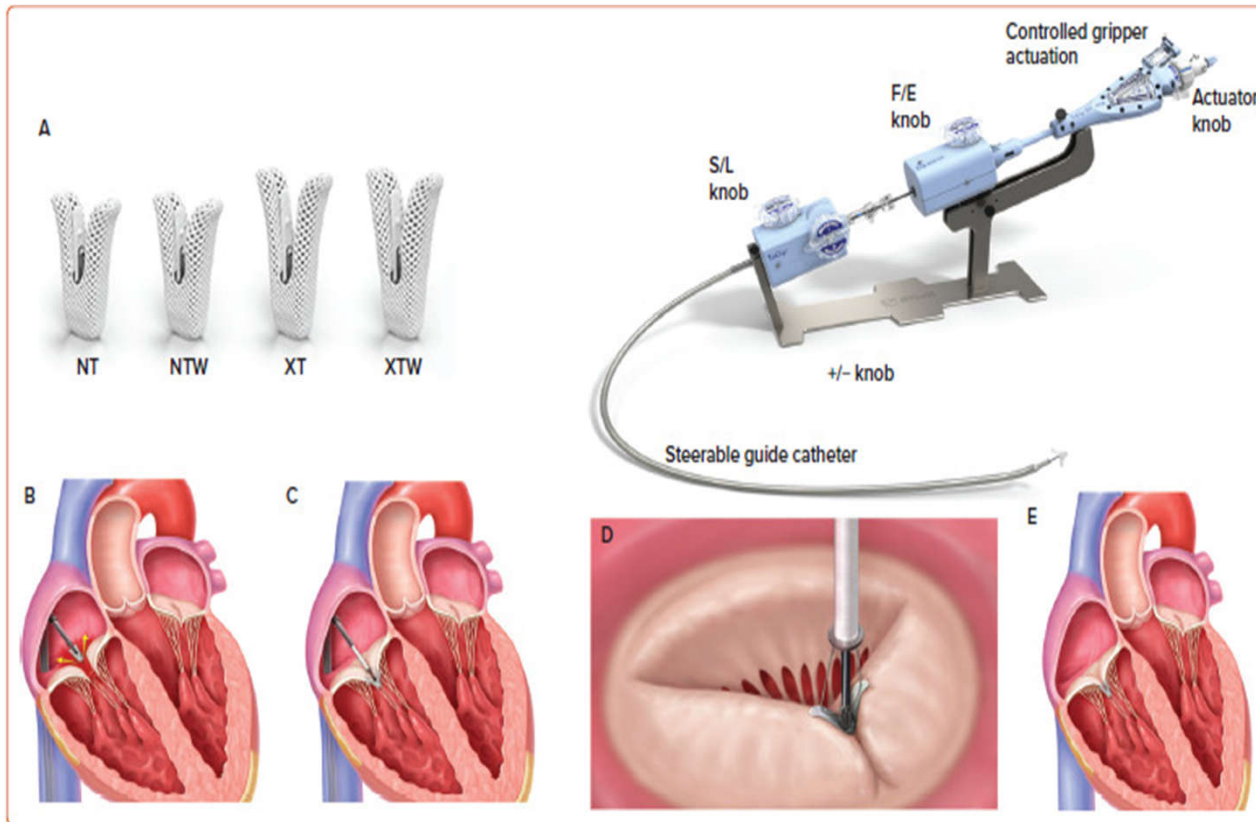
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# III. Can thiệp van 3 lá



# Sửa chữa van 3 lá qua ống thông: T-TEER/TriClip



## Transjugular Approach for Evoque Transcatheter Tricuspid Valve Replacement in Patients with Challenging Anatomy

Failed or unsuitable anatomy for transfemoral Evoque TTVR (N=11)

Short atria with insufficient working length (N=6)

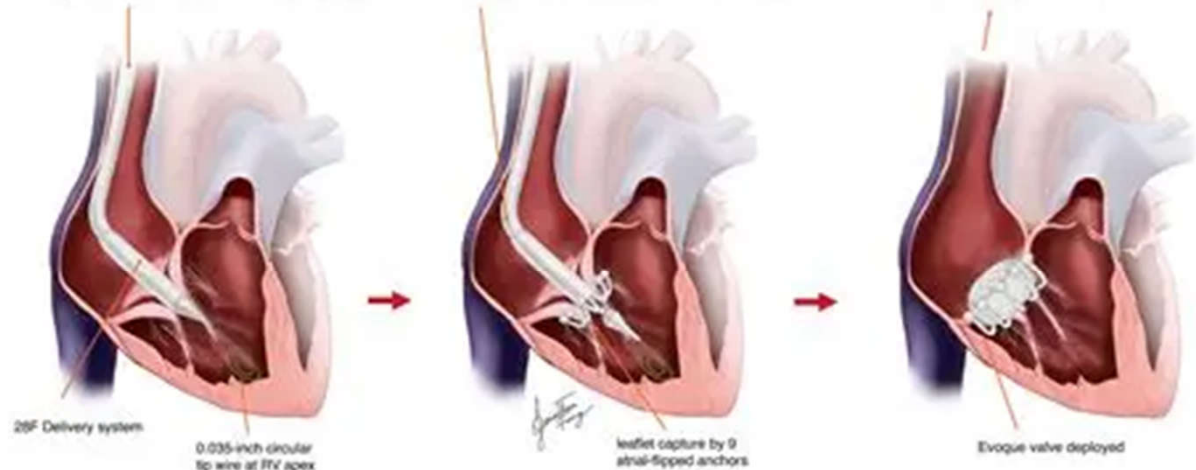
Prior IVC valve (N=1)

Vascular tortuosity (N=4)

Short intravenous travel distance and direct path to IJV free from anatomical offset enhances delivery

natural anatomical trajectory free from significant flexion preserves device maneuverability in small atria

Readily assessable and compressible access site aids hemostasis



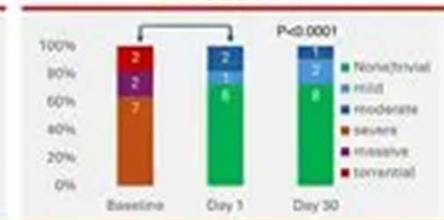
### procedural characteristics

Intraprocedural success	100%
Ad hoc switchover	18.2%
Wiring-to-deploy time	66 (41-103) minutes
Radiation (DAP)	104 (41.5-150) Gy-cm <sup>2</sup>
Supplemental ICE	18.2%
Successful closure	100%
Vascular complication	0%

### 30-day outcome

Clinical success	100%
Mortality	0%
Bleeding	0%
Stroke	0%
AKI	0%
Pacemaker	9.1%
Improved NYHA class	81.8%

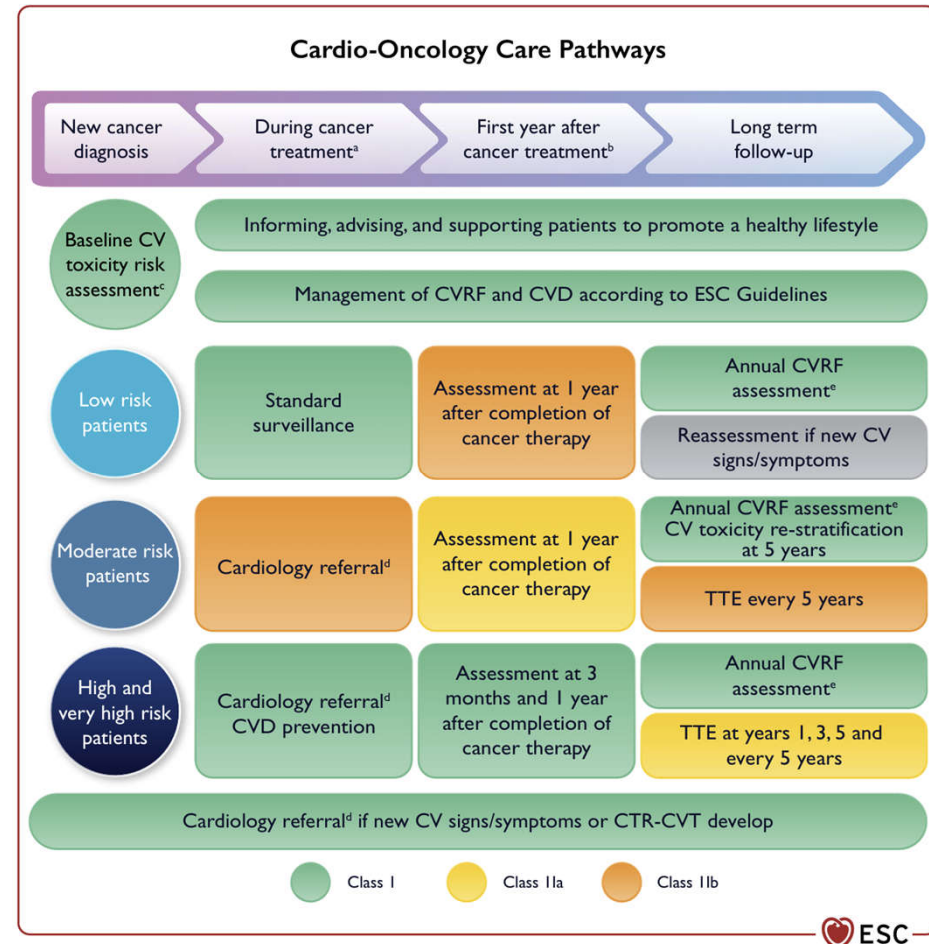
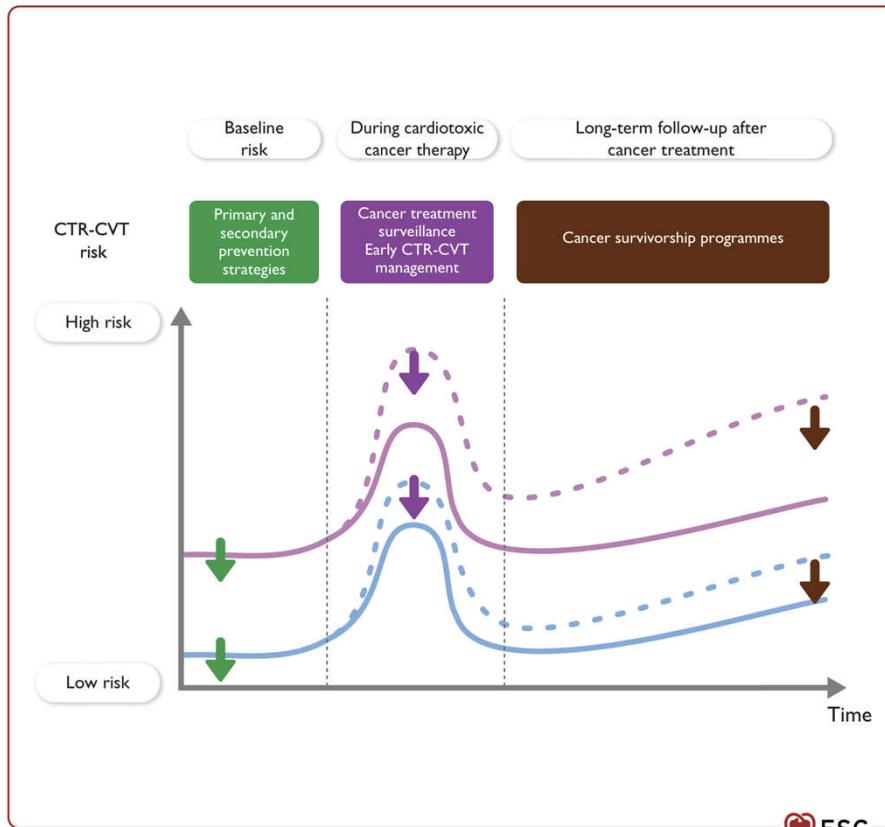
### TR reduction



Fang JX, et al. Circ Cardiovasc Interv. 2025;18:e015276.

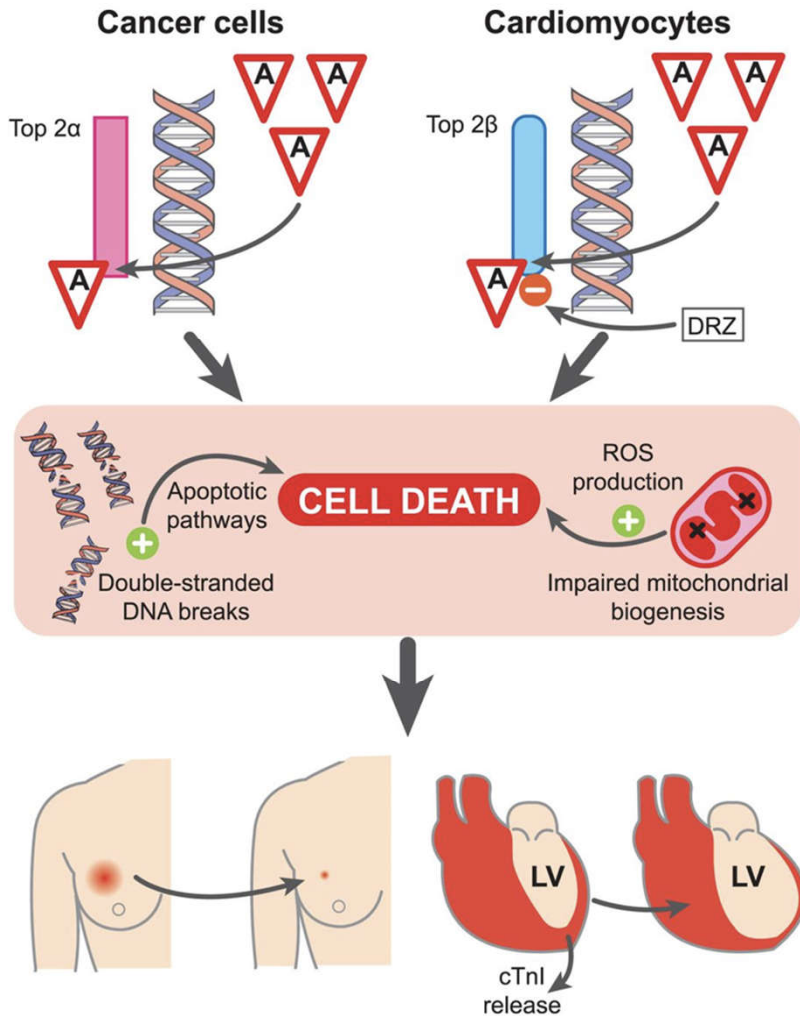
Thay van 3 lá:  
TTVR/EVOQUE

# IV. Tổn thương tim mạch liên quan đến điều trị ung thư



2022 ESC Guidelines on cardio-oncology developed in collaboration with the European Hematology Association (EHA), the European Society for Therapeutic Radiology and Oncology (ESTRO) and the International Cardio-Oncology Society (IC-OS)

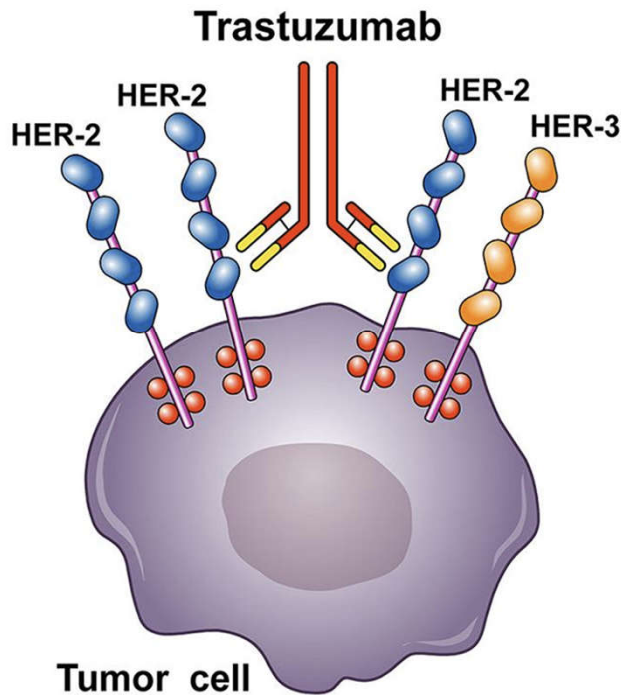
# Tổng quan các nhóm thuốc điều trị ung thư



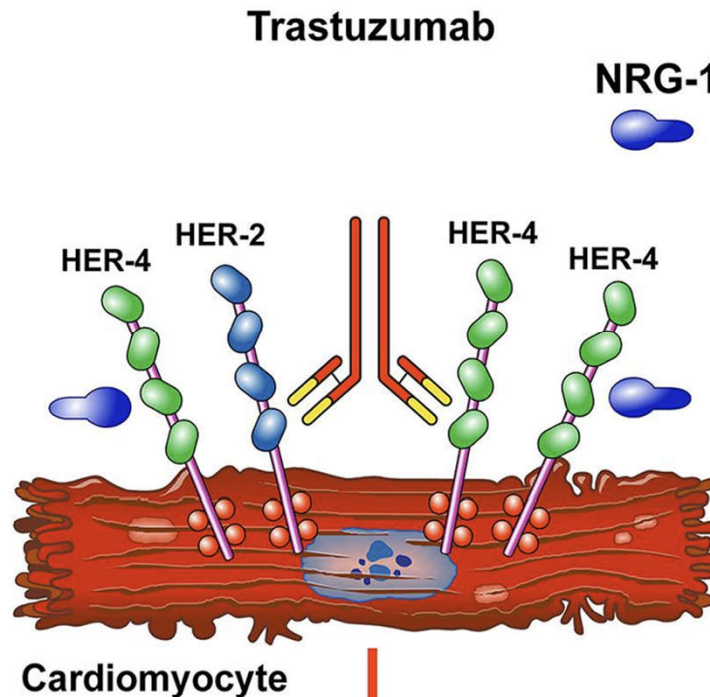
## Anthracycline

**Table 1** Cancers responsive to anthracycline chemotherapy

Carcinoma	Leukaemia	Lymphoma	Sarcoma
Breast, small cell lung, bladder, oesophagus, stomach, liver and thyroid	Acute lymphoblastic, Acute myeloblastic	Hodgkin's disease, Non-Hodgkin's lymphoma, Cutaneous T-cell lymphoma	Osteogenic bone, Soft tissue, Ewing

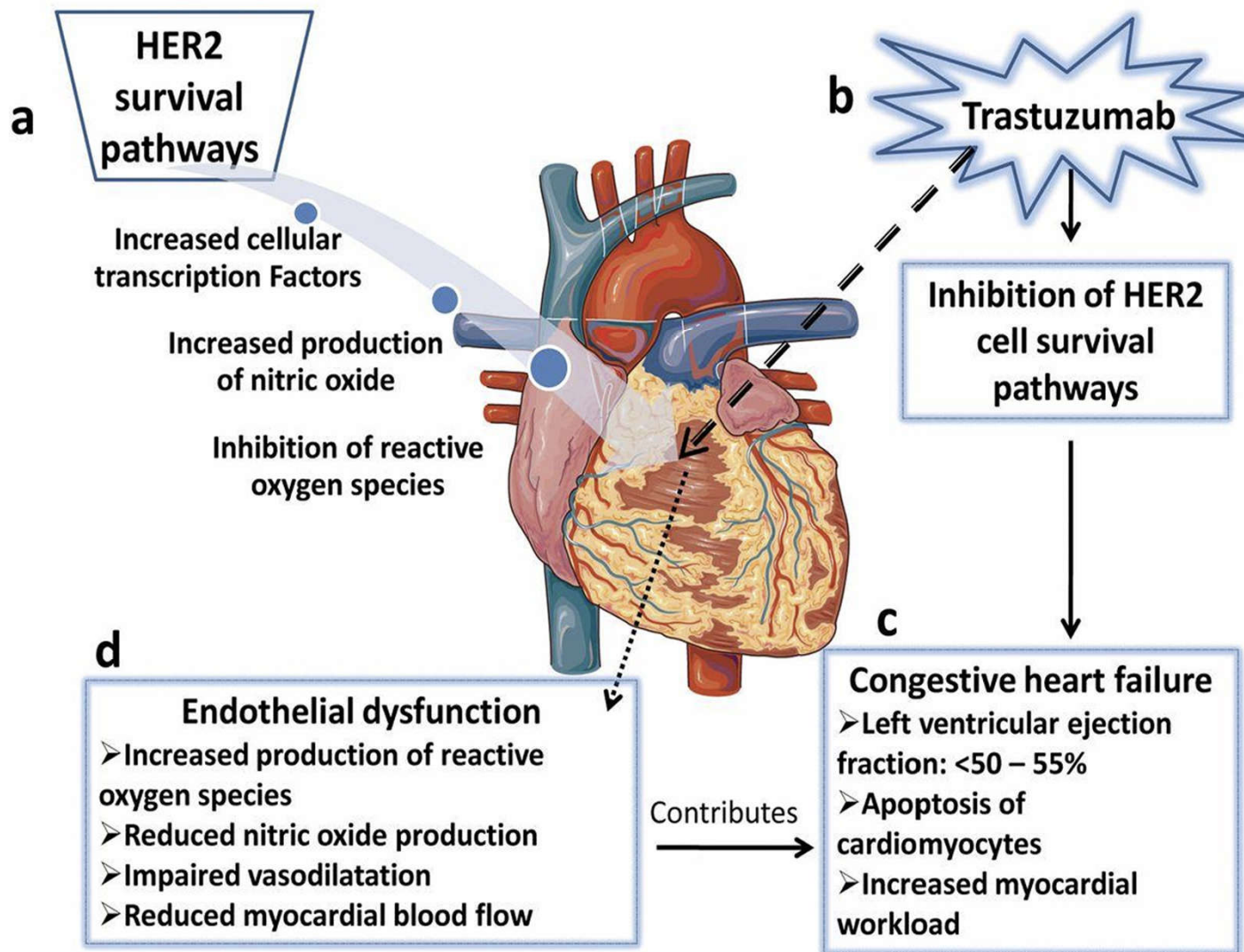


**Inhibition of cancer cell proliferation**  
 Antibody - dependent cellular cytotoxicity



**Cardiomyocyte dysfunction**

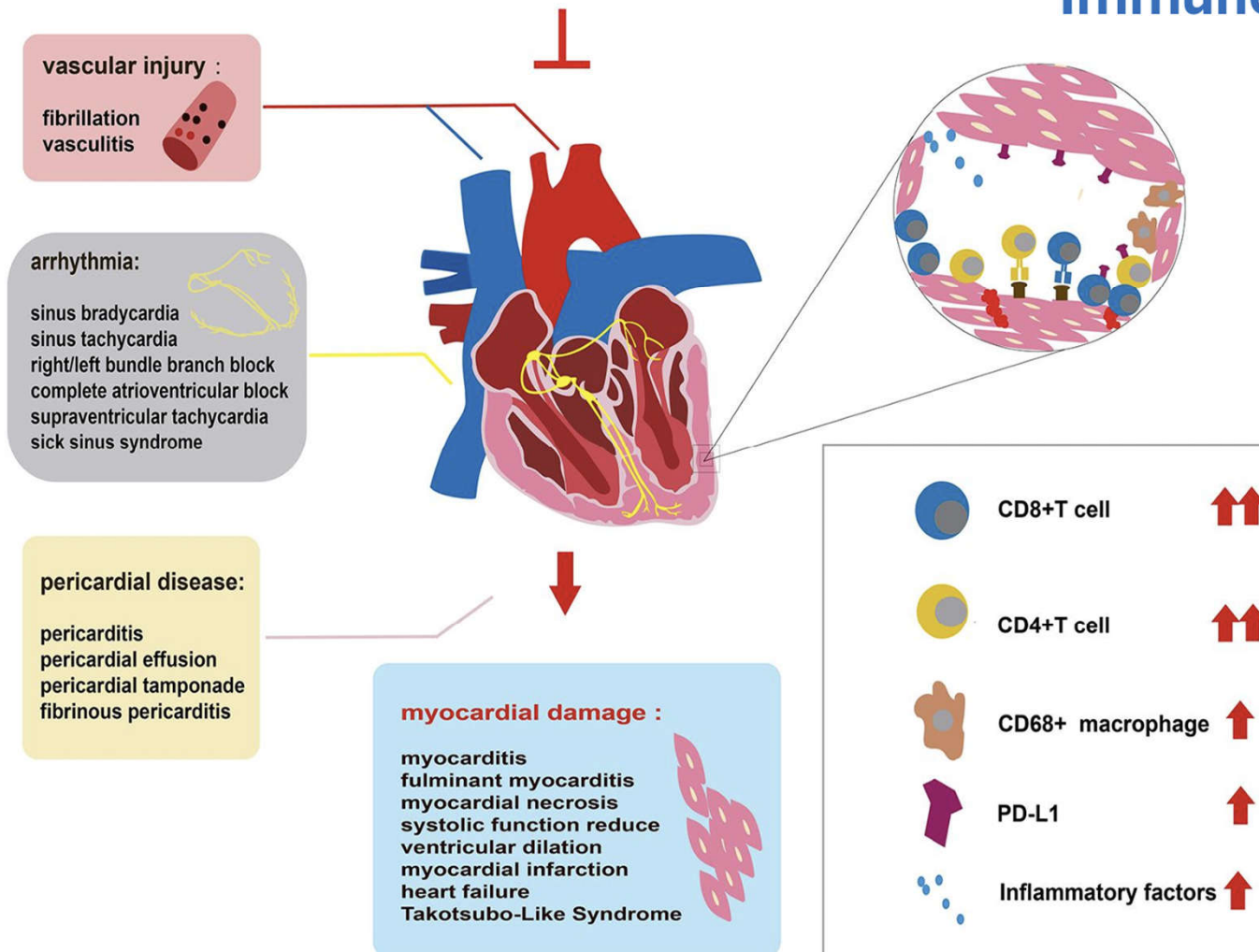
## HER2-targeted



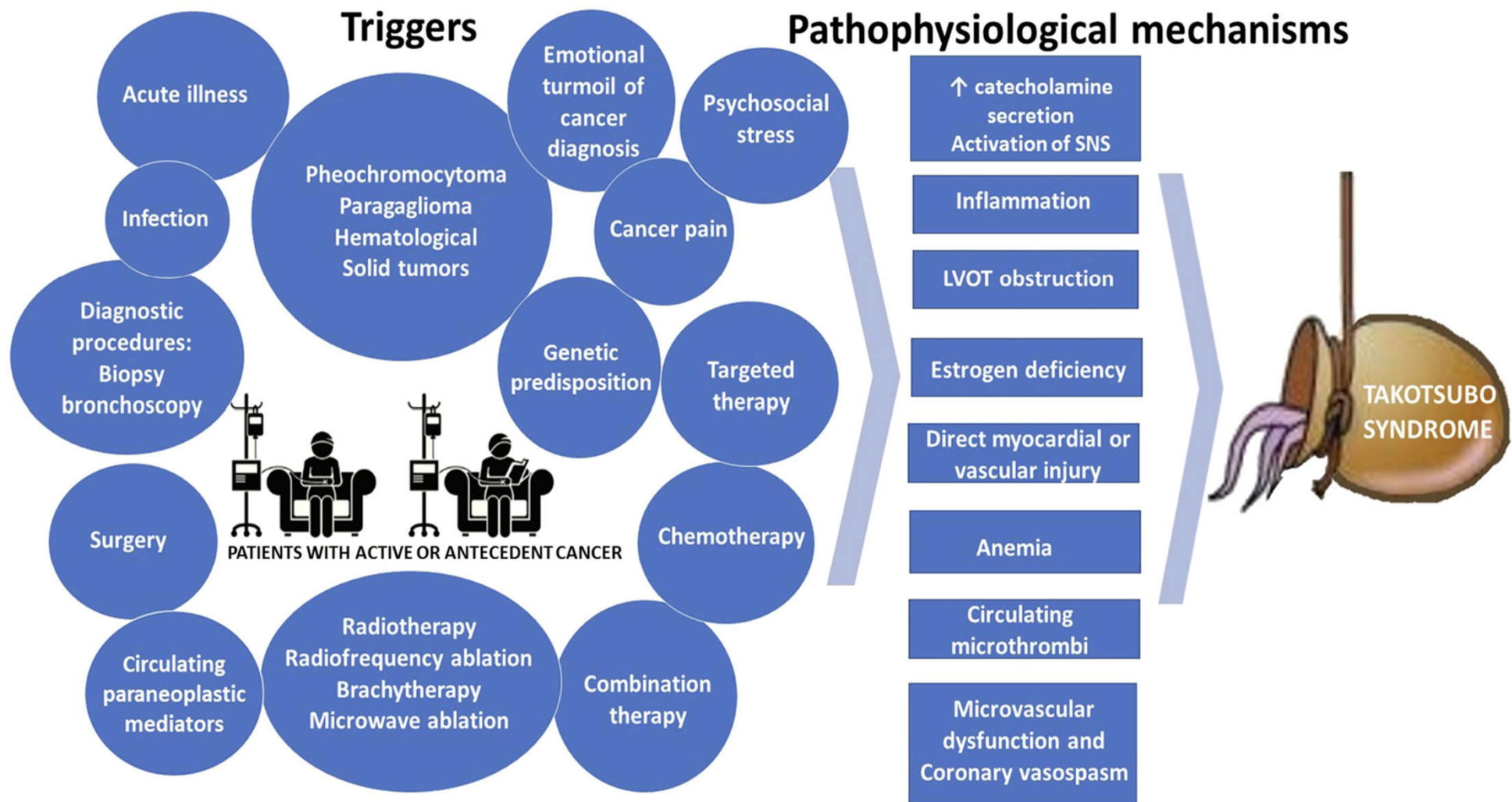
## HER2-targeted

## Immune Checkpoint Inhibitors

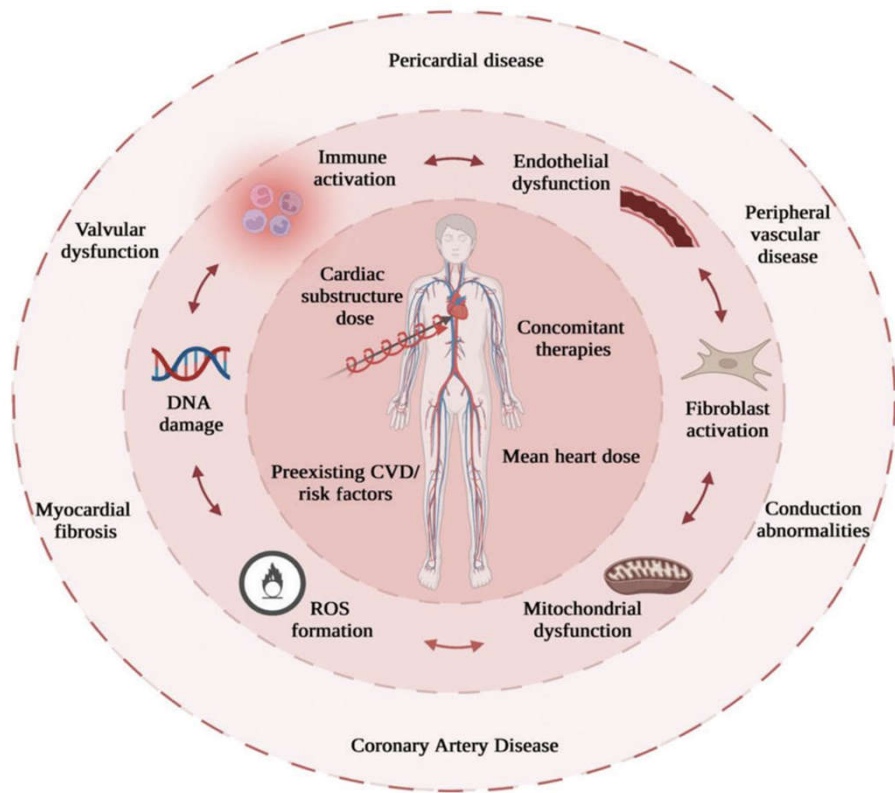
## Immune checkpoint inhibitors (ICI)



Zhou YW, Zhu YJ. *Frontiers in pharmacology*. 2019;10:1350



# Xạ trị và bệnh tim mạch



*Pedersen L. Polish Heart Journal (Kardiologia Polska). 2022;80(3):256-265*

**CENTRAL ILLUSTRATION: Various Manifestations of Radiation-Associated Cardiac Disease**

**Vasculopathy**

Microvascular disease    Coronary artery disease    Macrovascular disease including calcification of the ascending thoracic aorta

**Pericardial Disease**

**Conduction System Disease**

Inappropriate sinus tachycardia  
High degree atrioventricular block

**Myocardial Disease**


Ischemic myocardial scar  
Non-Ischemic myocardial scar  
Restrictive cardiomyopathy

**Valvular Heart Disease**


Valve leaflet thickening, calcification and restriction  
Calcification and thickening of the aorto-mitral curtain and mitral annulus  
Valvular stenosis and regurgitation

**Desai, M.Y. et al. J Am Coll Cardiol. 2019;74(7):905-27.**

# V. Virus Ebola

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## Ebola disease

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[Español](#)

24 April 2025


### Key facts

- Ebola disease is a severe, often fatal illness in humans.
- Three different viruses are known to cause large Ebola disease outbreaks: Ebola virus, Sudan virus and Bundibugyo virus.
- The average Ebola disease case fatality rate is around 50%. Case fatality rates have varied from 25–90% in past outbreaks.
- Early intensive supportive care with rehydration and the treatment of symptoms improves survival.
- Approved vaccines and treatments are only available for one of the viruses (Ebola virus) and are under development for the others.
- Outbreak control relies on a package of interventions including intensive supportive care of patients, infection prevention and control, disease surveillance and contact tracing, laboratory services, safe and dignified burials, vaccination if relevant, and social mobilization.

### Related

- [Disease outbreak news](#) >
- [WHO's work on Ebola disease](#) >

### News



First meeting of the IHR Emergency Committee regarding the epidemic of Ebola Bundibugyo



Chủ nhật, 24/05/2026 | 15:13

A- A+ | 📧 📄 🔍

## Chủ động phòng chống bệnh do vi rút Ebola trong các cơ sở khám, chữa bệnh

[KCB\\_CV\\_phong\\_chong\\_Ebola\\_signed\\_a9295.pdf](#)

Đọc bài

Nhằm chủ động phòng, chống bệnh do virus Ebola, ngày 24/5, Cục Quản lý Khám, chữa bệnh (Bộ Y tế) ban hành công văn hỏa tốc gửi các cơ sở khám bệnh, chữa bệnh trực thuộc Bộ Y tế; y tế các bộ, ngành; sở y tế các tỉnh, thành phố trực thuộc Trung ương.

Nhằm chủ động phòng, chống bệnh do virus Ebola, ngày 24/5, Cục Quản lý Khám, chữa bệnh (Bộ Y tế) ban hành công văn hỏa tốc gửi các cơ sở khám bệnh, chữa bệnh trực thuộc Bộ Y tế; y tế các bộ, ngành; sở y tế các tỉnh, thành phố trực thuộc Trung ương.

Theo công văn, bệnh do virus Ebola là bệnh truyền nhiễm cấp tính và đặc biệt nguy hiểm ở người, thường biểu hiện bằng hội chứng xuất huyết và suy đa tạng, với tỉ lệ tử vong có thể lên tới 90%. Bệnh lây truyền chủ yếu qua tiếp xúc trực tiếp với máu, mô, dịch cơ thể của động vật hoặc người nhiễm bệnh, cũng như qua các vật dụng bị nhiễm virus như quần áo, chăn, kim tiêm đã qua sử dụng. Virus Ebola có thể lây từ người sang người thông qua tiếp xúc trực tiếp qua da không nguyên vẹn hoặc niêm mạc với máu và các dịch cơ thể như dịch tiết, phân, nước tiểu, nước bọt, tinh dịch của người bệnh.

Theo thông tin từ Tổ chức Y tế Thế giới (WHO), trong giai đoạn từ ngày 05/5 đến 20/5/2026, tại Cộng hòa Dân chủ Công gô và Cộng hòa Uganda đã ghi nhận 600 ca nghi ngờ mắc bệnh do virus Ebola, trong đó có 139 ca tử

## Tin tức nổi bật



### Tuần lễ ghép tạng: 21 cuộc đời được hồi sinh

Trong một tuần, Bệnh viện Việt Đức thực hiện 21 ca ghép tạng, đánh dấu một trong...



### Ban hành Hướng dẫn chẩn đoán và điều trị...

Trước nguy cơ bệnh do vi rút Ebola xâm nhập vào Việt Nam, thực hiện chỉ đạo của lãnh đạ...



### Tài liệu truyền thông Hưởng ứng Ngày thế gi...

Chủ đề Ngày Thế giới Không Thuốc lá năm 2026 được Tổ chức Y tế Thế giới (WHO) xá...



### Xây dựng Bệnh viện thông minh giúp thầy...

Sáng ngày 23/5 tại Lào Cai, Câu lạc bộ Giám đốc Bệnh viện

# VI. Hepcludex (Bulevirtide-gmod) / HDV

An official website of the United States government [Here's how you know](#)

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FDA NEWS RELEASE

## FDA Approves First Treatment for Chronic Hepatitis Delta Virus (HDV) Infection

[More Press Announcements](#)

**For Immediate Release:** May 22, 2026

Today, the U.S. Food and Drug Administration approved Hepcludex (bulevirtide-gmod) injection to treat chronic hepatitis delta virus (HDV) infection in adults without cirrhosis (advanced liver scarring) or with compensated cirrhosis. Bulevirtide is the first FDA-approved treatment for chronic HDV infection, a serious and life-threatening condition that can cause rapid development of liver fibrosis (scarring), liver cancer, liver failure, and even death.

"Today's approval fills a critical gap in care for patients with chronic HDV infection, who until now have had no FDA-approved therapies available," **said Wendy Carter, D.O., Acting Director of the Office of Infectious Diseases in FDA's Center for Drug Evaluation and Research.** "For individuals living with this chronic viral infection, this new treatment option offers hope in managing a disease that can rapidly progress to serious

Content current as of: 05/22/2026

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