CLINICAL CASE

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CARDIOLOGIST (BORDEAUX)
SSRNH

CLINICAL CASE

- Mrs X
- 44 Yrs
- Attends PC for aggr dysp, malaise, vertigo – 2 hrs
- NYHA IV
- Phys , cardio , transf to MICU SSRNH – dysp++ -- SAMU

Clinical case

- SAMU at PC
  - BP ?
  - P 153
  - SPO2 92%
  - GC poor

CLINICAL CASE

- SAMU ICU
  - BP ?
  - P 130
  - SPO2 88%

CLINICAL CASE

- Pt in ICU Mrmo
  - Fully consc & oriented
  - Afebrile
  - C/o malaise n vertigo
  - No dyspnea ?
  - No orthopnea?
  - No cyanosis
  - BP 120/80
  - P 126 /min
  - SPO2 ?

CLINICAL CASE

- RR 22 / MIN
- Chest clear
- CVS S1 + S2 No murmur
- CNS consc, orientd
- PA soft non tender ?

CLINICAL CASE

- PMH
  - Bleeding PV – 2 Yrs
  - On primolut 5 mg tds since Nov 08
  - TAH on 25/01/09 in a private clinic (uterine fibroma)
  - No other medical problem noted

CLINICAL CASE

- Pers.hist;
  - Married 2 chidren 14 N 4 Yrs
  - Active life
  - Clerical off
  - Non smoker
  - Not on contraception except primolut given preop

Clinical case

- Histopath of hysterectomy
  - Fibromyoma of uterus, no active cancer
  - Both ovaries left in situ

CLINICAL CASE

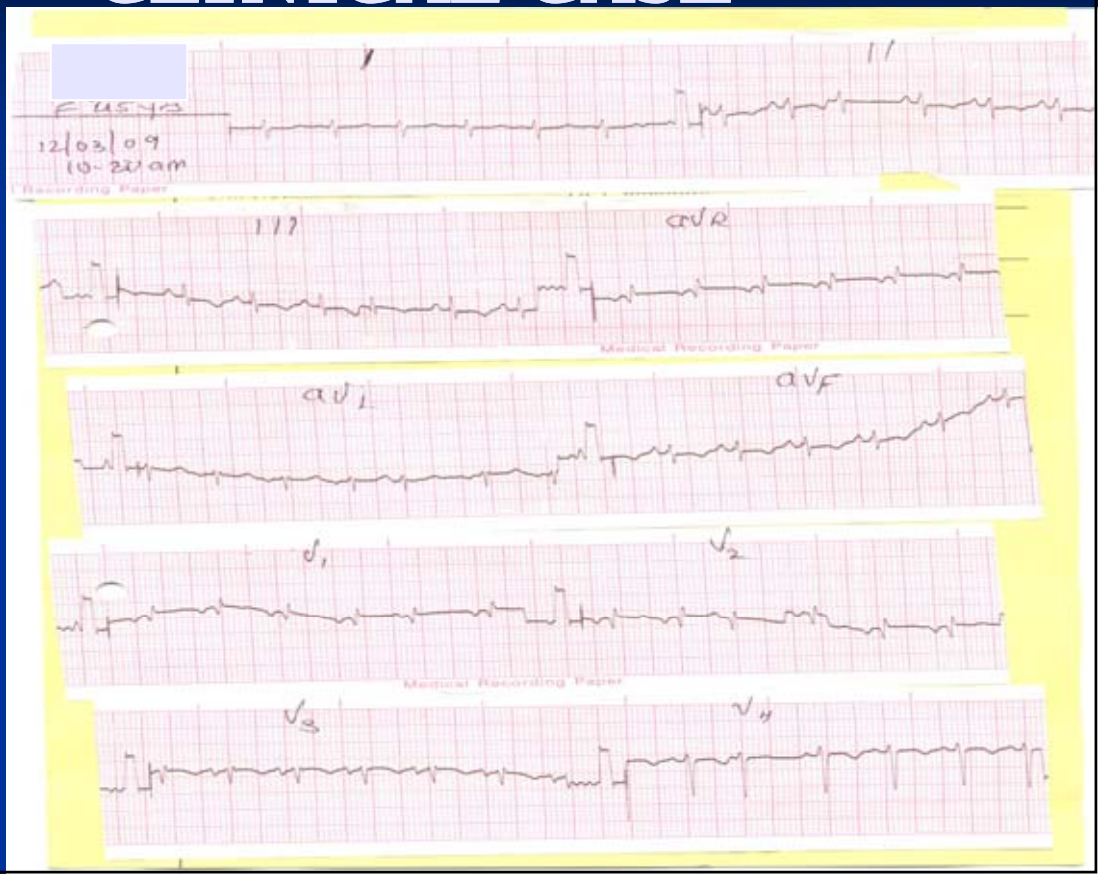
- Present MH
  - 2nd day post op – burning sensation & dyspnea , retrosternal chest discomfort , « bouffet de chaleur »
  - Then it subsided
  - Pt d/c after 5 days post op , rest 4 few more days thn started normal routine activities

Clinical case

- After 2months – sensn of fatigue , dyspnea aggr day by day
- Difficulty climbing one floor (2 Floors easily prev)
- 2 wks dysp ++ evn on min exrtn , dry cough , Rt sided peripheral chest pain
- No hemoptysis
- No fever
- Dysp at rest since 2 days and ++ since past 2 hrs -- clinic

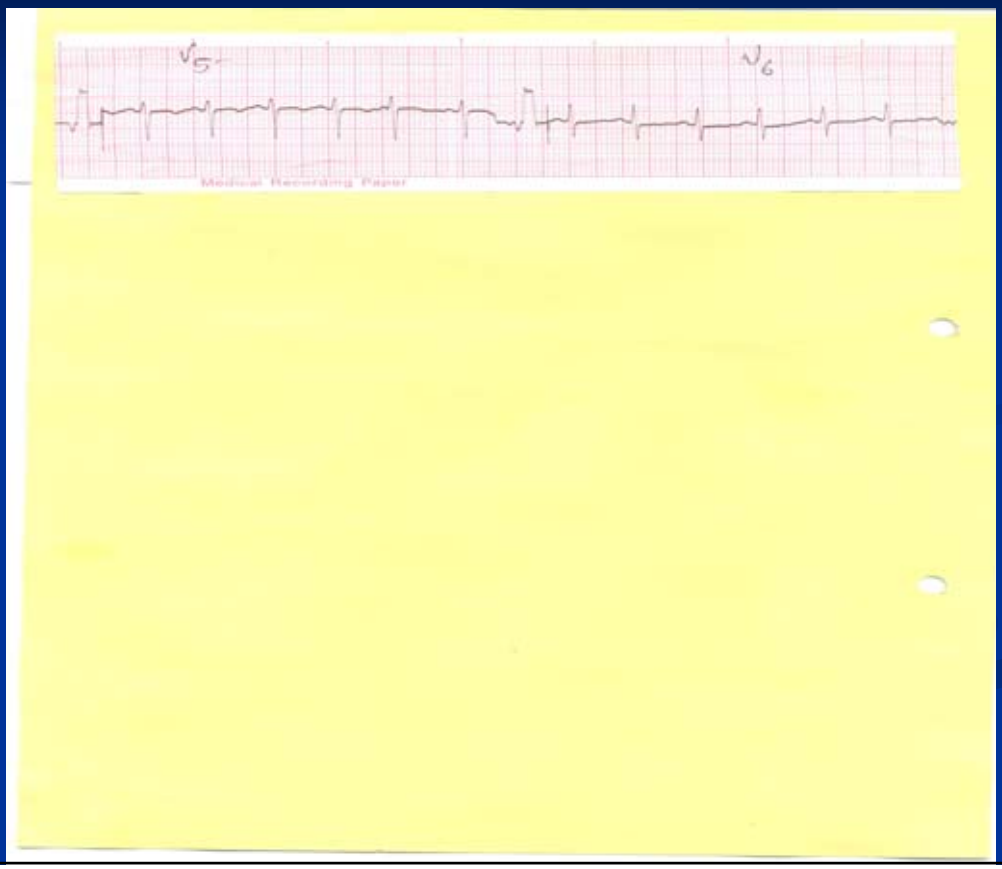
CLINICAL CASE

- ECG



CLINICAL CASE

- ECG



CLINICAL CASE

- ABG without O2
  - PH 7.46
  - PCO2 21.5%
  - SPO2 83%
  - HCO3- 17.2

CLINICAL CASE

- ANY SUGGESTION

CLINICAL CASE

- Test results of clinic
  - DDimers highly positive
  - Troponin T negative
  - WBC 7.4
  - HB 14.7
  - PLT 203
  - U N E CREAT NORMAL

CLINICAL CASE

- Echo doppler veins of inf extremities – normal, no thrombus seen

Clinical case

- Echo abdo
  - Mild hepatomegaly with distended hepatic veins
  - Gb spleen kidneys appear normal
  - No other anomaly

Echocardiography

- Deformed LV due to paradoxical septum, otherwise contracting well;
- LV not dilated
- LA normal size n fn
- Massive dilatation of RV with severe global hypokinesia & dilated RA paradoxical septum
- RV > LV
- Inferior vena cava dilated 25mm non collapsible
- Grade III TR with systolic PP 45+20 = 65 mmHg
- No effusion

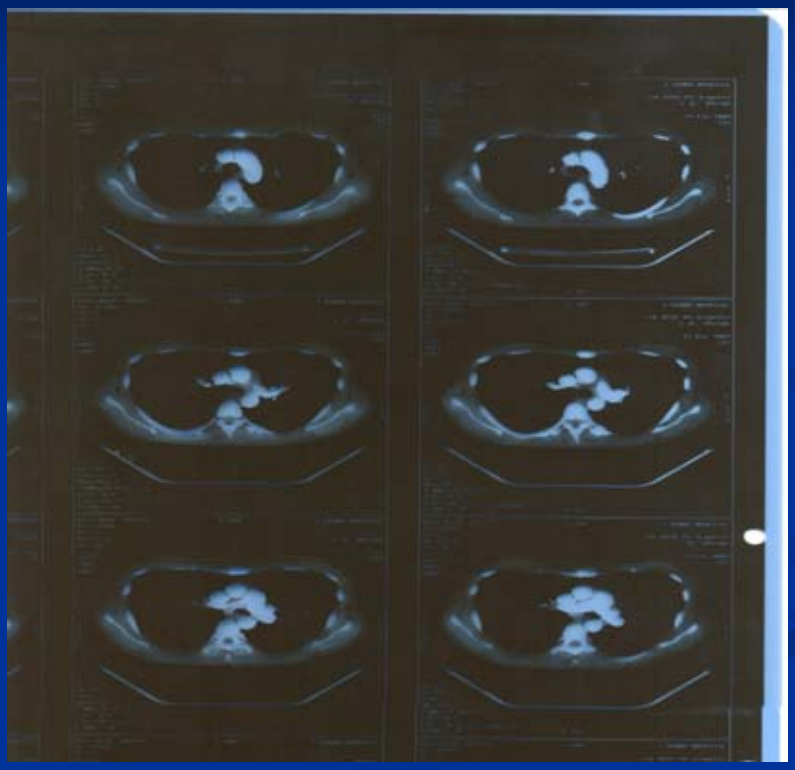
Clinical case

- Most probable diagnosis;
  - Pulmonary embolism

Clinical case

- Pulmoary CT angio

Clinical case



Clinical case

- Normal pulmonary angiography report; no thrombus seen in the main pulm trunk or R or L branch; the arterioles were clear too;

Clinical case

- Ventillation perfusion scintigraphy was asked
- Pt not transportable due to low bp n saturation
- D 3 – sat. Decreased;
- BP Fell
- Pt was on inotrope but BP still low
- Sat 70% wth 15L O2
- Intubation tried, massive MI---- resp arrest

- discussion