Cases

Na Mee Kim, MD

Case 4

- 77 yo W with h/o non-ischemic cardiomyopathy (NICM), atrial fibrillation, stroke, colon cancer, DM2 and PAD (carotid artery stent)

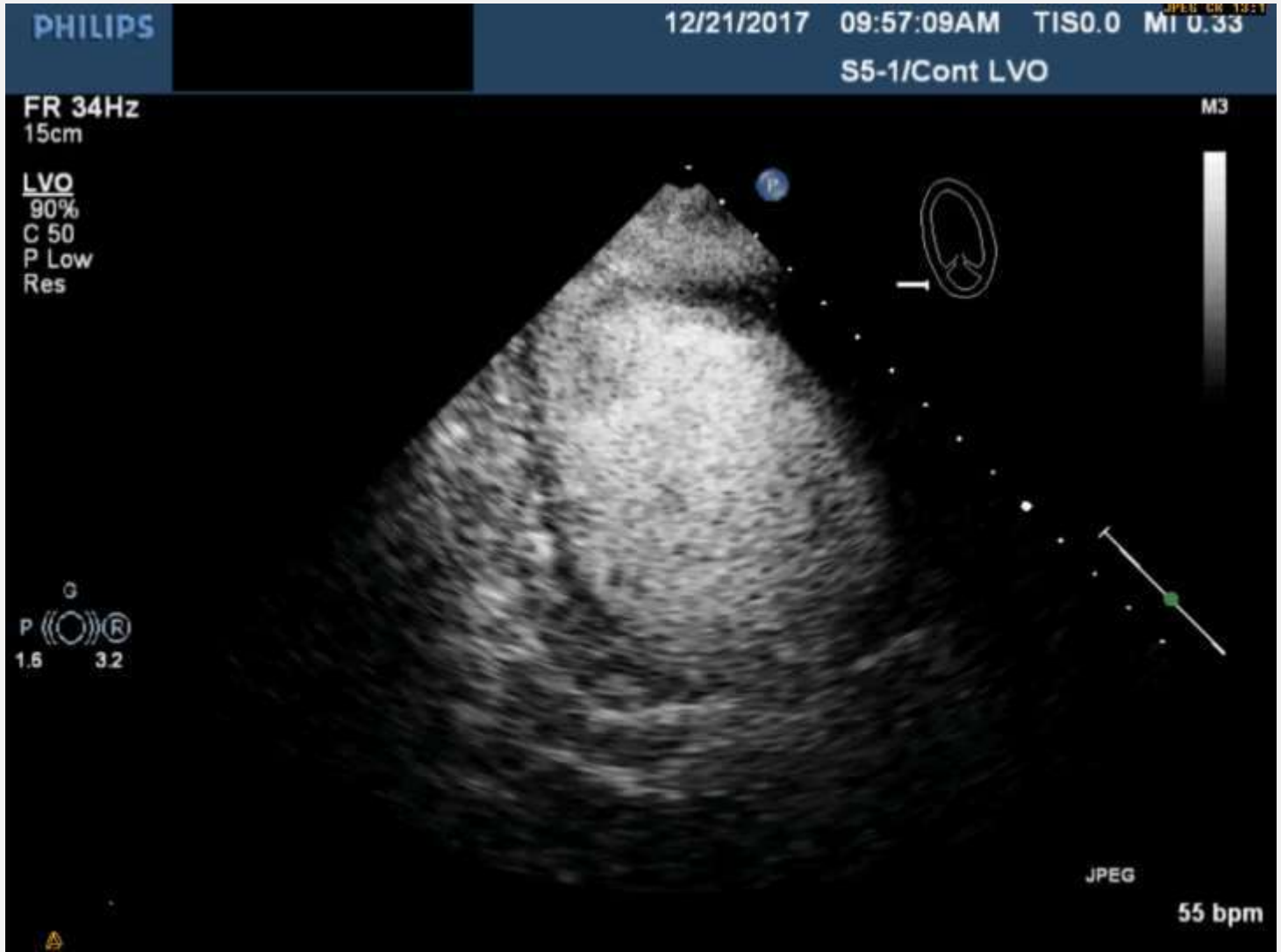
- For NICM
  - optimal medication regimen (carvedilol, spironolactone, losartan (failed entresto); maintenance furosemide)
  - Limited by chronic low blood pressure (sbp 90s)
  - no h/o chemotherapy
- For Afib
  - anticoagulation
  - Rate control: carvedilol, digoxin
- Upgraded to Biventricular pacemaker/defibrillator 6 months prior
- Referred for LVAD at outside hospital: declined

Case 4

- Not too active
- Using electric scooter at assisted living facility
- Walking with PT

Case 4

- Ejection fraction 25%



Case 4

- Device Interrogation
  - CRT-D
  - V paced 22%
  - “Frequent rapidly conducting atrial fibrillation”

Case 4

- Next step?

Case 4

- Labs

Hgb 15.1
Na 137 / K 4.0 / BUN 21 / cre 0.6

Dig 1.1
TSH 1.36
A1c 9.4

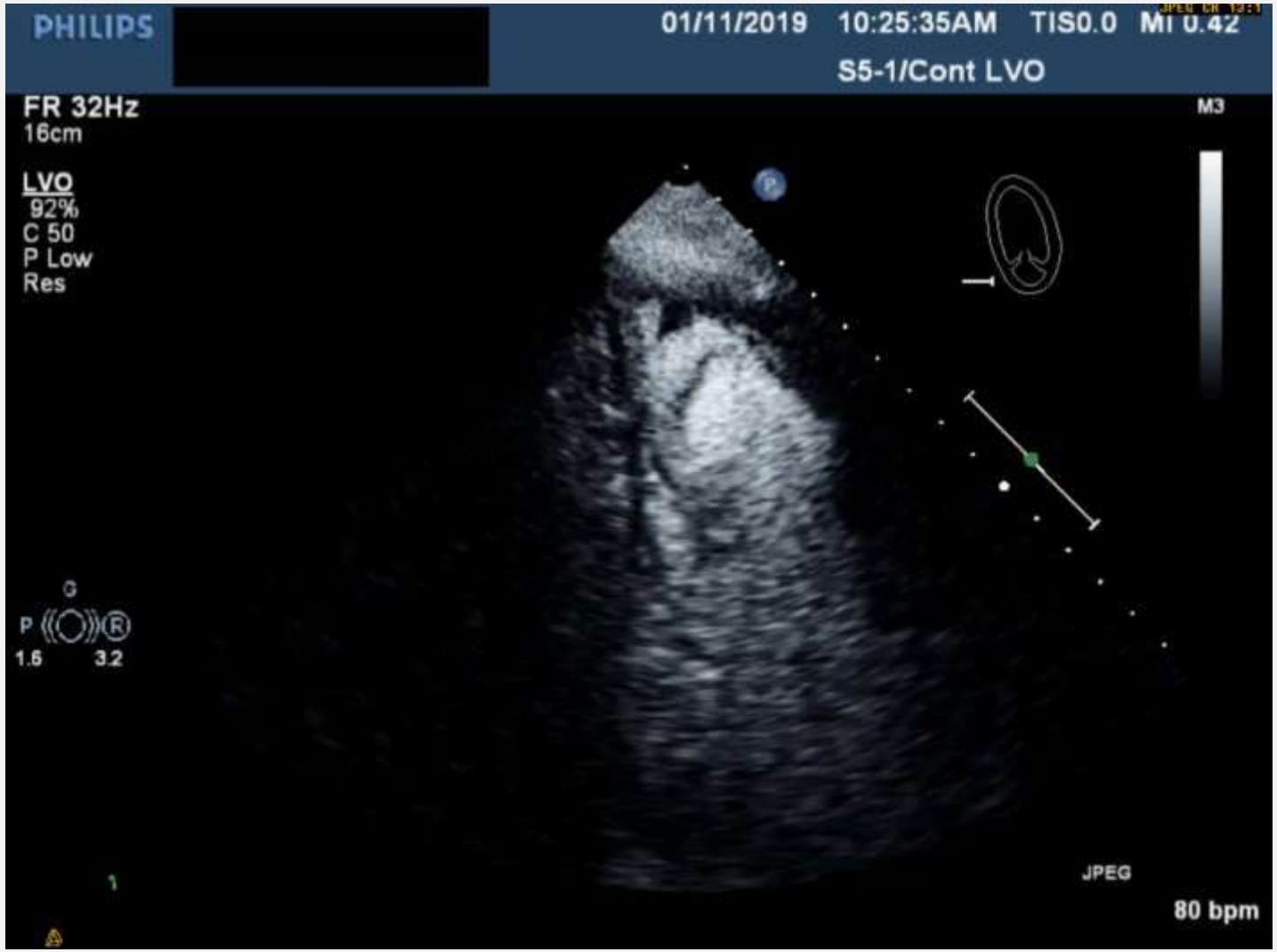
Case 4

- Carvedilol → Metoprolol succinate, up-titrated to max dose (BP tolerated)
- If no improvement, plan for AVN Ablation

- Series of medical complications
  - transaminitis/jaundice (passed choledocholithiasis vs abx adverse effect)
  - CAP
  - Cellulitis/sepsis
  - AMS/delirium (?side effect to tramadol)
  - Recurrent UTI exacerbated by hyperglycemia

Case 4

- Ejection fraction 50%



Case 5

- 62 yo W with h/o paroxysmal SVT (pSVT), gastric bypass (roux en y), NASH, HTN, DM2

- Reason for consultation: palpitations
  - Last seen by cardiology 7 yrs prior for palpitations
    - correlated to sinus tachycardia, PACs, PVCs, brief pSVT 140s bpm
    - Remained on metoprolol
  - Over the years, metoprolol was titrated to 100mg BID
    - Recently self-titrated to 100mg TID
  - Palpitations: brief, irregular, associated with globus sensation
  - No syncope
  - Mild orthostasis
  - Mild dyspnea but not consistently exertional

Case 5

- Meds
  - Lisinopril 20mg
  - Metoprolol 100mg TID
  - PPI
  - Aripiprazole/Cymbalta/gabapentin
  - Metformin
  - Recently started semaglutide
- FH
  - Brother, MI, age 50
  - Father, MI, age 42
  - Mother, stroke, age 70s
- SH
  - Retired engineer
  - Occ etoh, no tobacco use

Case 5

- Patch monitor (last year)
  - “symptoms corresponding to sinus rhythm. On occasion short SVT run (longest 8 beat run). Otherwise normal monitor”

- Holter (this year)
  - Avg HR 85 bpm / min HR 65 bpm / max HR 117 bpm
  - no pauses
  - Minimal ectopic beats
  - Brief atrial run, 11 beats
  - But was asymptomatic while wearing the monitor

Case 5

- BP 109/71 HR 78 BMI 38
- PE: no significant findings
- Labs

  Hgb 11.2 / MCV 82

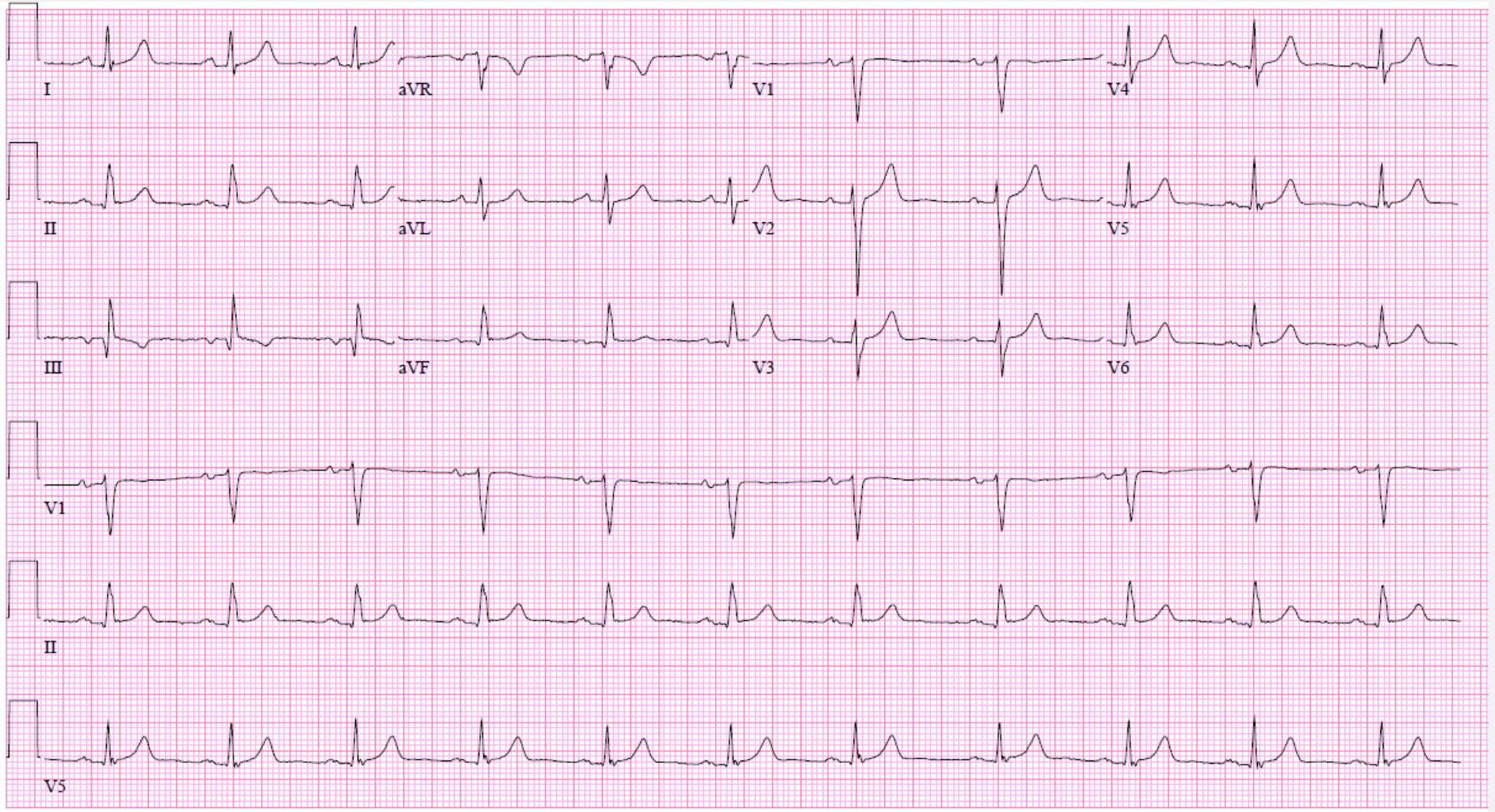
  Na 138 / K 4.4 / BUN 16 / cre 0.6

  ALT 35 / AST 19

  A1c 7.4 / TSH 0.775

  TC 162 / trig 118 / HDL 55 / LDL 83

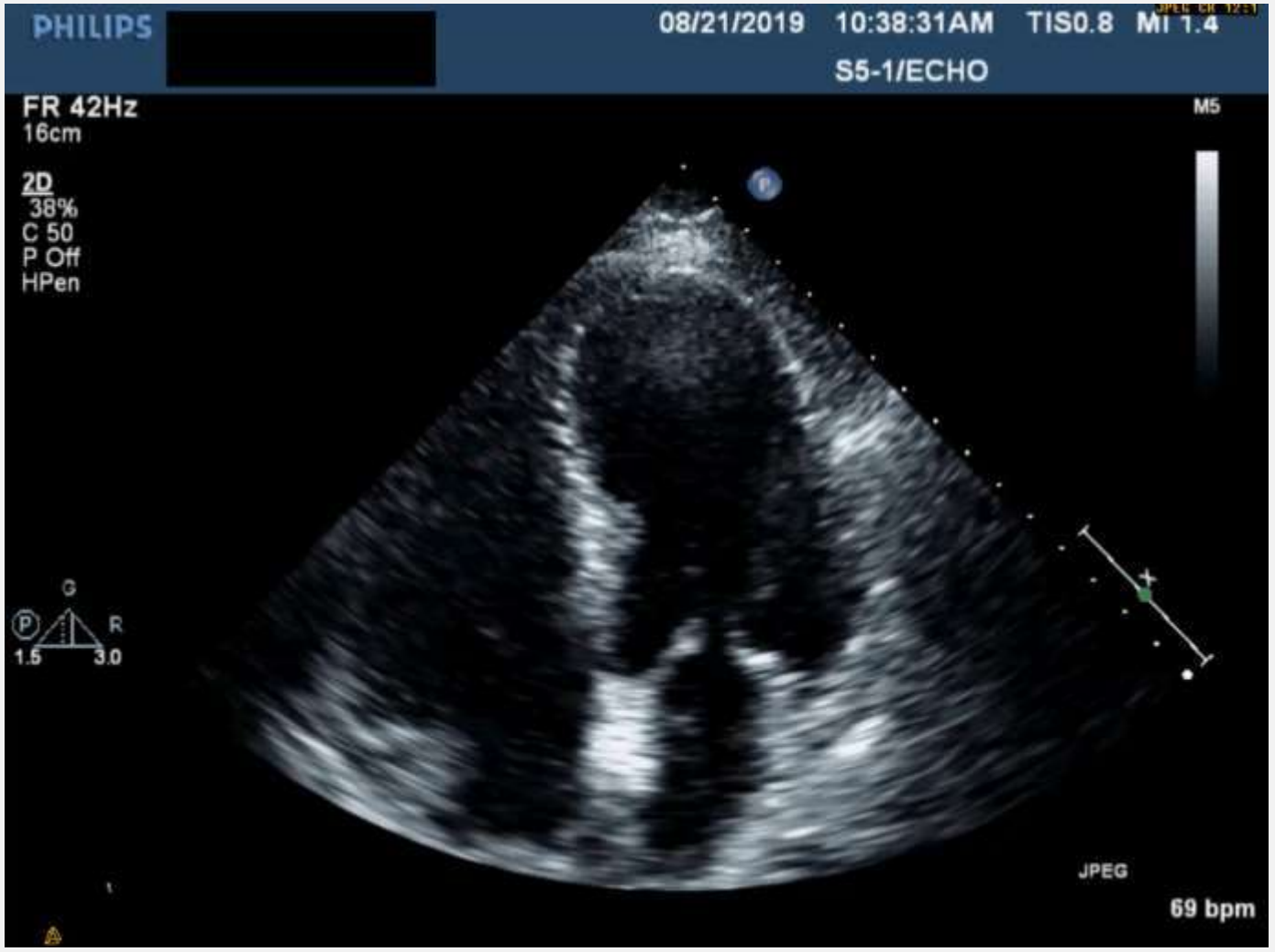
Case 5



Case 5

- Follow up visit
  - Echocardiogram
    LV EF 65-70%
    Concentric remodeling: IVSd 1.3cm
    No significant valvular abnormality
  - Event monitor: symptoms correlated with PACs, PVCs
    PVC burden 3%

Case 5


PHILIPS
[redacted]
08/21/2019 10:38:31AM TIS0.8 MI 1.4
S5-1/ECHO
FR 42Hz
16cm
M5
2D
38%
C 50
P Off
HPen
C
P
R
1.5
3.0
JPEG
69 bpm

Case 5

- Five month later: hospitalized for syncope
  - Multifactorial
    - Recently started tramadol / acetaminophen/ diphenhydramine / gabapentin
    - Orthostatic: had recently started on HCTZ (for LEE)
    - New onset diarrhea
    - ?vasovagal (nauseated / back pain/anxiety)
    - TTE: EF 70%, SAM, increased LVOT velocity
      - Resting grad 11.1mmHg
      - With Valsalva 51mmHg

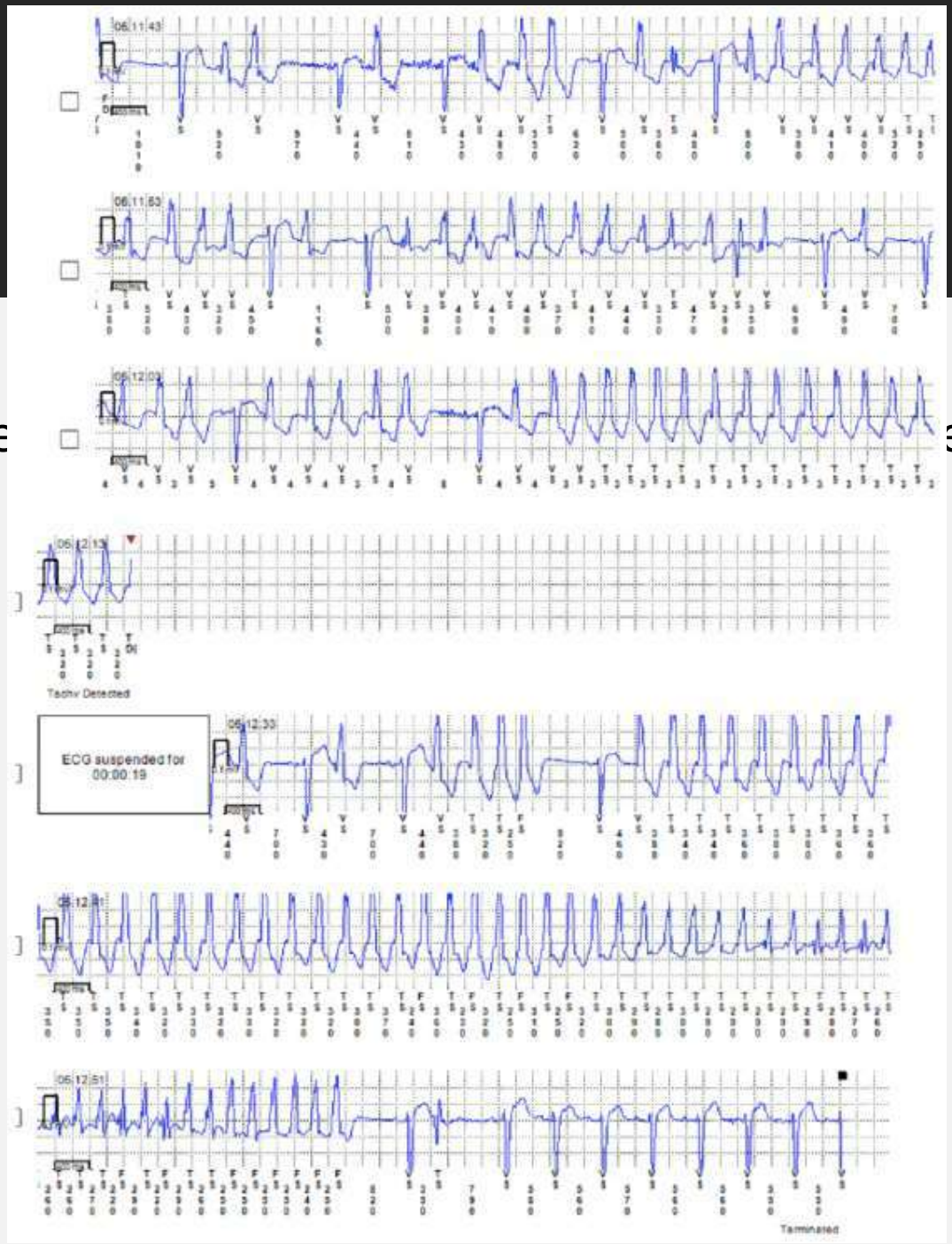
Case 5

- Event monitor: PVCs (burden < 1%), PACs, brief pSVT (12 beats)
- Proceeded with ILR implant

- Follow up
  - Another brother with MI, s/p PCI
    - Brother, MI age 50
    - Brother, MI age 65
    - Father, MI, age 42
    - Mother, stroke, 70s
  - SBP was low for few months but stabilized, ongoing chronic palp, no sig arrhythmia on LINQ
    - Cont MTP
    - Add verapamil

Case 5

- In course of thre e holter and is now monitored on LI



Case 5

- Next steps?

Case 5

- Coronary angiogram: negative for obstructive CAD
- cMRI: “asymmetrical septal hypertrophy, maximal thickness 15mm, meeting criteria for hypertrophic cardiomyopathy”
  - Brother, MI age 50 – passed away suddenly from “heart attack”

    "weighs 770g. LV measures up to 2.2cm in thickness and RV measures 0.5mg thickness…. includes an area of old scarring in the vicinity of the LV's apex. The affected area measures 2cm in its greatest dimension causing reduction in the thickness of the ventricular walls. At this level the wall measures 0.5cm in thickness. The coronary arteries show moderate diffuse atherosclerotic changes with over 60-70% obliteration of the lumen mainly observed in the more peripheral and smaller branches of the LAD..."
  - Brother, MI age 65
  - Father, MI, age 42
  - Mother, stroke, 70s
- Underwent dual chamber ICD implant