Case-Based Review of Common Cardiometabolic Practice

1st

DAILY CARDIOLOGY SYMPOSIUM

Spring 1400

Learning Objectives & Cases

CCS & PAD

DAILY
CARDIOLOGY
ACADEMY

1st case learning objectives

- How to assess pre-test probability and clinical likelihood of CAD?
- How to select appropriate testing?
- Ant-ischemic drugs
- When to consider invasive coronary angiography?

1st case

- 60 Y/O lady
- Retrosternal chest discomfort, since 6 m ago, lasts 10-15 min exertional CCS II & sometimes at rest, resolves spontaneously
- PMH: Unremarkable except mentioned Hx
- DH:
  - Aspirin 80 daily, Atorvastatin 40 daily, Metoprolol 25 BID
- Ph/Ex:
  - BMI: 27 kg/m2, BP: 128/82 mmHg (Right hand), HR: 82
  - Heart & lungs: Unremarkable
- Lab tests:
  CBC: NI, HgbA1c: 5.1%, Cr: 0.7, K: 4.2, TFT & LFT: NI
  TC: 205, LDL: 116 , HDL: 51 , TG: 180
- ECG: NSR, No specific ST/T changes
- TTE: LVEF: 60%, No RWMA, No VHD
- MPI: Mild ischemia in inferolateral wall, SSS: 5

How was the previous plan & What are the optimum next steps?

2nd case learning objectives

- Appropriate antiplatelet regimen in CAD & PAD
- When to consider revascularizing in CCS?
- How to interpret ABI?
- When to consider noninvasive & invasive imaging for PAD?
- Optimal management of PAD
- When to consider revascularization of PAD?
- Management of asymptomatic carotid artery disease

2nd case

- 56 Y/O gentleman
- Typical chest pain CCS II (1 year ago)
  Right intermittent claudication (6months ago)
- PMH:
  - T2DM, CKD
- SH: Current cigarette smoker (30 pack/year)
- DH:
  - Aspirin 80 daily, Rosuvastatin 20 daily
  - Metoprolol 50 BID, Metformin 1000 BID
- Ph/Ex: Wt: 82kg, BMI: 22, BP: 141/86, HR: 86, Heart & lungs: NI
- Recent lab tests:
  CBC, LFT & TFT: NI, A1c: 7.1, Cr: 1.7 (stable), K; 4.6, LDL: 41, TG: 115
- ECG: NSR, LBBB with secondary ST/T changes
- DSE: GLVEF: 55%, No VHD, WMA in anterior wall in stress phase
- ABI: Left: 0.9, Right: 0.7
- Carotid doppler: LICA: NI, RICA: 70% proximal stenosis
- SCA: Significant LAD mid-part lesion, CX & RCA: NI (film included)

What are the optimum next therapeutic plans?

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