

Case-Based Review of Common Cardiometabolic Practice

1st

DAILY CARDIOLOGY SYMPOSIUM

Spring 1400

Learning Objectives & Cases

VTE



**DAILY
CARDIOLOGY
ACADEMY**

1st case learning objectives

- Assessment of the clinical probability of VTE
- The role of diagnostic tests & diagnostic strategies
- Assessment the PE severity
- Treatment of the acute phase:
 - Initial anticoagulation
 - Reperfusion treatment



1st case

- 73 Y/O gentleman
- Resting shortness of breath for a couple of days
- PMH: Unremarkable except for a hemiarthroplasty for femoral neck fracture 3 weeks ago
- DH & SH: Unremarkable
- Ph/Ex:
 - BMI: 31 kg/m², Wt: 98kg, BP: 118/72 mmHg, HR: 112 bpm, SaO₂: 91% in room air, The rest of Ph/Ex unremarkable
- CBC: NI, Cr: 1.1, K: 4.2, TFT & LFT: NI
- d-Dimer: 2300 ng/mL, cTnl: 2.3 (ng/ml)
- ECG: Sinus tachycardia, No ST/T changes
- TTE: LVEF: 60%, No sign of RV pressure overload, No VHD
- CUS of the lower extremities in favor of DVT in right CFV
- CTPA: Filling defect in RPA

How was the previous evaluation & what are the optimum next steps?



2nd case learning objectives

- VTE & cancer
- Chronic treatment & prevention strategies in VTE
- Assessment of the VTE recurrence risk
- Treatment regimens & durations
- Anticoagulation in patients with thrombocytopenia



2nd case

- 67 Y/O lady
- Admitted due to left lower extremity pain & swelling
- PMH:
 - Metastatic Non-Small Cell Lung Cancer
- DH:
 - Chemotherapy (Gemcitabine plus Cisplatin)
 - Enoxaparin 60 mg BID in the past two days of admission
- Ph/Ex: Wt: 62kg, BMI: 20, BP: 100/66 mmHg, HR: 96 bpm
SaO₂: 95% in room air, Heart & lungs: NI
Left lower limb: edematous, erythematous & warm with NI pulses
- Recent lab tests:
Hgb: 10.1, WBC: 3.400, Plt: 78.000, Cr: 0.9, LFT & TFT: NI
- ECG: NSR, No ST/T changes
- CUS of left lower limb in favor of DVT in CVF & POPV

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



