

Case-Based Review of Common Cardiometabolic Practice

1st

DAILY CARDIOLOGY SYMPOSIUM

Spring 1400

Learning Objectives & Cases

VHD Panel



DAILY
CARDIOLOGY
ACADEMY

1st case learning objectives

- Echocardiographic features of valvular AS
- Staging of valvular AS
- Diagnostic work-up and follow-up
- Indication for stress test in valvular AS
- Clinical & echocardiographic follow-up
- Treatment (medical, surgical, interventional)



1st case

- 58-year-old gentleman referred to the clinic due to newly-diagnosed hypertension and harsh systolic murmur at the base of heart.
- He is asymptomatic.
- **PMH:** Cigarette Smoking 5py
- **Ph/Ex.:** BMI: 26 kg/m², BP: 143/85, otherwise Unremarkable
- **ECG:** NSR, LVH, Secondary ST-T change
- **Echo:** EF=60%, Mild concentric LVH, calcified and thick AV with V_{max}=4.5 m/s, MPG=52mmHg, AVA=0.9 cm², Trivial AI, Mild MR, No MS

What do you recommend as the next steps?



2nd case learning objectives

- Echocardiographic features of MS
- Staging of valvular MS
- Diagnostic work-up and follow-up
- Clinical & Echocardiographic Follow-up
- Treatment (medical, surgical, interventional)



2nd case

- 37-year-old lady referred to the clinic due to history of recent onset rapid palpitation, and ECG that showed A.Fib rhythm.
- She complained of mild dyspnea on exertion (NYHA FC2) without significant limitation in daily activity science few months ago.
- **PMH:** unremarkable
- **Drug Hx:** Warfarin 5mg OD, Bisoprolol 5 mg OD,
- **Ph/Ex.:** BMI: 25 kg/m², BP: 116/71, irregular heart beat
- **ECG:** AF with acceptable ventricular rate
- **Echo:** EF=55%, Significant Rheumatic MS (MVA: 1.2 cm² by planimetry, MPG: 12.5 mmHg, Wilkins score: 8), Severe LA enlargement, Mild MR, Mild TR, sPAP: 45mmHg

What do you recommend as the next steps?



