

2nd
**DAILY
CARDIOLOGY
SYMPOSIUM**

CONCISE, PRECISE, PRACTICAL

LEARNING OBJECTIVES & CASE VIGNETTE



Valvular heart disease
Aortic Regurgitation



Learning Objectives

- When to suspect chronic aortic regurgitation?
- Approach to diagnosis and evaluation
- Echocardiographic features & staging of Chronic AR etiology
- Staging of chronic AR
- Clinical & echocardiographic follow-up
- Treatment (medical, surgical)

Case Vignette

- 68 Y/O lady, in routine follow-up
- Known case of moderate to severe AR, 10 years ago
- **PMH:**
 - HTN (15 years)
- **DH:**
 - Valsartan-HCT 12.5/80_{mg} OD
 - Bisoprolol 5_{mg} OD
- **Ph/Ex:**
 - BMI: 27 kg/m², BP: 136/76 mmHg
 - Heart & lungs: Unremarkable

Case Vignette (continued)

- **Recent Lab tests:**

- Hb: 11.6mg/dl, Cr: 0.8 mg/dL, FPG: 99 mg/dL
- LDLc: 125 mg/dL, HDLc: 35 mg/dL, TG: 175 mg/dL

- **ECG:**

- NSR, Low voltage ECG (HR: 90_{bpm})

- **Echo:**

- EF=55%, Mild LA enlargement, Mild LV enlargement (LVESD: 5.6 cm)
- Severe Aortic regurgitation (VC: 0.7mm, Holodiastolic aortic flow reversal, PHT:170ms)
- Mild MR, Moderate TR, sPAP: 42 mmHg

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Valvular heart disease
Khordad 27th, 15:30 - 17:00

Aortic Regurgitation
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