

UMBRELLA

Focused
Cardiology Forums

Heart Failure

LEARNING OBJECTIVES
AND CASE VIGNETTE

2nd Session

Non-Pharmacologic approach in
HFrEF



CASE VIGNETTE

- 67 years old gentleman with DOE FC 1-2
 - S/P CABG 12 years ago (LIMA-LAD, SVG-RCA)
 - S/P CAG, Occluded LIMA, SVG, Poor LAD run-off, PCI on dominant RCA 8 years ago
- **PMH:**
 - DM (20 years), HTN (15 years),
 - DLP (20 years), Ex-CS (10PY)

CASE VIGNETTE

- **Ph. Exam:** BP=107/62 mmHg
 - Heart: muffled
 - Lung: clear
- **ECG:** NSR, Q in V1-4, Low voltage limb leads, HR=80 bpm
 - IVCD (QRS width: 140 ms)
 - Trigeminy PVC

CASE VIGNETTE

- **Medication:**
 - Tab Rosuvastatin 20 OD
 - Tab ASA 80 mg OD
 - Tab Bisoprolol 10 OD
 - Tab Sacubitril/Valsartan 100 mg BID
 - Tab furosemide 40 mg OD
 - Tab Metformin 500 mg TDS
 - Tab empagliflozin 10 mg OD
 - Tab Eplerenone 25 mg OD
 - Tab ivabradine 7.5 mg BID

CASE VIGNETTE

- **Lab. Test:**

- Hb=13.2 mg/dl
- FBS=134 mg/dl
- HbA1c=7 mg/dl
- TG=235 mg/dl
- TC= 165 mg/dl
- LDL= 83 mg/dl
- HDL=35 mg/dl
- Cr=1.2 mg/dl
- eGFR (MDRD)=62 ml/min/1.73 m²
- NT-ProBNP= 1674 pg/ml

CASE VIGNETTE

- **48h ECG Holter Monitoring:** 18% PVC burden
- **Echo:**
 - EF=25%
 - Severe LV enlargement
 - Anteroseptal and all apical akinetic (Tissue Loss)
 - Grade 1 LV diastolic dysfunction ($E/e' = 16$)
 - Moderate RV enlargement and dysfunction ($S_m = 7\text{cm/s}$, TAPSE=12mm)
 - Moderate to severe functional MR
 - Moderate TR
 - sPAP=33 mmHg

TO BE CONTINUED ...

CASE VIGNETTE

- 5 years later, he presented with palpitation, fatigue and ascites and peripheral pitting edema
- ECG revealed Atrial Fibrillation with relatively acceptable ventricular response (HR=100 bpm).
- BP=95/60
- **Echo:**
 - EF=10%
 - Severe LV enlargement
 - Severe RV enlargement, Severe RV dysfunction
 - Severe functional MR
 - Severe TR, sPAP=54 mmHg

LEARNING OBJECTIVES

- Exercise Training in HFrEF
 - Which protocol?
 - Supervised? Community-Based?
- Atrial Fibrillation in HFrEF
 - Rhythm control? or rate control?
 - Optimal Heart Rate?

LEARNING OBJECTIVES

- Device Therapy in HFrEF (ICD/CRT)
 - in Normal Sinus Rhythm?
 - in Atrial Fibrillation?
- Invasive management of arrhythmia in HFrEF
 - Indication for Catheter ablation?
- Palliative Care in advanced HFrEF
- Indication for mechanical circulatory support & Cardiac Transplantation

Stay Tuned with Umbrella: Heart Failure

Non-Pharmacologic approach in HFrEF

Shahrivar 18th, 11:15 -13:00

A. Mohammadifar, MD; F. Masoudkabir, MD, MPH.



DailyCardiology.com