

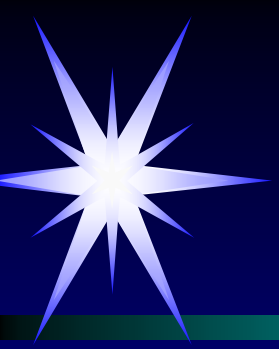
PITFALLS
IN THE DIAGNOSIS &
MANAGEMENT OF C V
DISEASES



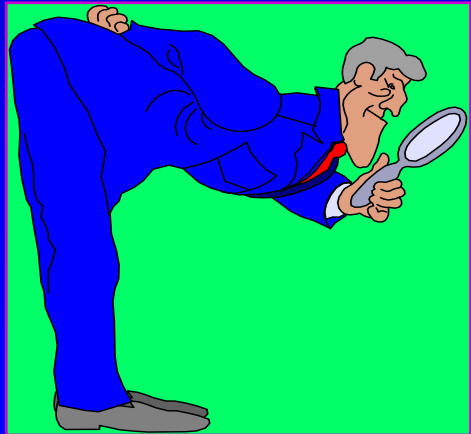
BY

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“To make no mistakes is not in the power of man , but from their errors and mistakes the wise and good learn wisdom for the future “



Plutarch



HEART FAILURE:

- **HF is not a diagnosis ; it is a group of S&S occurring in a patient with cardiac disease .**
- **Cardiomegaly**
- **Symptoms of LVF:**
 - * **Dyspnea**
 - * **Paroxysmal cough**
 - * **PND**
 - * **Nocturnal angina**
 - * **Cardiac asthma**
- **Signs of LVF:**
 - * **Basal rales**
 - * **Pleural effusion**



HEART FAILURE:

RVF:

- Peripheral edema
- Hepatomegaly
- Congested neck veins

Therapy:

- Digitalis
- Diuretics
- ACE Inhibitors
- Other Inotropics
- B-Blockers



CORONARY ARTERY DISEASE

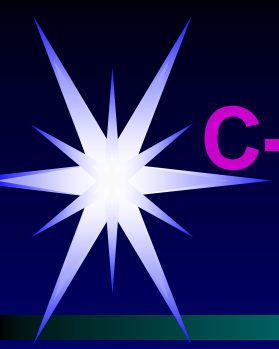
I-Failure to recognize cardiac pain:

A-Effort angina:

- *Unusual site *Abnormal character**
- *Non effort precipitating factors**

B-Unstable angina:

- *Not precipitated by effort**
- *Linked angina**
- *Normal ECG**
- *Normal exercise tolerance**



C-Myocardial infarction:

- * Silent infarction**
- * Unusual site of pain**
- * Good general condition**
- * Absence of ECG changes**

II- Erroneous diagnosis of CAD:

➤ Coronary Mimics:

- * Pleurodyna**
- * Cardiac neurosis**
- * Gall bladder disease**
- * Cervical spondylosis**
- * Spontaneous Pneumothorax**
- * Acute Pericarditis**
- * Aortic dissection**
- * Esophageal pain**
- * MVP**
- * IHSS**



III- INVESTIGATIONS:

➤ ECG:

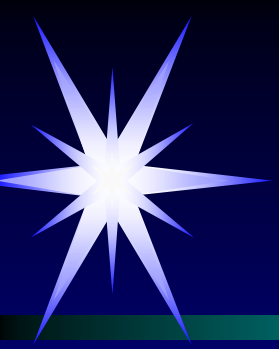
- * Normal ECG ---> False -ve diagnosis
- * Cannot predict size & severity of AMI
- * False +ve exercise test
- * ECG mimics of IHD

➤ Cardiac Enzymes:

- * May be normal in small infarcts
- * Extracardiac sources
- * Can predict size of infarction

➤ Coronary angiogram:

- * value
- * Infarction with normal coronary angio



III-THERAPY:

➤ **Medical:**

- * Nitroglycerine test
- * NG may worsen some types of angina (AS, IHSS, MVP)
- * NG Resistance may be due to old prep.
- * B-Blockers
- * Antiarrhythmic drugs
- * Digitalis
- * B P

➤ **Thrombolytic therapy:**

- * Patient selection
- * Problems during treatment



VALVULAR HEART DISEASE

MVD:

1-Silent MS

2- Syncope in MS (Atrial myxoma ball valve thrombus)

3- MS simulating MR

4- MS Vs. ASD

5- MS X AR

➤ **Ao. VD:** 1- AR with double murmur

2-Hyperdynamic state

3-Acute AR

4-Severe AS with HF

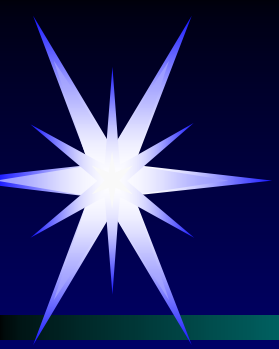
5-Ch RF with functional or organic Ao VD

6- Basal SM (organic or functional)



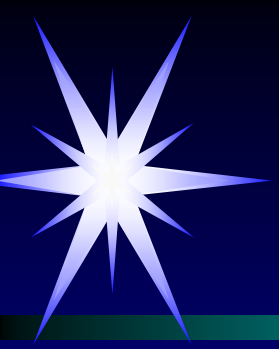
CONGENITAL HEART DISEASE

- **Dextrocardia if you fail to palpate the apex**
- **Chest deformity as pectus excavatum straight back syndrome may simulate cong.HD e g ASD**
- **Innocent murmur in children need thorough evaluation**
- **Diastolic flow murmur in VSD, PDA ,ASD should not be confused with organic MS**
- **Persistent of cong. HD in adult must be considered e g**
 - Coarctation for essential HTN**
 - ASD for MS**
 - Cyanotic HD for COPD**



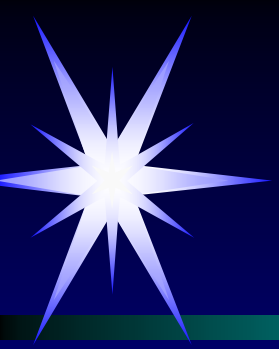
DYSRHYTHMIAS

- **Sudden regular rhythm in patient with AF?**
- **Ashman phenomena in AF**
- **Age is a strong indication for anticoagulation in AF rather than a contraindication.**
- **Wide complex tachycardia and its DD**
- **Syncope of cardiac origin is a difficult problem**



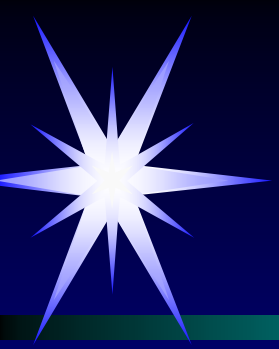
DYSRHYTHMIAS

- **Treat the patient not the arrhythmia**
- **Proarrhythmic effect of antiarrhythmic drugs**
- **Importance of LVD (Prognosis , Drug selection)**
- **Electrolyte & Acid - base disturbances may be the cause of refractory dysrhythmias**
- **WPW Traps**



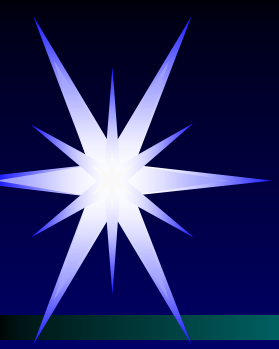
HYPERTENSION

- **Over diagnosis of HTN**
- **Treatable causes not to be overlooked**
- **Patients with hypertensive HF may have normal BP**
- **Pseudo HTN**
- **Auscultatory gap**



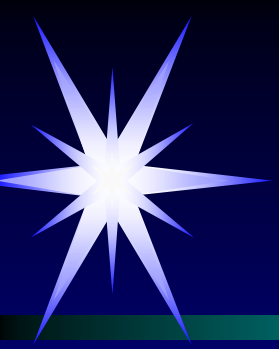
HYPERTENSION

- **White coat HTN**
- **Use of diuretics in hypertensive encephalopathy**
- **Emergency use of sublingual nifedipine**
- **ACE Inhibitors in renal impairment.**
- **First dose hypotension & withdrawal syndrome.**



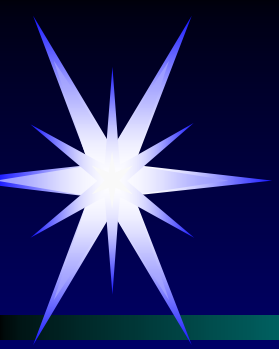
INFECTIVE ENDOCARDITIS

- Any fever >10 days in cardiac patient should be considered IE until proved otherwise
- Classic Oslerian presentation is a late phenomena
- Heart murmur may be absent initially



INFECTIVE ENDOCARDITIS

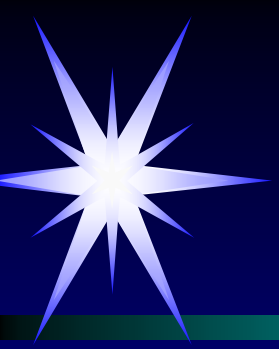
- **-ve culture endocarditis**
- **The disease is more common in mild lesion than severe one rare in MS & AF**
- **Recurrence of fever may be due to relapse but other causes must be considered (drug fever, ring abscess , phlebitis)**



OTHER CARDIAC DISEASES

Pericardial Disease:

- **Acute pericarditis Vs. AMI**
- **Pericardial effusion Vs CHF**
- **Pericardial rub Vs. heart murmur**
- **Cardiac tamponade diagnosis & management**
- **Constrictive pericarditis Vs. liver cirrhosis**
- **Constrictive pericarditis as MS or TS**



OTHER CARDIAC DISEASES

Pulmonary heart disease:

- PE need very high index of suspicion**
- COPD may mask signs of L or R sided HF**
- COPD Vs. pericardial disease**