PITFALLS IN THE DIAGNOSIS & MANAGEMENT OF CVDISEASES

BY

ESSAM MAHFOUZ, MD
Professor of Cardiology Mansoura University
“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:

- Digitals
- 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
* Acute Pericarditis
* Cardiac neurosis
* Aortic dissection
* Gall bladder disease
* Esophogeal pain
* Cervical spodylosis
* MVP
* Spontaneous Pneumothorax
* 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- Hyperdynamics state
3- Acute AR
4- Severe AS with HF
5- Ch RF with functional or organic Ao VD
6- Basal SM (organic or functional)
- 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 through 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)
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 my mask signs of L or R sided HF
- COPD Vs. pericardial disease