Case 5

The patient is a 78 year old woman who has been in general good health except for a history of hypertension and mild renal insufficiency. On the day of admission, she woke up with mild epigastric distress. She tried some antacid without relief. The pain intensified over the next hour and she felt weak and dizzy. She called a neighbor who came over and thought she looked pale and sweaty. EMS was called and she was brought to the emergency room. She was given an aspirin to chew in the ambulance.

Case 5

In the emergency room, she was diaphoretic and she vomited. BP was 90/60mmHg and the pulse was 75bpm and somewhat irregular. Neck veins were not distended. On cardiac exam, bibasilar rales were heard. On cardiac exam, heart sounds were normal. There was an S4 gallop. No murmur could be appreciated. There was no edema.

Case 5

What are the abnormal findings on physical exam?

Case 5

Based on this patient’s history and physical exam, what is your initial diagnosis?

Case 5

The EKG confirms your diagnosis of:

A. Non-ST segment elevation MI
B. Anterior ST segment elevation MI
C. Inferior ST segment elevation MI
D. Lateral ST segment elevation MI
E. Right ventricular infarction
*Case 5
She is treated with heparin and clopidogrel. Because her blood pressure is low, she does not receive nitrates or a beta-blocker. She is given a low does of morphine for pain relief. She is taken urgently to the cath lab.

*Case 5
What coronary artery is likely the culprit artery in this patient?
A. the left main coronary artery
B. the left anterior descending coronary artery
C. the circumflex coronary artery
D. the right coronary artery
E. the posterior descending coronary artery

*Case 5
The patient is admitted to the CCU. Troponin peaks at 70.4 (normal 0.0-0.08ng/mL). She does well for the first 48 hours. However, on the third hospital day, she complains of shortness of breath and becomes tachycardic. Physical exam is notable for a BP of 80/50mmHg, a pulse of 110 bpm, RR of 28 resp/min, neck vein distention, rales bilaterally, and a new Grade IV/VI holosystolic murmur heard at the LL SB and apex. An S3 gallop is heard. The nurse also reports that the patient’s urine output has been low (less than 400cc) over the past 12 hours.

*Case 5
What is happening to this patient? What are the potential causes? What are the possible causes of the new heart murmur?

*Case 5
Explain the abnormal physical findings? What tests would help confirm your diagnosis?
**Case 5**

Given the echo findings, predict what you would find on the right heart catheterization?

**Case 5**

What therapeutic options do you have at this time?