CLINICAL CONUNDRUMS

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CLINICAL CONUNDRUMS

• Honoraria/Consulting Fees/Speaking Engagements
  • Pfizer
  • BMS
  • Boehringer Ingelheim
  • Bayer
  • Servier
  • AstraZeneca
CASE 1: MR D.
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- December 11, 2012
- 54y.o. male
- c/o cope and fatigue, palpitation
- Referred by bariatric clinic
- PMHx:
  - HTN
  - Non proteinuric CKD (cr 156)
  - Atrial fibrillation
  - Gerd
  - History of smoking
- Medications
  - Iron
  - Metoprolol 12.5mg bid
  - Azathioprine 100mg po bid

- Eczema requiring Imuran and prolonged prednisone
- Duodenal ulcer, secondary to pred, needed resection
- Avascular necrosis of hips
- Anemia
- Cataracts
- Vitals:
  - Frail - wheel chair bound
  - Wt 282lbs
  - Ht 72inches
  - HR 58
  - 114/70

- ECG: controlled atrial fib

- Blood work:
  - Hb 91
  - Cr 187 eGFR 34
Holter (11/12/2012)
- Atrial flutter throughout 47h59 minus
- Average hr 74bpm, max 147, min 51
- VE 2 foci X9
- Symptom of cp shows atrial flutter with variable block rate 71bpm

Echo
- Normal LVF
- LVH
- LAE: 44ml/m2
- Mild mr/tr
- RVSP40mmHG
- RAP 10
• PMIBI
• Clinically, electrically and scintigraphically negative for myocardial ischemia
THOUGHTS?

- Vitals:
  - Frail - wheel chair bound
  - Wt 282lbs
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- ECG: controlled atrial fib

- Blood work
  - Hb 91
  - Cr 187 eGFR 34
March 2013
- Underwent right hip decompression and left total hip replacement for bilateral AVN
- Prosthetic hip became infected and required surgical revision
- Picc for iv abx

- Labs
  - Cr 202
  - Hb 86
• September 2013
• Mobile
• Cr 179
• Hb 121
• Aflutter

• Meds:
  • Asa 81
  • Adalat 60
  • Atenolol 50
  • Tecta 40
  • Iron
  • Skin creams
• AFLUTTER
• NOAC vs warfarin
• Cardioversion vs rate control
- Apixiban 5
- Cardioverted to sinus
- Doing well
CASE 2: MRS. R.

- August 12 2014
- 84 yo female
- CKD
- Obesity
- DM with neuropathy
- Increased cholesterol
- HTN
- Kidney stones
- Macular degeneration
- Melanoma resection

- Ecg : old inferior MI
- Meds:
  - Irbesartan
  - Diltiazem
  - Metoprolol
  - Gabapentin
  - Metformin
  - Diamicron
  - Lipitor
  - Vit B12
  - Lucentis injections monthly
• MIBI normal in 2012
• September 9 2014
• CP
• Anterior STEMI
• 2 DES to CX
• ASA and ticagrelor
• September 25 2014
• Admitted to McMaster with afib
• September 25 2014
• Admitted to McMaster with afib
• New mass in L axilla

• Switched from ticagrelor to Plavix
• Apixiban 2.5mg bid
• ASA 81 mg
• January 2015
• Pt in for reassessment
• On ASA, Plavix, Apixiban
May 2015
- Admitted with melena and cp
- Trop neg
- No afib noted on monitor
- Hb 80
- Transfused 2 units
- Upper and lower scope negative

Discharged home on
- ASA
- Apixiban
- Cardiologist to reassess NOAC
Quick and Dirty Cases
QUICK AND DIRTY

Case 1 - Mrs. G.

- 2011
- 64 y.o. female
- HTN
- Atrial fibrillation
- CCB
- BB
- WARFARIN

- Ablated September 2011
- January 2012 switched to pradaxa
- March 2012
- Stop CCB, amio, continue pradaxa
- September 2012
- No afib on multiple holters
- Pradaxa stopped, asa started
- 2015 - 69 y.o.
- Amlodipine, asa
89 y.o.
Admitted with afib
d/c home on asa
Presents 10d later with a fall and subdural hematoma
Treated conservatively
Referred to cardiologist
Hx. 7 yrs. ago treated in hospital with ‘bleeding in brain’.

ECG: afib with RBBB
HR 73
BP 122/82
Wt. 160lbs
Hb 125
Cr 64
QUICK AND DIRTY
case 3 - Mrs. W.

- 2012
- 84y.o
- HTN labile
- History of MI 1992 SK
- PCI 2002
- Breast cancer
- Afib
- On warfarin
- Cr 103 (eGFR44)

- Hb 122- issues with anemia, scope multiple times all negative
- Worsening of Cr - switched to xeralto, then to apixiban 2.5
- October 09 2014- seen in office ‘feeling unwell’
- GI bleed  Hb 56
- Transfused 3U
• July 2015
• Hb 87
• Cr 167
• eGFR 25
• Hospital
• Transfused 1 u