

Differential diagnosis of dyspnea and chest pain

Part three: Clinical Cases I

Aleš Linhart

First School of Medicine
Charles University
General University Hospital
Prague
Czech Republic



VFN PRAHA
VŠEOBECNÁ FAKULTNÍ
NEMOCNICE

LEADING SIGN: DYSPNEA AND LEG EDEMAS

Female, 45 years

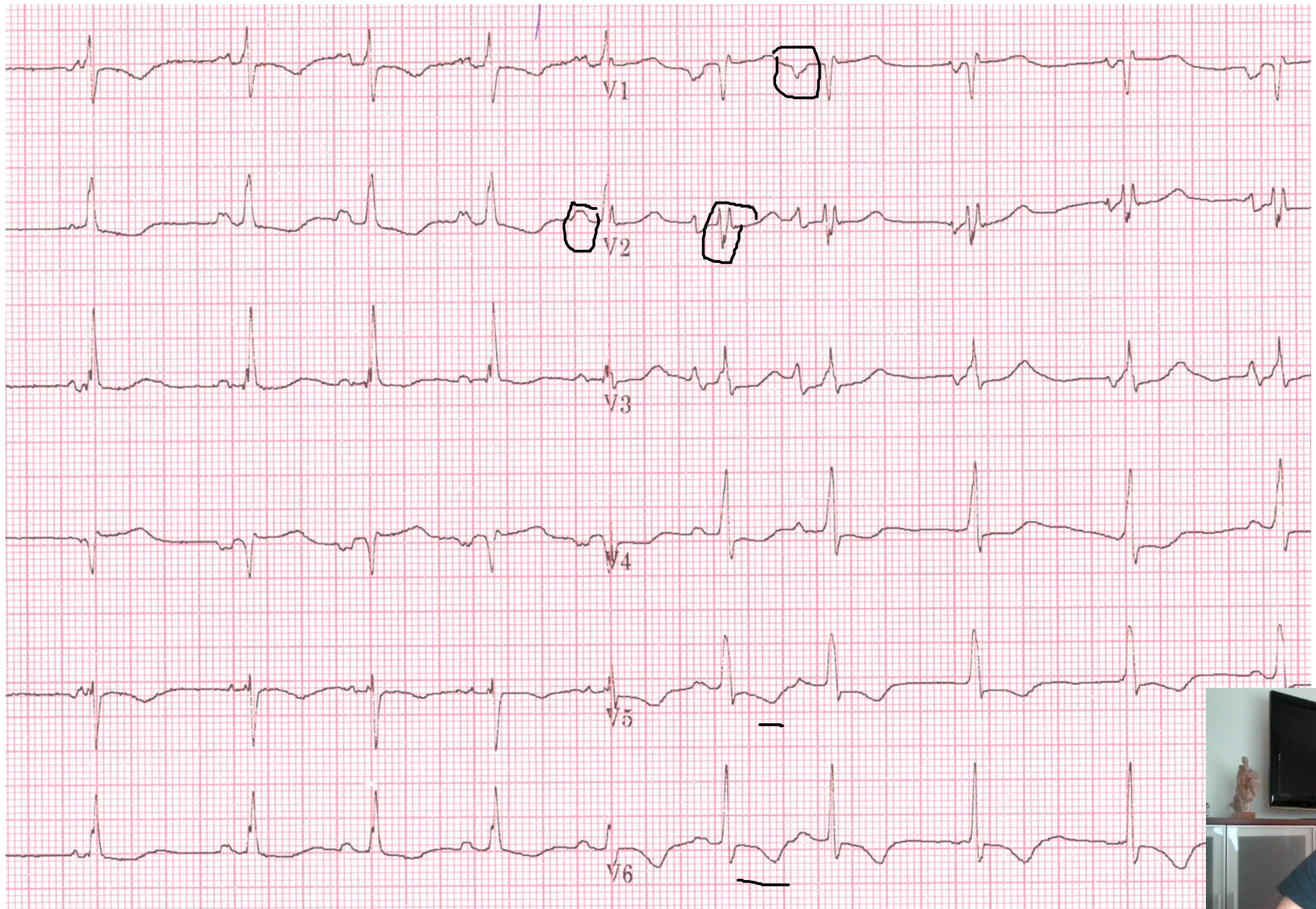
- Personal history
 - Repeatedly major loss of weight
 - Followed-up by a psychiatrist
- Current symptoms
 - Since one year progressive loss of weight, fatigue, SOB
 - Since one month SOB NYHA III, major oedemas, nycturia, palpitations
 - Three days ago admitted to a regional hospital
 - Transferred to our department

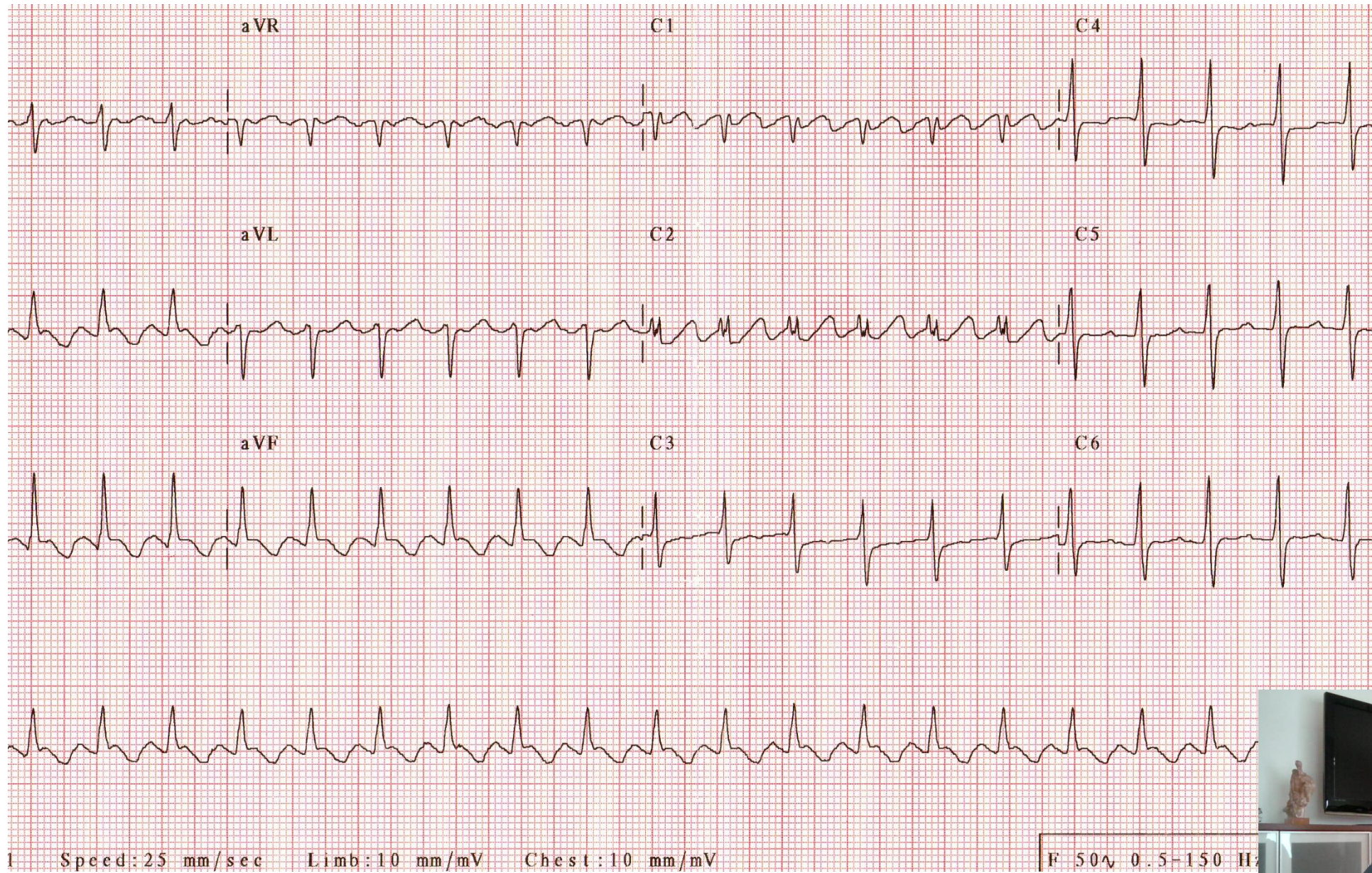


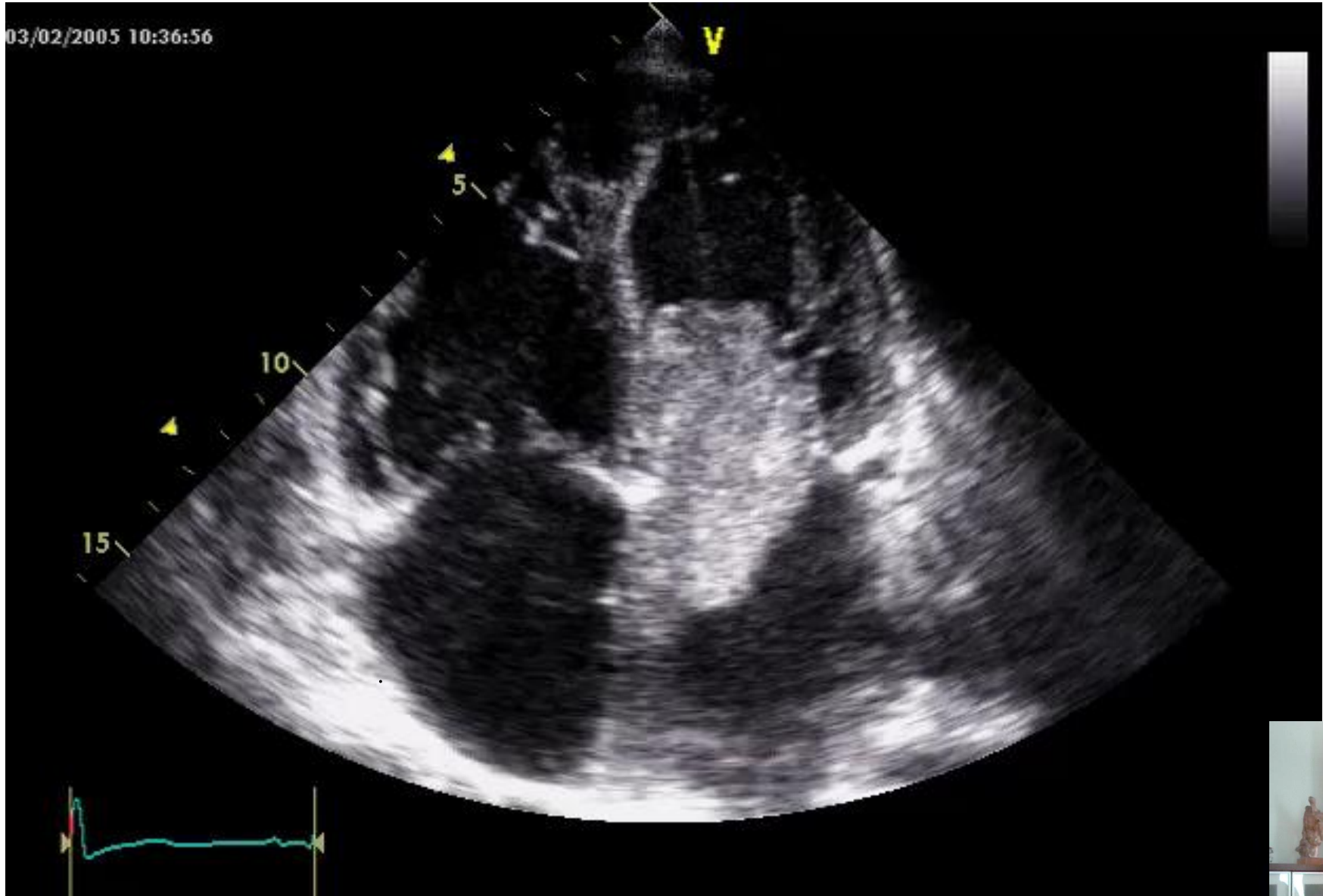
Physical examination

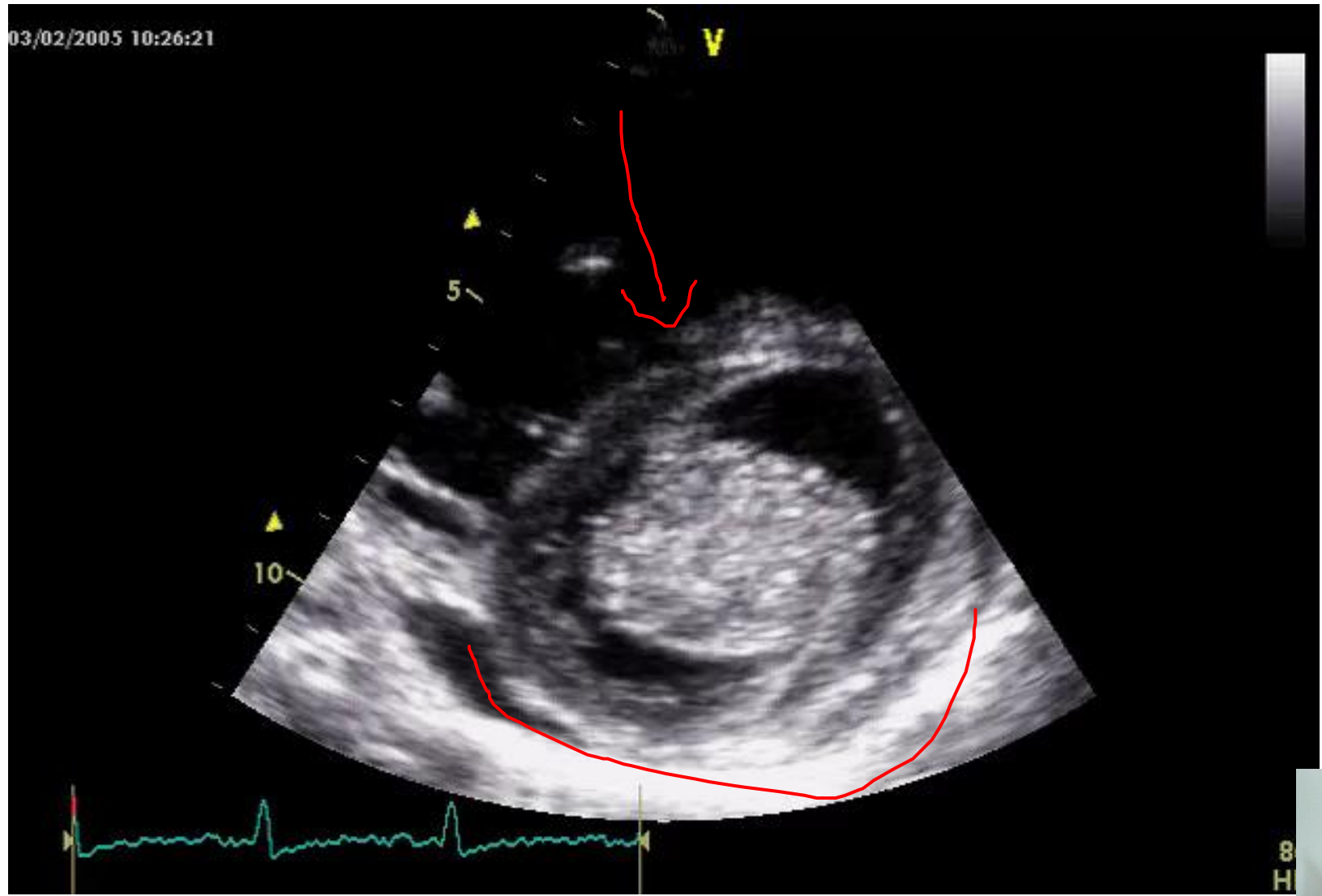
- 165 cm, 52 kg, visible sarcopenia
- BP 93/66 mmHg, HR 78', reg.
- Pulsatile distended neck veins
- Breathing clear w/o secondary phenomena
- Systolic murmur above the cardiac apex, propagating to the axilla
- Liver distension + 2 cm
- Moderate pitting leg edemas

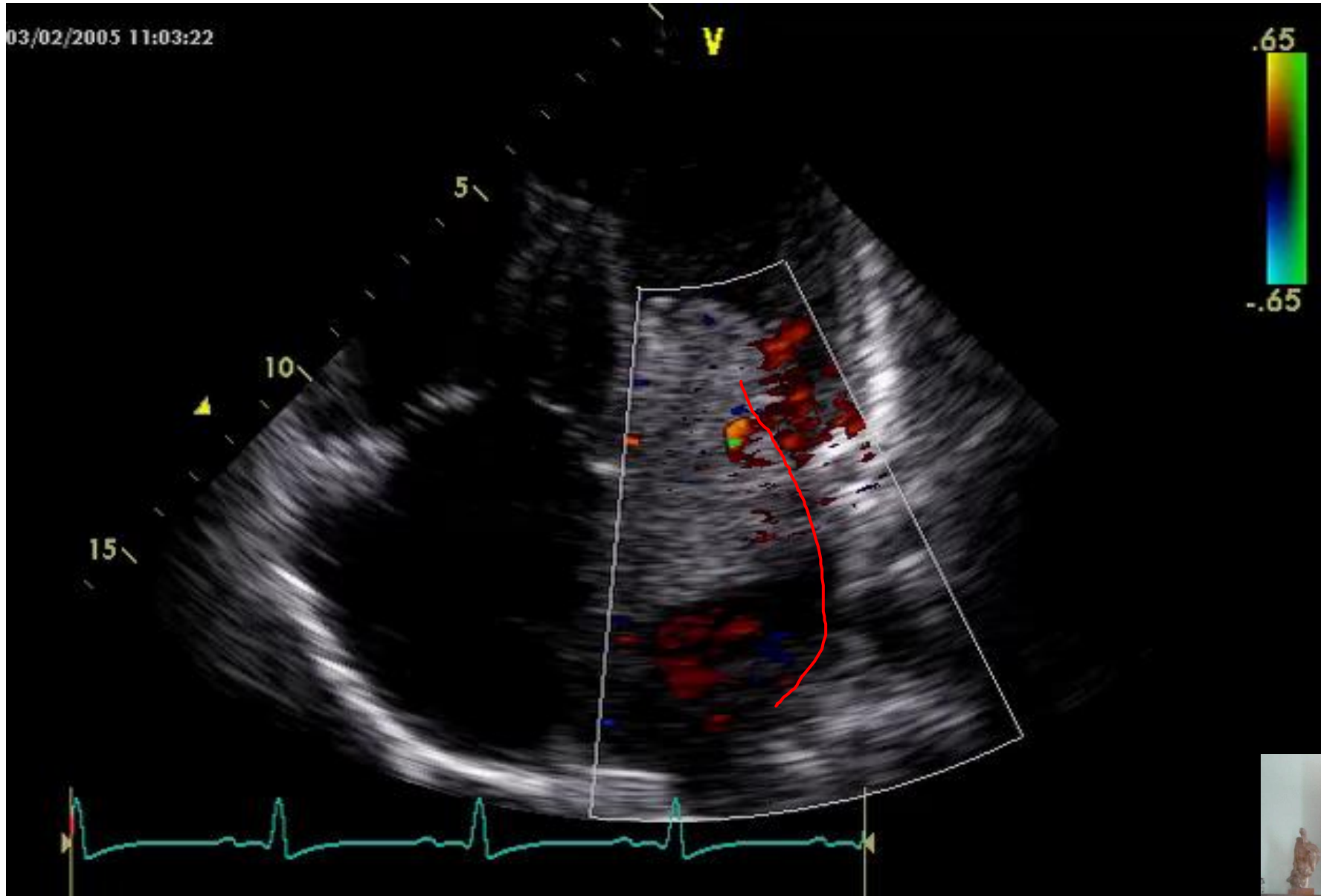








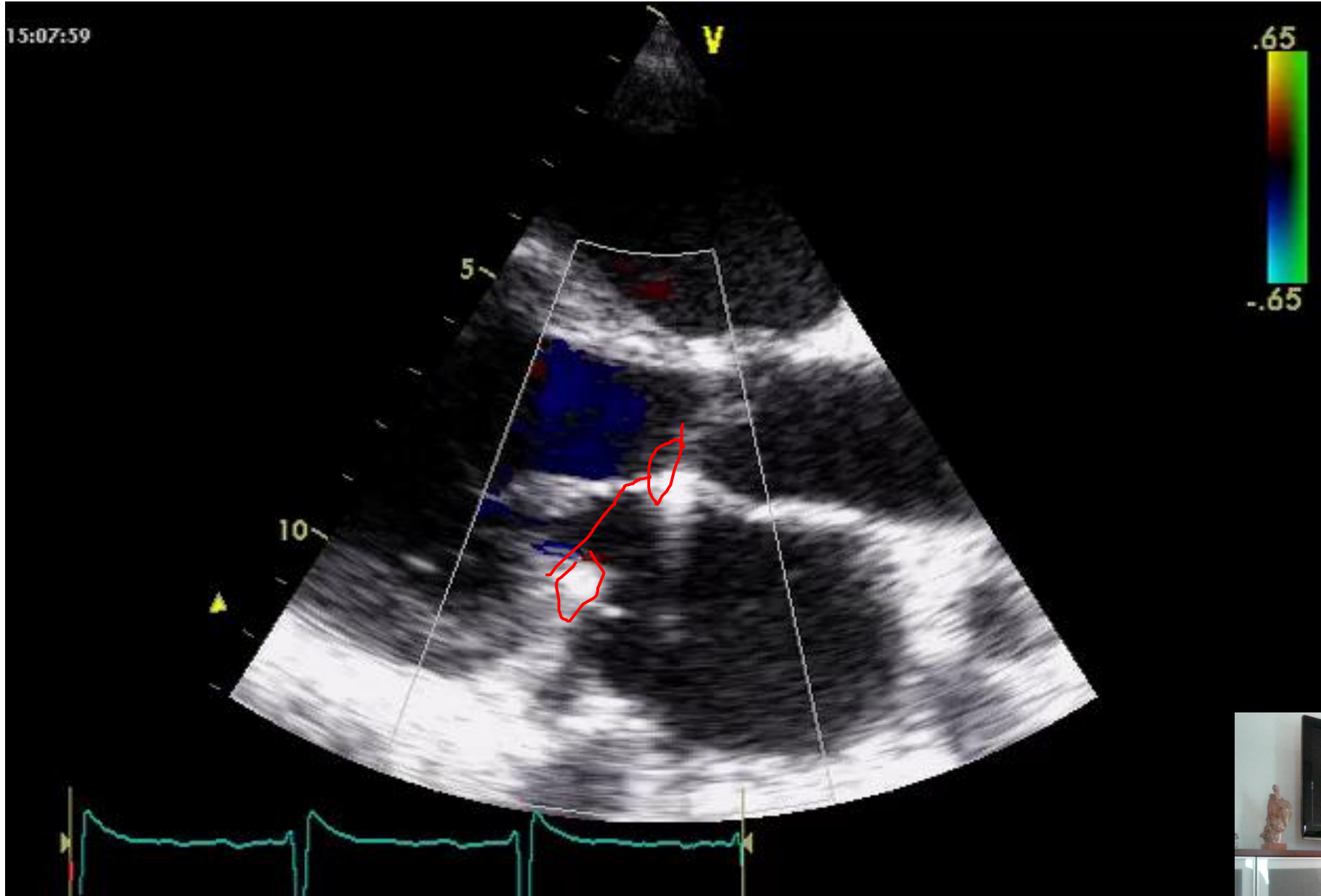


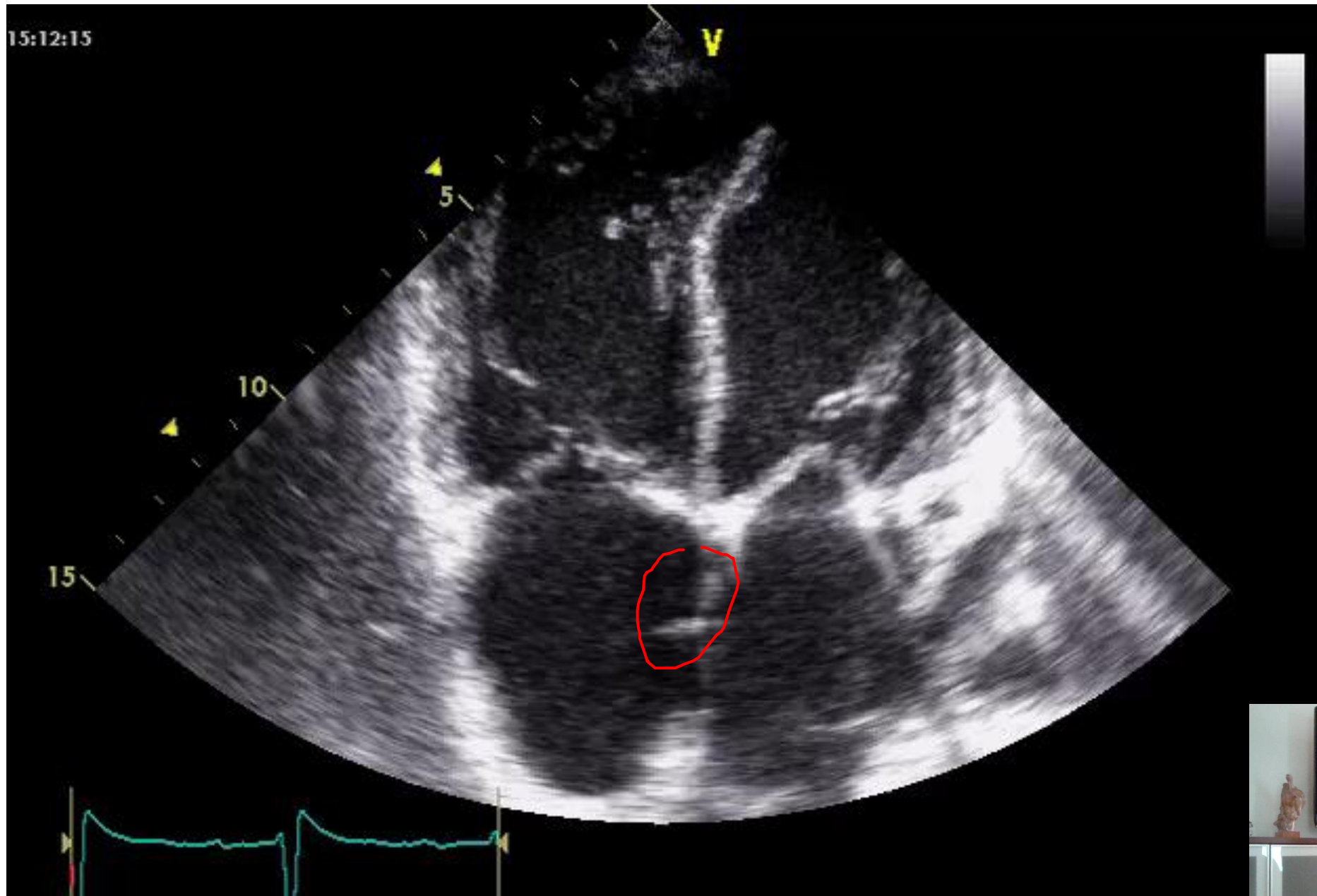


Surgery

- Exstirpation of a tumor 9x4x3 cm
- Implantation of a Physioring No. 30







**LEADING SIGN:
DYSPPNEA**

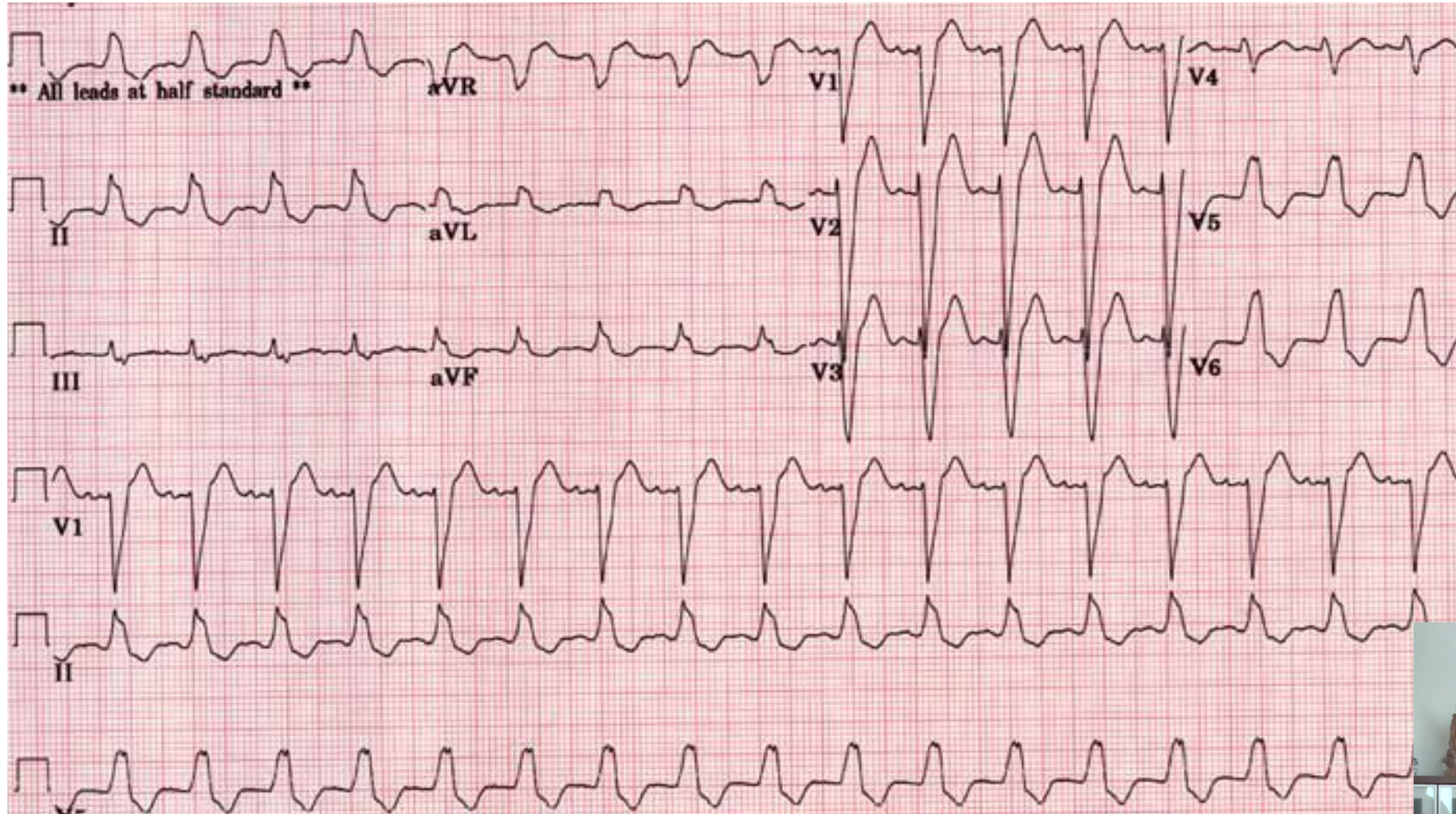


Man, 64 years

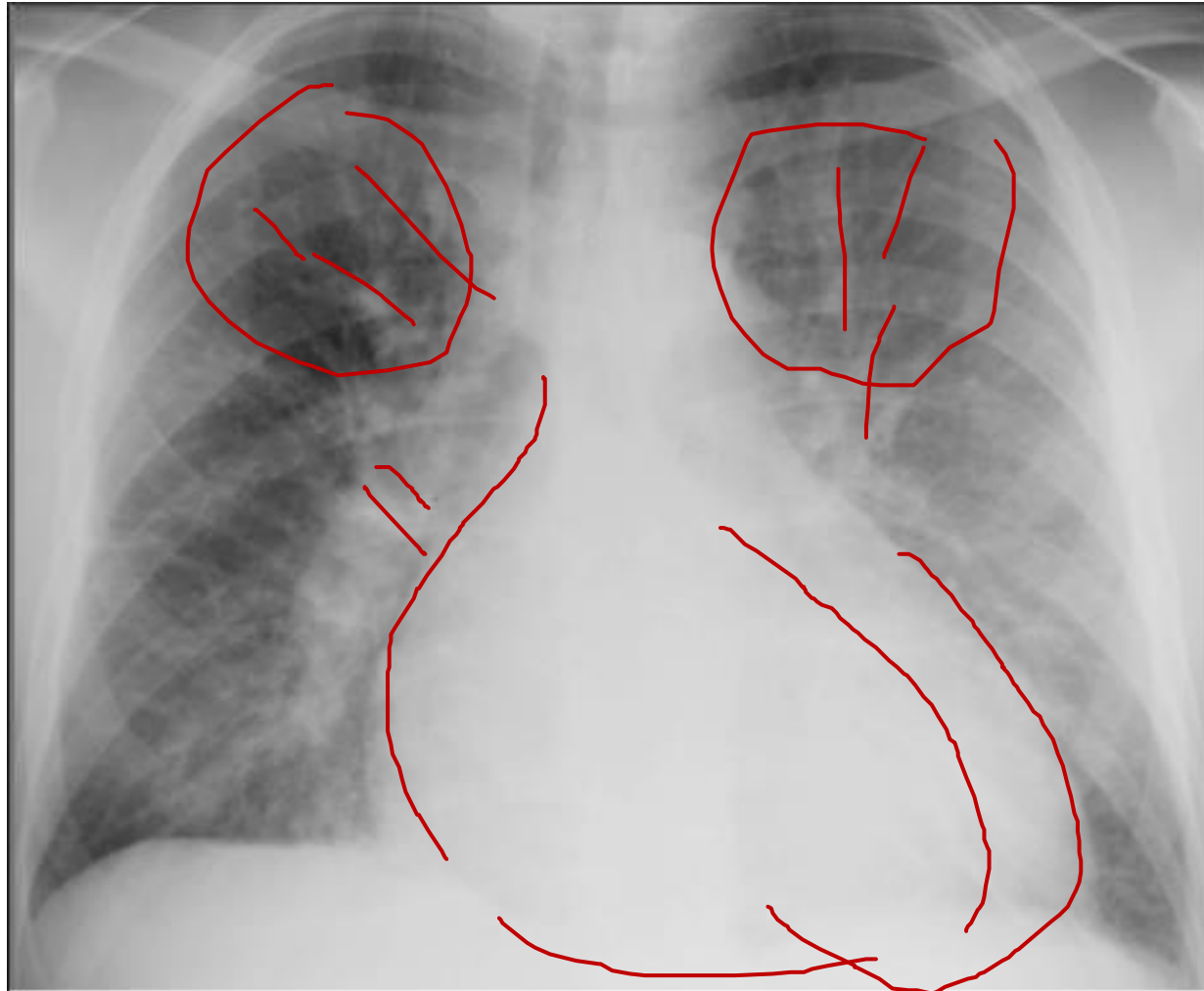
- Type 2 diabetes treated by insulin and metformin
- Arterial hypertension – poorly controlled by medication
- 6 years ago – myocardial infarction treated by direct PCI
- SOB induced by minimal exercise, currently even at rest
- Spells of resting dyspnea at night
- Leg edemas, bloating
- Orthopnea
- Cyanosis
- Poorly filled rapid pulse 96/min
- Tachypnea 28/min, BP 92/64 mmHg
- Multiple rales and rhonchi above both lungs
- S3 gallop
- Systolic murmur above the apex propagating to the axilla
- Distended neck veins
- Hepatomegaly + 4 cm
- Major pitting leg edemas



ECG

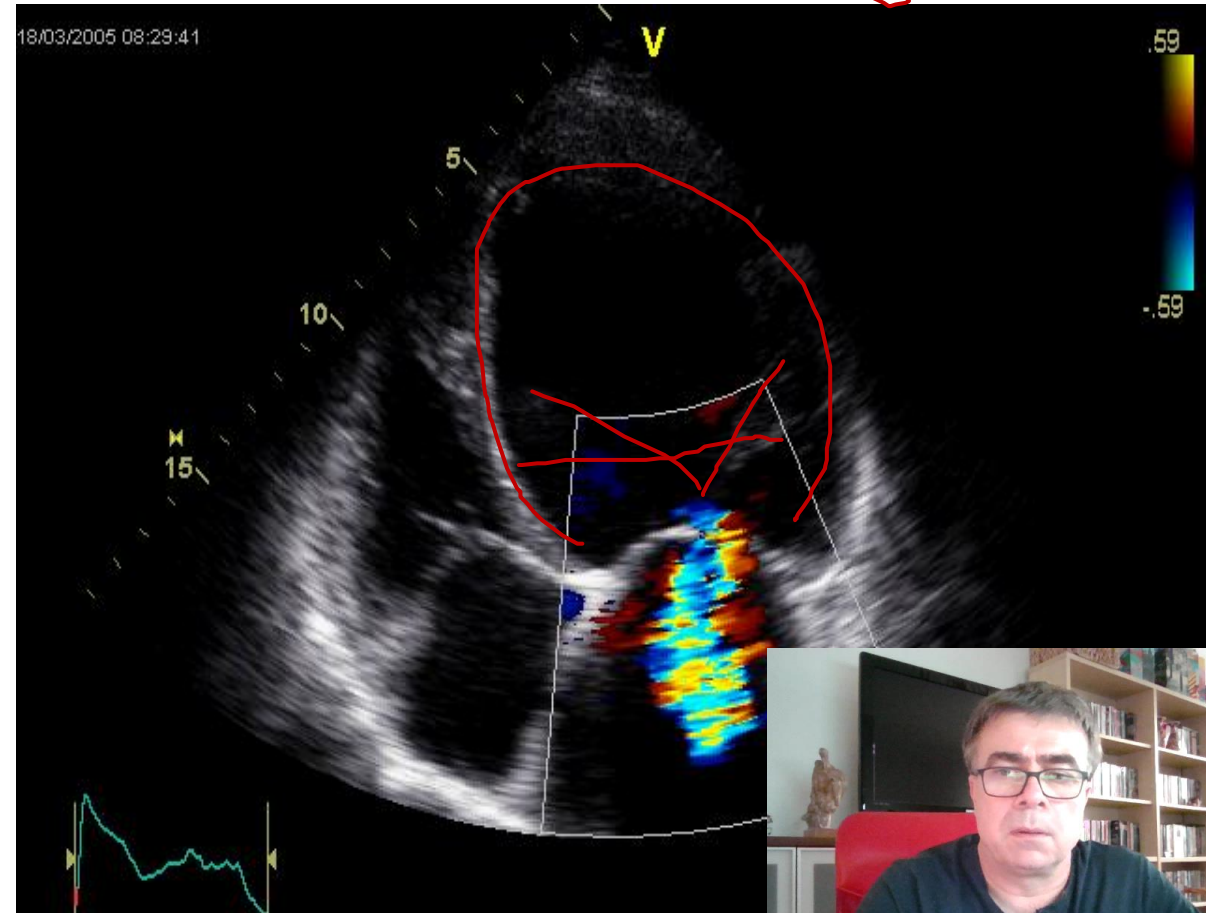
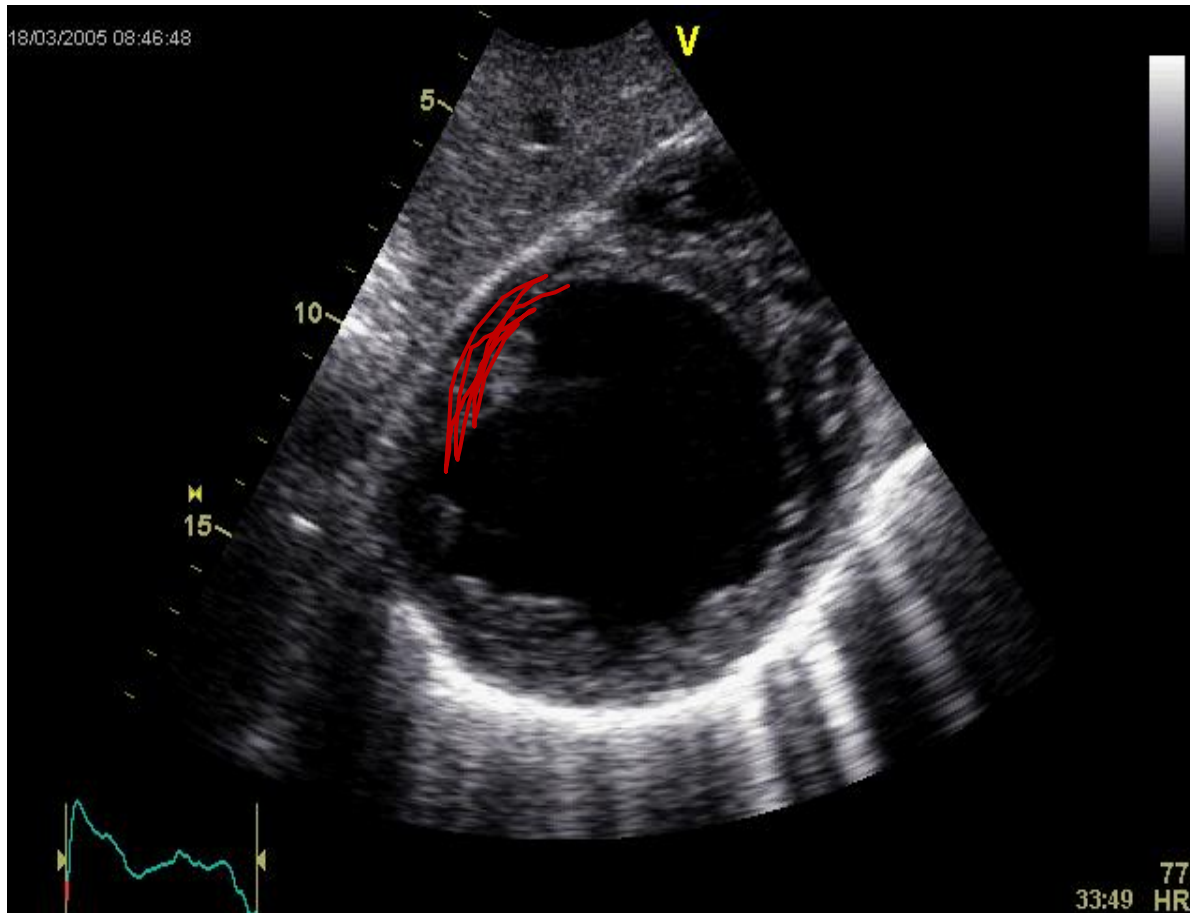


Alveolar pulmonary edema

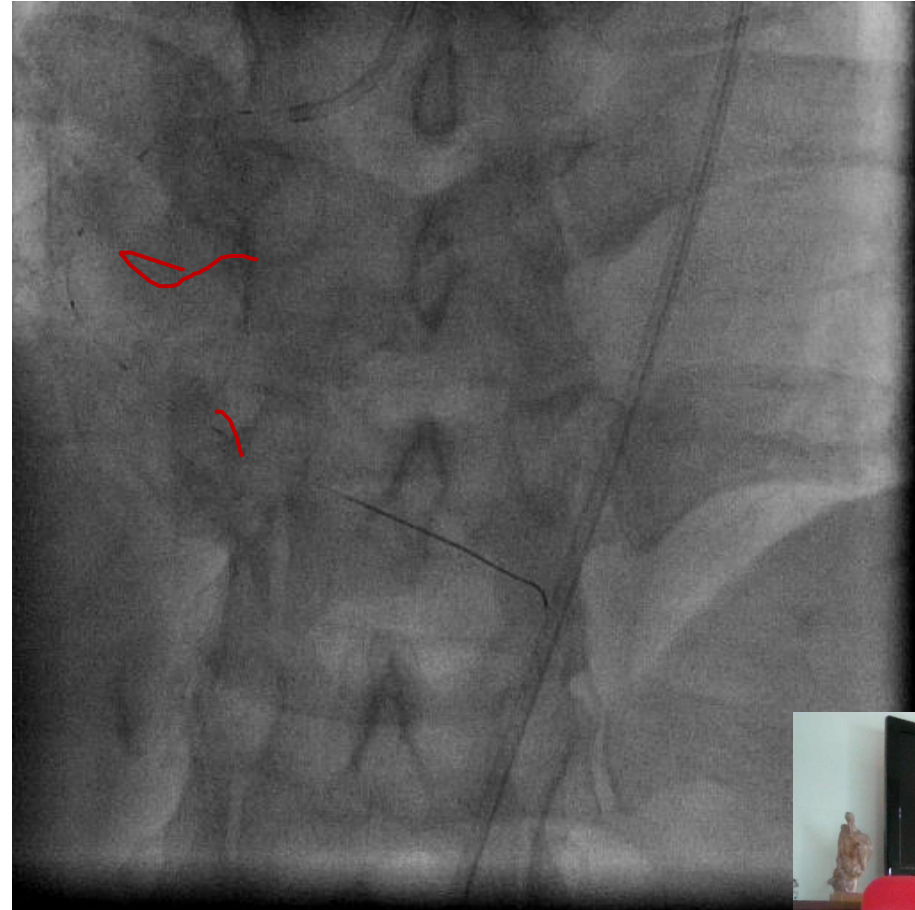
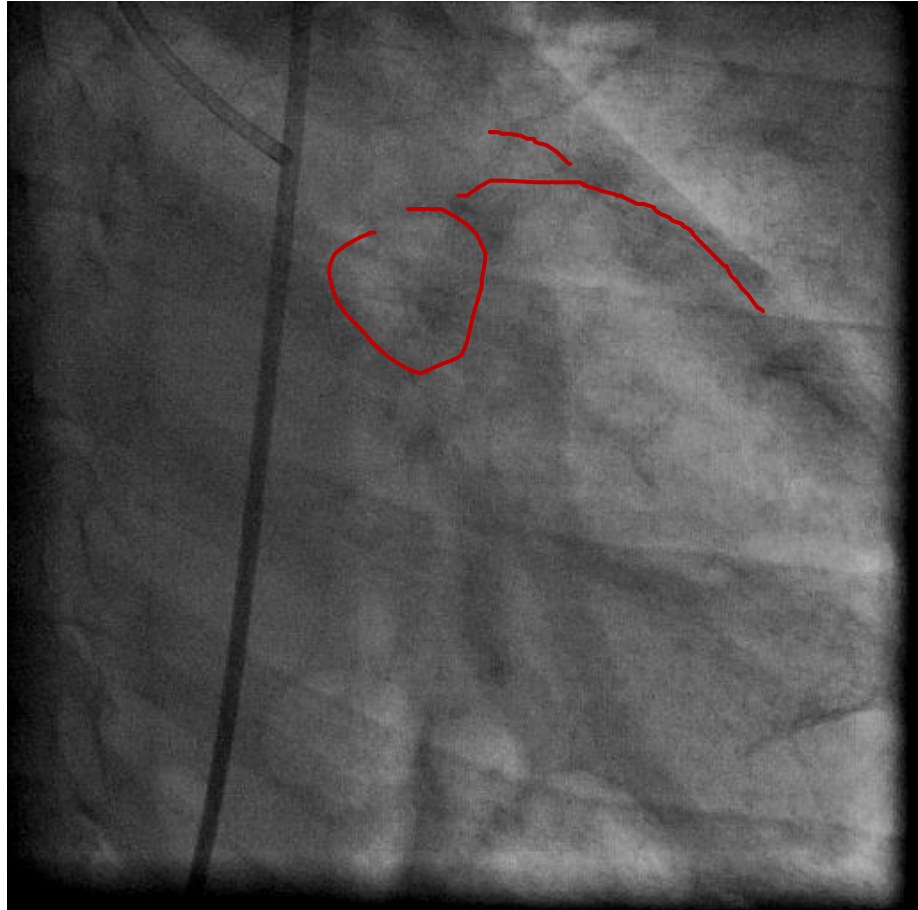


Echocardiography

EF 30%



Coronary angiography



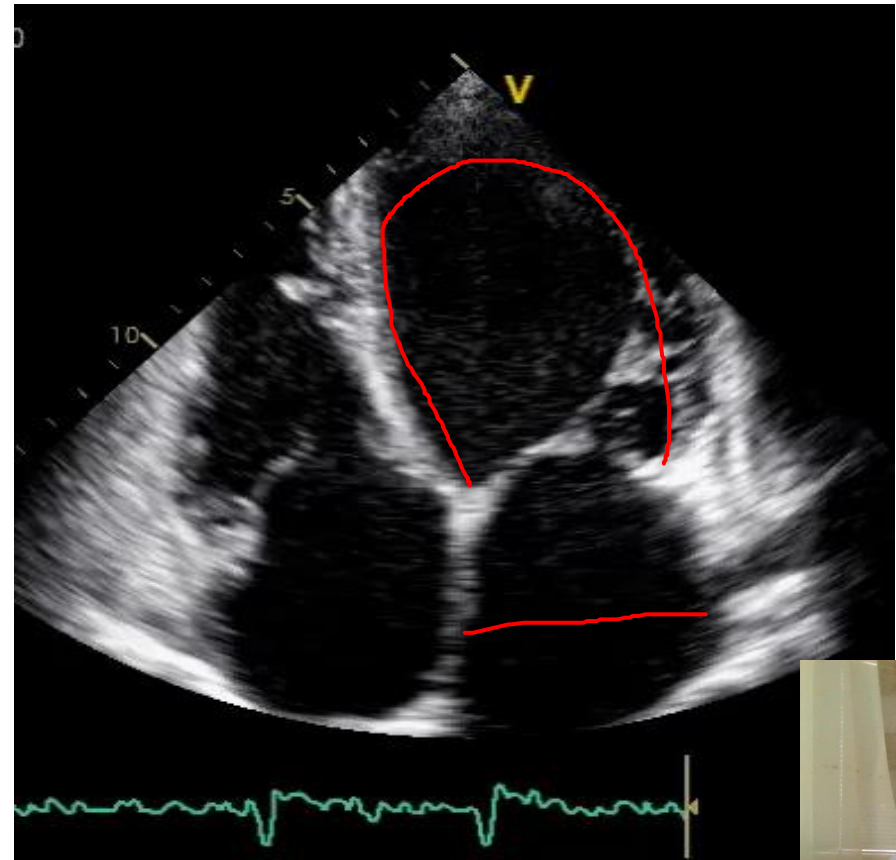
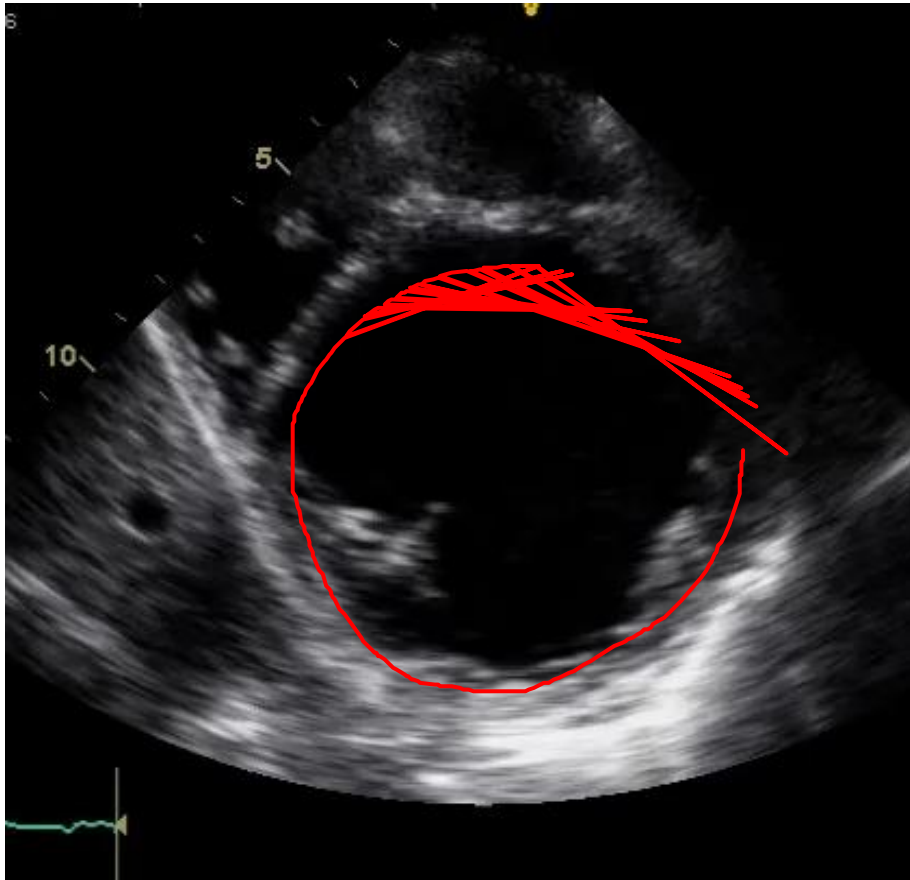
**LEADING SIGN:
DYSPPNEA**

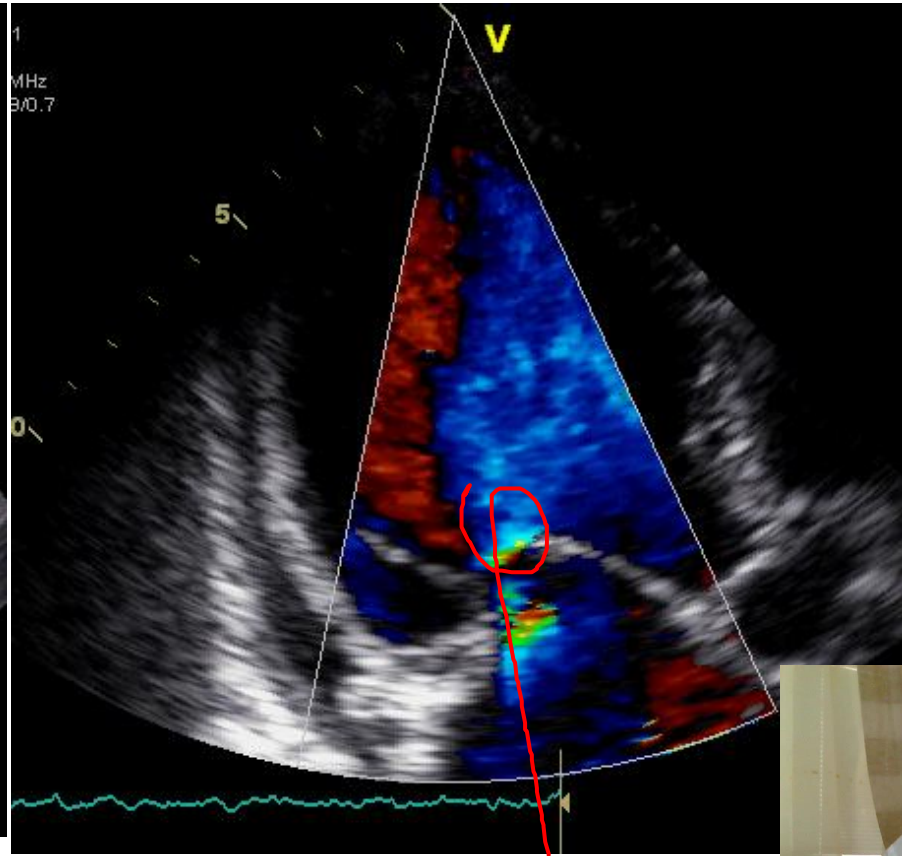
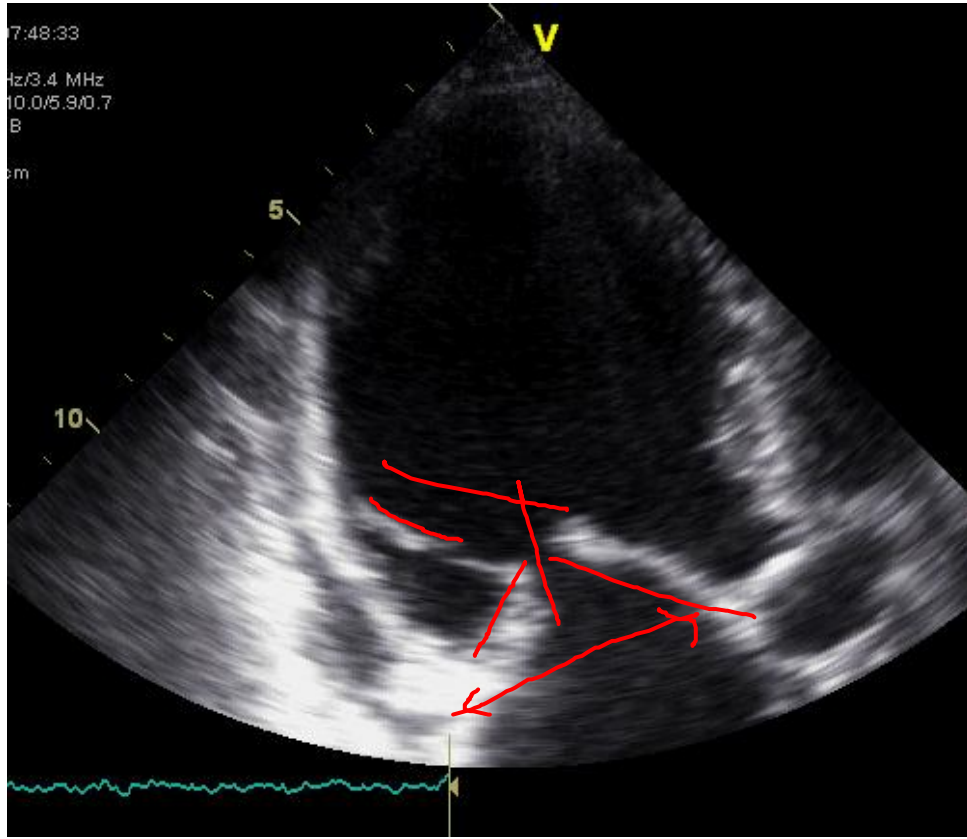


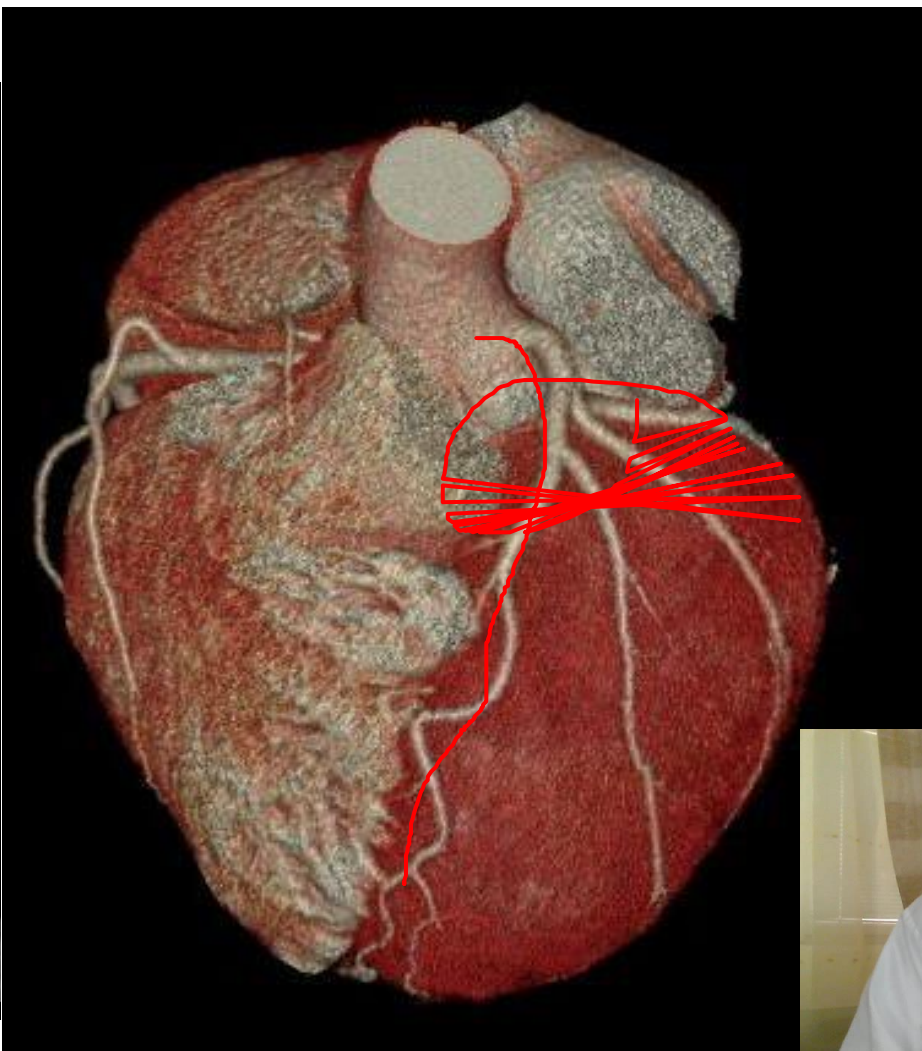
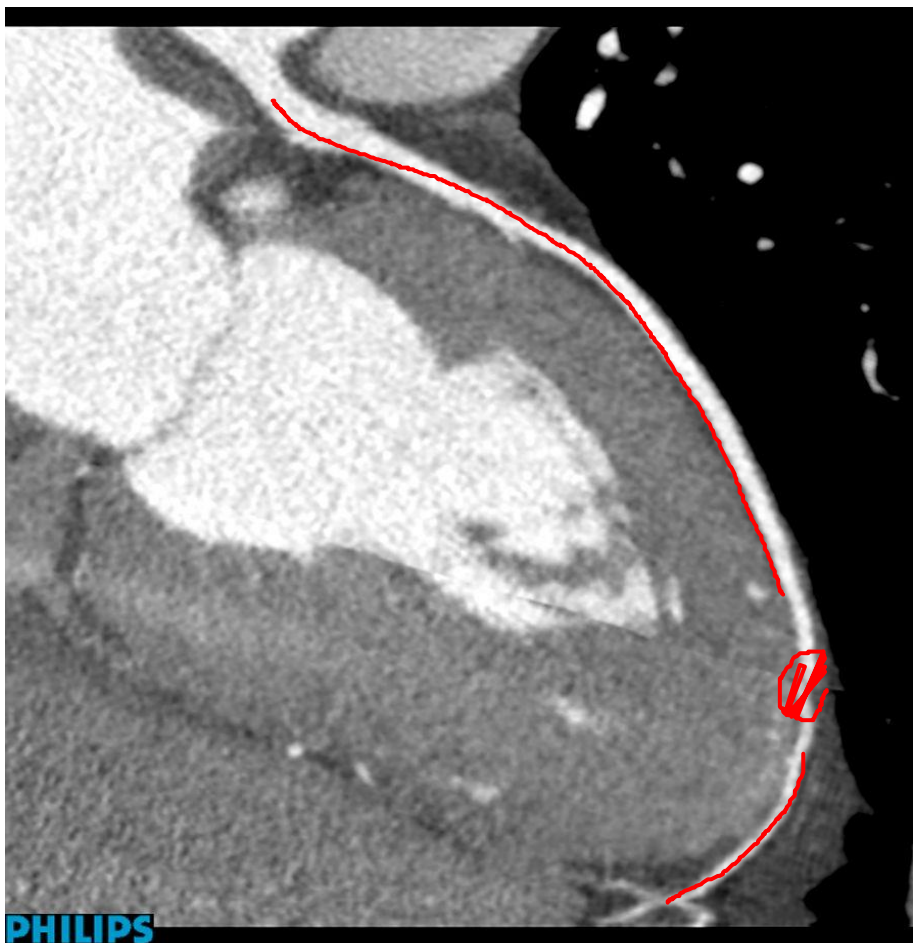
Man, 45 years old

- Progressively worsening exercise tolerance and shortness of breath
- Has to stop after 2 flights of stairs
- So far healthy, manually working, nonsmoker
- Father died at 56 years of age due to heart failure
- Distension of heart silhouette
- Systolic murmur above the apex propagating to the axilla
- No other pathological findings

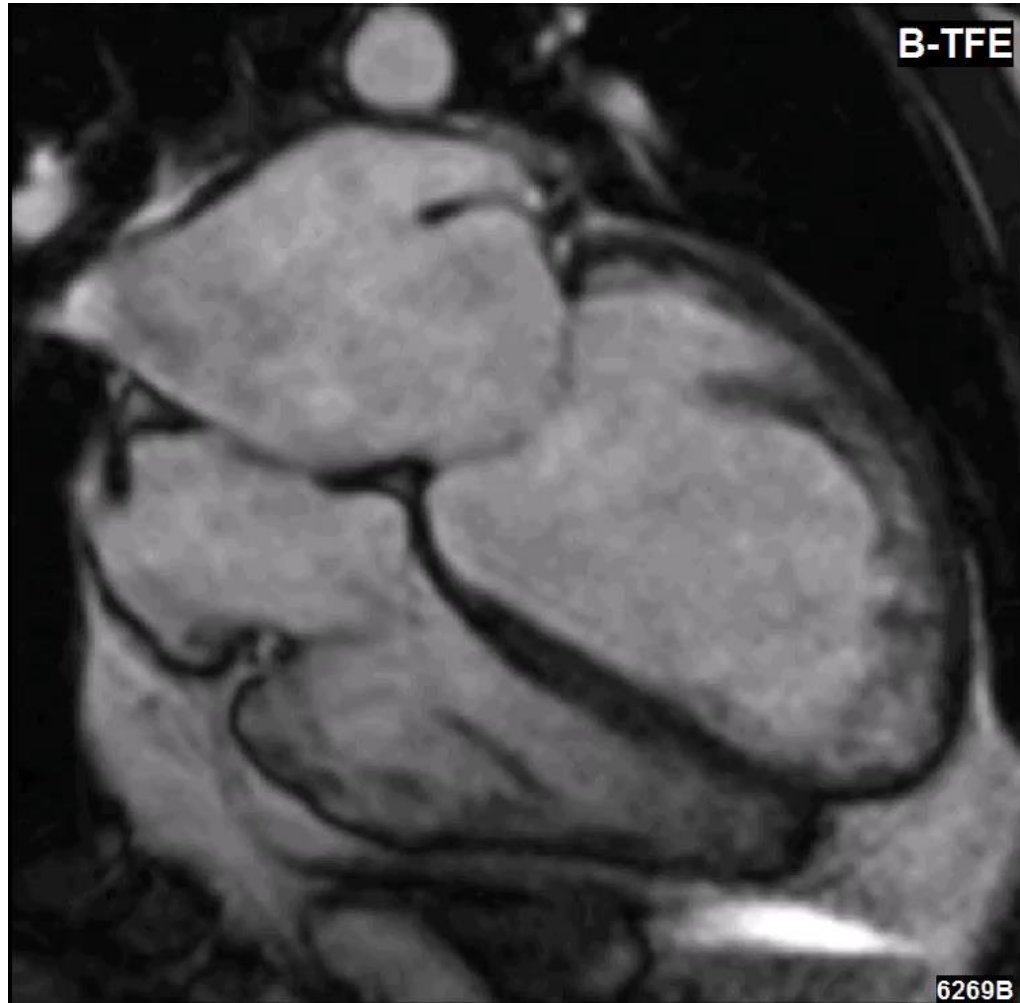








MRI



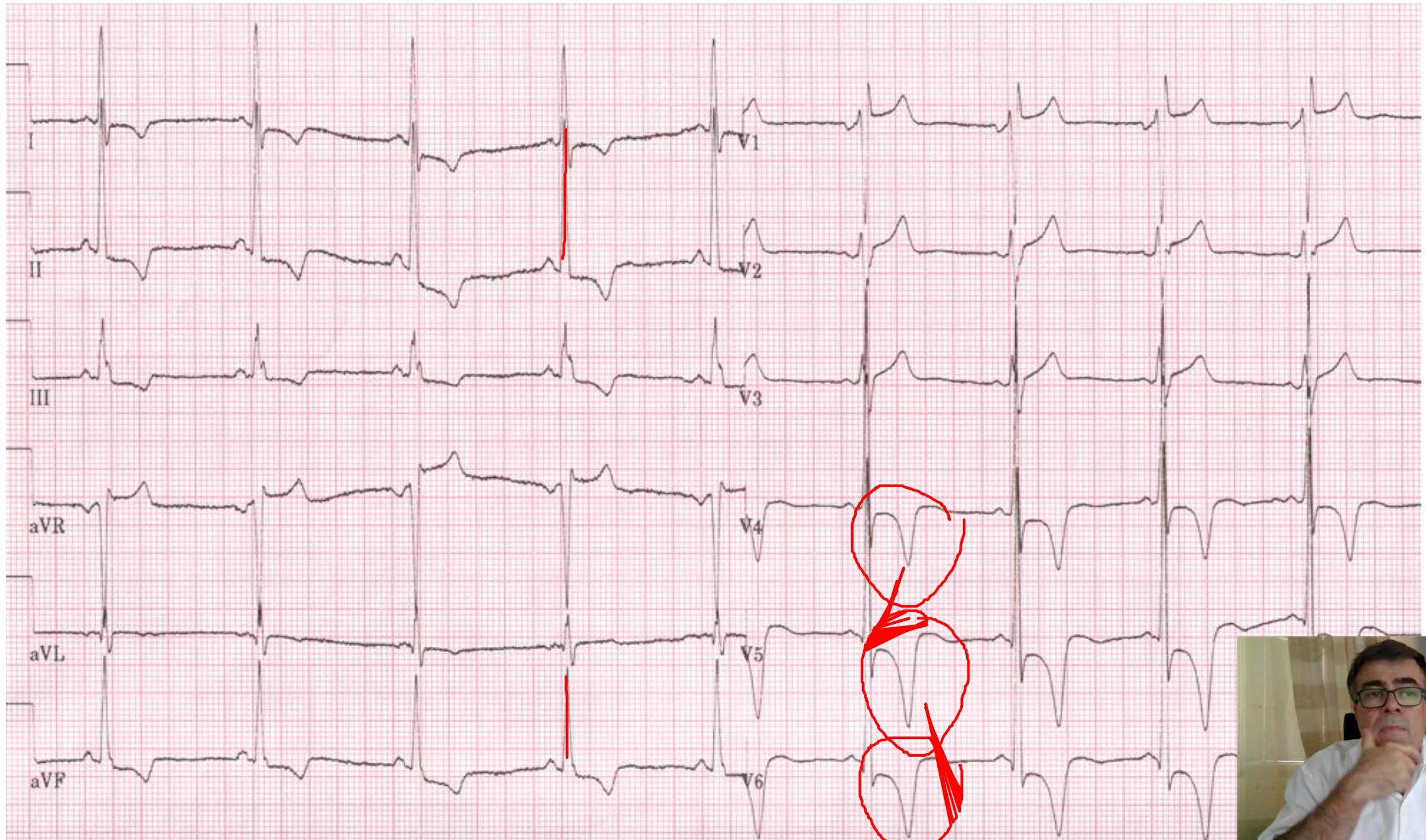
**LEADING SIGN:
DYSPPNEA, CHEST PAIN**



Man, 36 years

- Since childhood had lower physical performance
- SOB NYHA II
- Chest pain upon exercise, particularly after a meal
- Almost fainted several times during or immediately after strenuous exercise
- Smokes 25 cigarettes per day
- Father died at age 45 presumably due to myocardial infarction
- Lungs clear
- HR 75, BP 158/96 mmHg
- Systolic murmur above aorta propagating to the carotids
- The murmur increases while sitting and standing



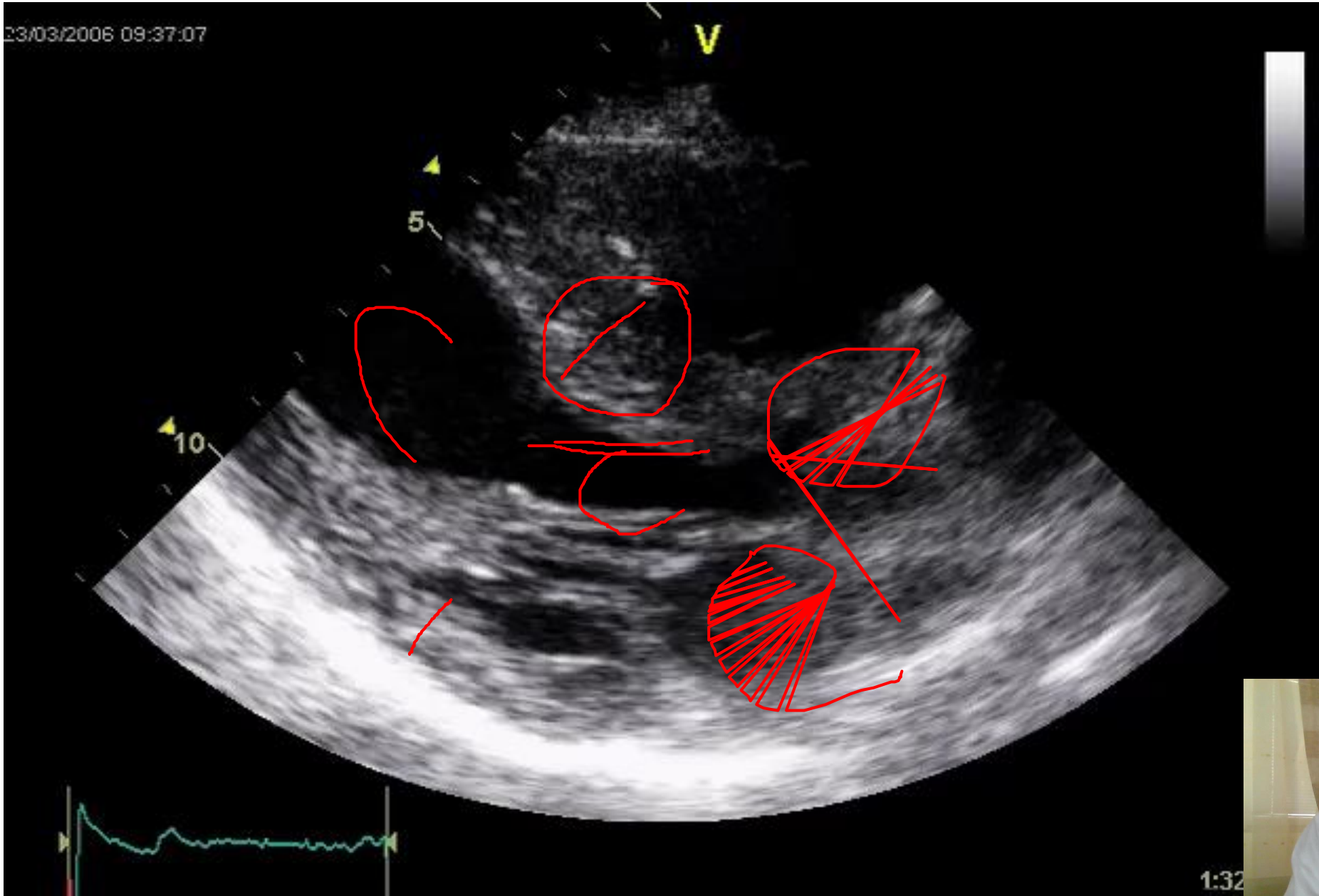


23/03/2006 09:37:07

V

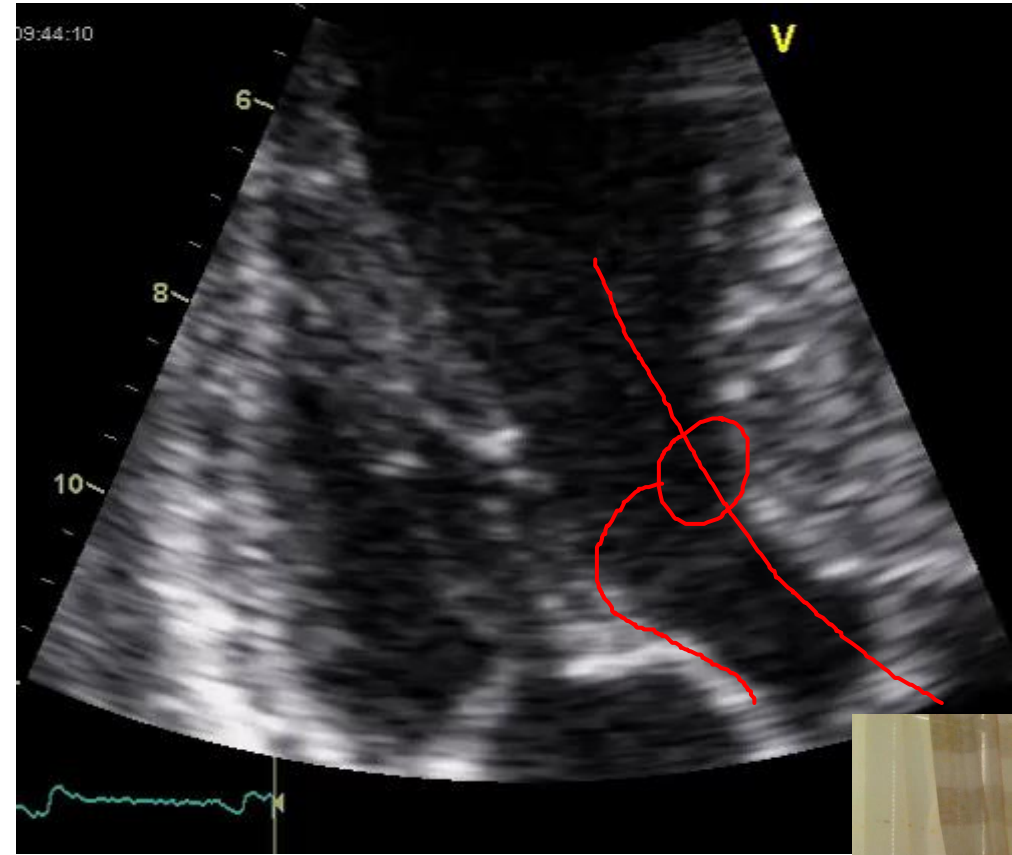
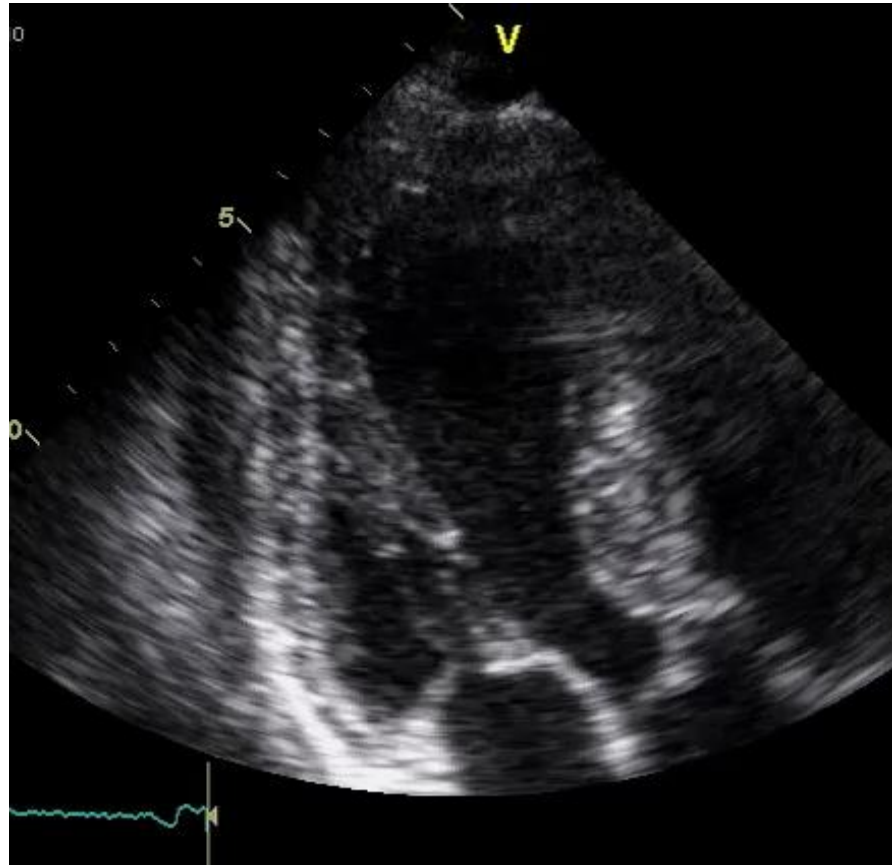
5

10



1:32





Valsalva maneuver



