



9/21/20 Morning Report with @CPSolvers



Case Presenter: Yasir Jaf Case Discussants: Anusha Chidharla(@md_anusha) and Diana Clabots(@dianagarciaotero)

<p>CC: Acute chest pain</p> <p>HPI: 39yM w/acute severe chest pain during the last day. It radiates to throat and umbilicus w/shortness of breath, dyspnea and fatigue. Associated with vomit, throat and oral pain.</p> <p><u>Day before:</u> he had palpitations and loss of appetite. He felt severely weak w/dyspnea after 3 flights of stairs (he was used to them). Palpitations and SOB resolved w/rest.</p> <p><u>Middle of the night:</u> woke up w/sweats, chest pain and palpitations. Resolved w/rest.</p> <p><u>Morning:</u> Had an episode of syncope. Wife tried CPR and was able to wake him up. Then drove to ER.</p>	<p>Vitals: T:37.5 HR:80-90 BP: low, successfully resuscitated w fluids. Was given nitroglycerin RR:15 SpO₂:97 RA W:70kg, H:170cm.</p> <p>Exam: unremarkable</p> <p>Gen:</p> <p>HEENT: normal</p> <p>CV: normal</p> <p>Pulm: normal</p> <p>Abd: normal. Pain in epigastric area.</p> <p>Neuro: Weak, after resuscitation went back to baseline</p> <p>Extremities/Skin: normal</p>	<p>Problem Representation: A 39yM w/no PMHx and a FHx of heart attack presents to the ER w/severe acute chest pain after an episode of syncope. Was hypotensive and responded to fluids. Further workup confirmed RCA occlusion and familial dyslipidemia.</p>
<p>PMH: NA</p> <p>Meds: NA</p> <p>Fam Hx: Mother - Breast Ca Father - Heart Attack w/ CABG.</p> <p>Soc Hx: Normal.</p> <p>Health-Related Behaviors: Very fit patient. Non smoker. Occasional use of EtOH.</p> <p>Allergies: NA</p>	<p>Notable Labs & Imaging:</p> <p>Hematology: WBC:16.1 (N% predominance) Hgb:14 Htc:nl RBC 5 Plt:435</p> <p>Chemistry: Na: K: Cl: CO2: BUN: Cr: nl glucose: 143 Ca:nl Phos: Mag: AST: ALT: Alk-P: T. Bili: Albumin: Troponin: 7-8 LDL: 365</p> <p>Imaging: EKG: ST elevations in lead II, III, aVF, aVL. Angio: R coronary artery 60-70% occlusion. Tx w/stent.</p> <p>Father records showed high lipid values as the patient.</p> <p>Final DX: STEMI R coronary artery w/ familial dyslipidemia.</p>	<p>Teaching Points (Kiara):</p> <ul style="list-style-type: none"> ● Acute chest pain: <ul style="list-style-type: none"> - 4 Heart: ACS, dissection, tamponade, takotsubo - 2 Pulm: PE, pneumothorax - 2 Esophageal: Rupture, impaction ● Alcohol -> AF ● Syncope: Cardiac(PE), hypovolemic(hemorrhage), vasovagal(prodromal?), arrhythmia(AF, tachy, brady), drugs. ● ST↑ II,III, AVF: Inferior wall AMI in young (cocaine, BMI, family hx) ● Right coronary artery -> check conductive system! ● Reciprocal ST seg depression: True ST elevation MI ● Young -> lipid panel (familial hypercholesterolemia) ● Cath: Check if multivessel, if only RCA (thrombus) -> palpitations, infiltrative (amyloidosis), hypercoagulability sd. ● Eco: Infiltrative diseases, hypercoagulability predisposing to thrombosis ● LDL↑ (familial hypercholesterolemia)