9/27/22 Morning Report with @CPSolvers

***Case Presenter**: Dr. Sanjay A. Patel (@buckeye_sanjay) **Case Discussants**: Ravi Singh (@rav7ks) and Nikitha Crasta (@NikithaCrasta)*

CC: 44yF after passing out

HPI:

- Started running, felt lightheaded
- Lost consciousness for a few sec,
- Running late for work, no head injury
- ROS: normal, denies N/V, fever, chills and diarrhea
- Intermittent headache for couple weeks, anxiety, stressed at work
- Not able to walk as far as she used to
- A few episodes of passing out in her 20s

PMH:
Anxiety
Iron def. anemia
Depression
Sinus node dysfunction (pacemaker)
h/o IDA
Meds:
Sertralin
Alprazolam

Fam Hx:
Adopted, unknown

Soc Hx:

Health-Related Behaviors:
Single,
No smoking, alcohol or drugs hx

Allergies:

Vitals: **T**: 98.3 °F **HR**: 70 **BP**:149/93 **RR**:16 **SpO_2**: 90% room air
Exam: BMI 41
Gen: comfortable, no acute distress
HEENT: no icterus or pallor, normal oropharynx, eyes+CN normal, no thyromegaly, no LAD
CV: JV distention, normal S1+S2, 2/6 holosystolic murmur L lateral sternal border,
Pulm: clear to auscultation
Abd: soft, non tender, no obvious hepatosplenomegaly
Neuro: alert, oriented x3
Extremities/Skin: (pedal?) edema, no clubbing, cool to touch

Notable Labs & Imaging:
Hematology:
WBC: Hgb: 19 MCV 91 Plt:137
Chemistry:
Electrolytes normal
Trop 37, NT-proBNP 9100, Bili 1.7, ALT+AST moderately elevated, no cirrhosis
HIV neg, ANA (ENAs) negative
Imaging:
EKG: HR 70, L + R atrial enlargement, **RVH**
CXR: lung fields clear, cardiomegaly
Polysomnography: mild OSA
V/Q scan: small symmetrical perfusion defects,
RH catheter: mean PAP: 67 mmHg, Wedge 13, no vasoreactivity, PVR 21
TTE:
PLAX: L atrial dilation, RV Dilation;
PSAX: RV enlargement (D-sign), flattening of IV septum, small pericardial effusion,
A4C: RV dilation; IVC dilated
Moderate tricuspid regurgitation; slight hypokinesis of RV, but was not felt to be ischemic, rather more a global dysfunction
CT-Angio: no PE, PA dilated, small pericardial effusion

Final dx: Pulmonary HTN Type 1 (idiopathic)

Problem Representation: 44 y/o obese Female presenting with repeat Syncope, signs of right ventricular strain on ECG and Echo. Lab remarkable for Polycythemia.

Teaching Points (Lea):
Syncope: Cardiac, Orthostatic, Reflex/vasovagal. -> look for associated Sx. (Exertional, low Volume, prodrome, trigger). ***PE!***
Mimics: Stroke, Seizure, Sugar

Arrhythmia + repeat Syncope:
Ictal Bradycardia: Seizure associated, treat epilepsy.
Brugada, Long-QT, Infections (Lyme, Chagas), Infiltrative (Sarcoidosis).

Previous ECG, examinations, lab values

Systolic Murmur: TR, MR, AST, PST
Isolated Right heart, vs left->right heart failure
Congestive state -> high NT-proBNP
Polycythemia: chronic hypoxia, Polycythemia Vera

PLAX-Rule of 3s: RVOT, Aorta, Left Atrium (should be same size)
PSAX: D Sign (flat interventricular Septum) = elevated RV pressure
4 CV: normal: left apex 'higher'/prox to probe than right one.
Right VE is max ⅔ of left VE (right VE Dilation?)

JVP on clinical exam -> IVC on echo

Pulmonary HTN: 5 Groups. ECG signs of RV Strain. Echo. Right heart catheter: PAP, Wedge, PVR.