



# 12/17/24 Morning Report with @CPSolvers



"One life, so many dreams" Case Presenter: Vinicius (@vinibarzon) Case Discussants: Ravi (@rav7ks) and John Black (@JohnJM\_Black)

**CC:** 82 year old presented to cardiology OPD for routine examination with Hb of 6.6g/dl.

**HPI:** He reports progressive dyspnea on moderate exertion over 01 week ,denies dyspnea/PND, have resting angina with last episode occurring last night,radiating to back and it improves with isosorbide, recently frequency and intensity of his angina started increasing. At the time of evaluation he only complaint of fatigue and denies dyspnea,chest pain.GI bleeding is uncertain,as his home toilet is dark and not observed any changes in stool odor.

**PMH:** Mild aortic stenosis (Hx of 2 MI), Chronic occlusion of stent in mid LCX , HTN,COPD,CKD-3a, Ischemic cardiomyopathy

**Meds:** Aspirin(100mg), Simvastatin(80mg), Enalapril(20mg-BD), metoprolol(25mg-BD), amlodipine(5mg), furosemide(40mg), alenia(400/12mg)

**Fam Hx:**None

**SocHx:** None

**Health-Related Behaviors:** Ex-smoker(80 pack year),denies alcohol or drugs

**Allergies:**None

**Vitals:** T: afebrile BP:110/60 RR: 15 HR:80 Sat:95 RA

**Exam:** Gen: mild pallor, hydrated,no jaundice,no cyanosis

**HEENT:** wnl

**CV:** distant heart sounds,systolic ejection murmur 4+/6 at aortic focus radiating to carotids, no JVP distension, pulsus parvus et tardus

**Pulm:** vesicular breath sound, diffuse wheezing

**Abd:** soft , non tender

**Neuro:** GCS:15/15 **MSK:** Normal **Extremities:** normal

**Notable Labs & Imaging:**

**Hematology:**  
WBC: 3.74 Hgb:6.6 (baseline:8.5-9) Plt:159 Hct:21.7 MCV:

**Chemistry:**  
Na:138 K:5.1 Cr:2.1 BUN:85 Ca ionized: 1.22 (high)  
Coagulation profile:normal  
LDH,Vit B12,Folic acid: normal  
Serum iron:25(dec) , ferritin 20(dec) , TIBC:400 , iron saturation: 6% (dec), reticulocyte count:1%  
FOB: positive

**Imaging:**  
EKG: LVH with low voltage, enlarged left atrium  
Echocardiogram: EF:62%, eccentric hypertrophy with segmental wall motion abnormalities,mild mitral valve calcification, mild MR , aortic wall thickening with severe stenosis and moderate insufficiency  
CT Angiography : Normal  
Colonoscopy: Angiodysplasia in cecum and ascending colon , colonic diverticula

**Dx:** Heyde Syndrome

**Problem Representation:** 82 year old male presented with dyspnea on moderate exertion,resting angina ,systolic ejection murmur 4+/6,pulsus parvus et tardus, Hb:6.6 (baseline 8.5-9),iron studies deranged,positive FOBT, colonoscopy shows angiodysplasia in cecum and ascending colon.

**Teaching Points: ( Hee Mun)**

**Approach to 82-year-old male with Hb 6.6** (ask tempo/asymptomatic → chronic process):EMS vs Clinic referral : Confirm hb(lab error) again - no acute bleeding.Where did blood go?:What caused chronic anemia?

**Chest pain (worse exertional):** Rule out ACS, aortic dissection, PE, pericarditis, tamponade → Angina (↓ cardiac O2: stenosis, rupture, thrombosis) → Anemia worsens O2 delivery.

**Treat ACS vs Not:** Nitrates (vasodilation) reduce blood flow, trigger chest pain, and can worsen acute hemolytic anemia//Severe AS: SAD (syncope, angina, dyspnea). vWF/AV malformation(Heyde syndrome) → ( hemolysis↑ LDH, ↓ haptoglobin, schistocytes)

**Physical exam:** AS: Narrowed PP not seen (anemia ↓ DBP), pulsus parvus et tardus. ↓ LS → hyperinflated lungs (hx smoking), wheezing → COPD exacerbation.

**LAB:** WBC & PC borderline N → possible pancytopenia in IDA, ↓ RC. Stable VS → chronicity (CKD, AS). Bleeding/hemolysis can have ↓ Retic, not just production issues. → EKG ( troponin)FOBT, DRE. POCUS. BPH

**Severe AS:** ↑ cardiac demand worsens ACS, EKG: LVH (chronic afterload). Still working → hemolysis & GI blood loss.->Valve replacement for severe AS: Endovascular TAVR indicated vs SAVR. BUN/Cr >30 → suspect upper GI bleed

**Heyde Syndrome links** AS with GI bleeding due to angiodysplasia, where turbulent blood flow in severe AS causes vWF degradation, leading to acquired vWD and impaired hemostasis, while angiodysplasia results in fragile-bleeding-prone vessels