

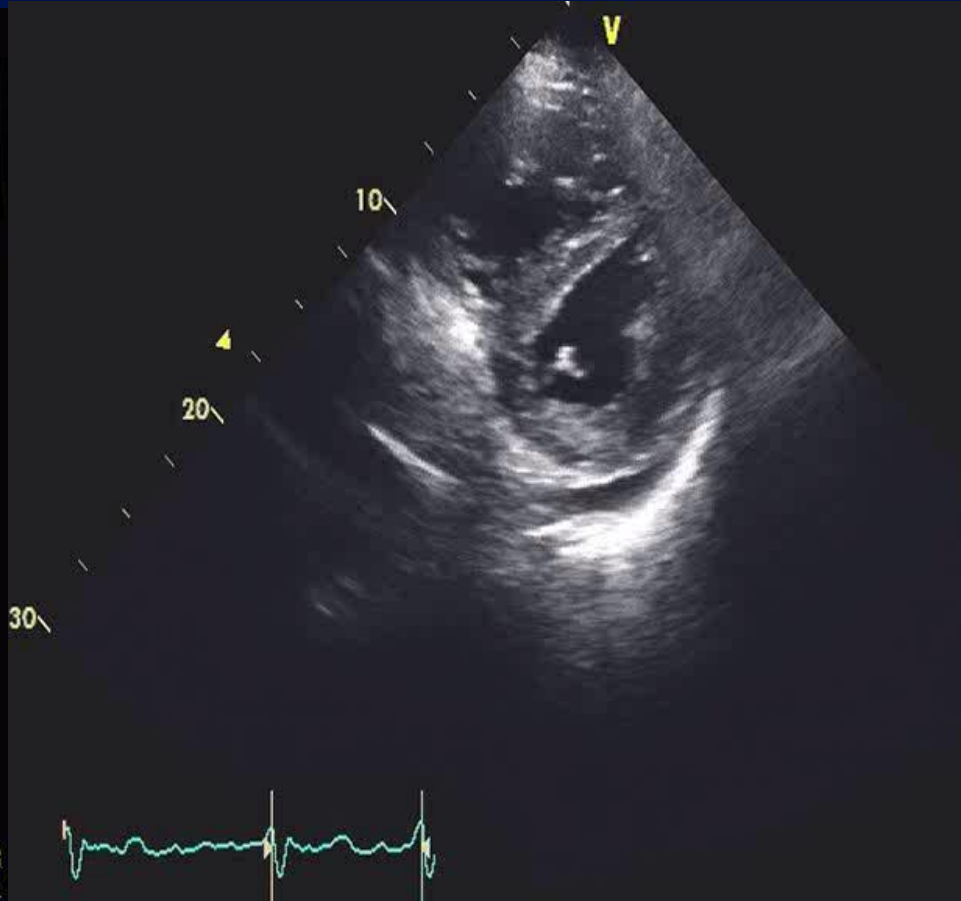
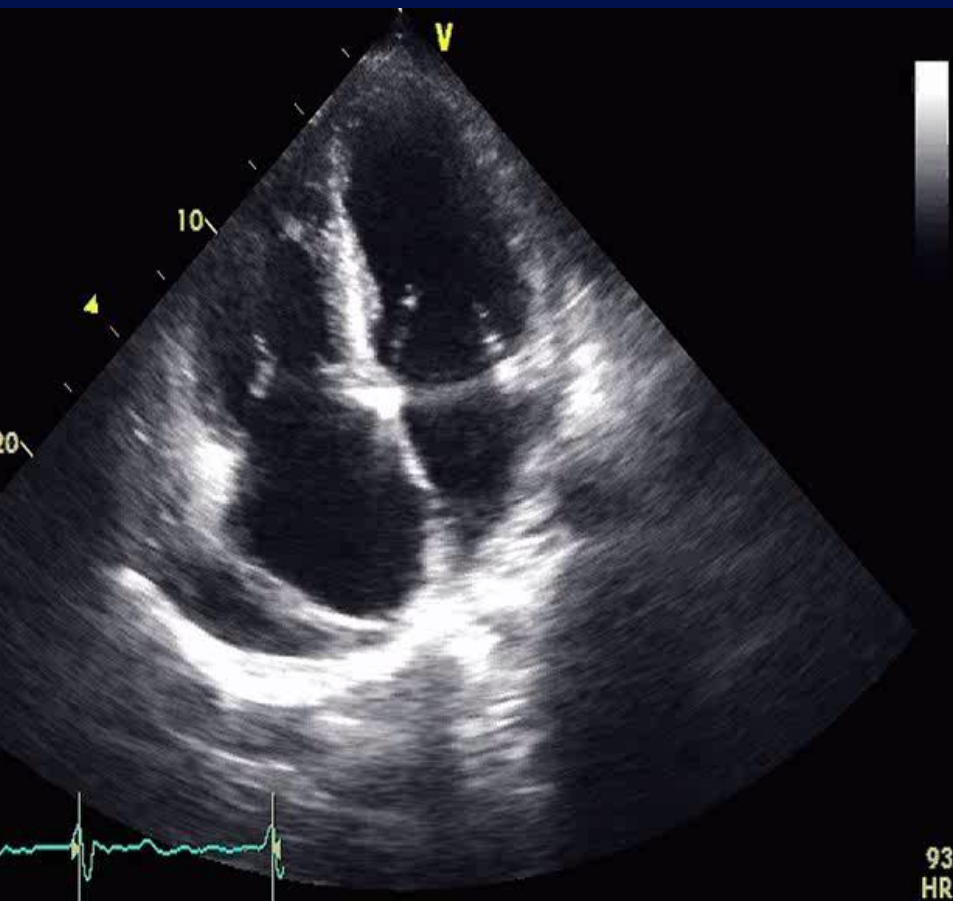
Case History

- ◆ Male, 53y
- ◆ HTN, NIDDM, obesity
- ◆ Permanent AF on OAC– 1y
- ◆ Dyspnea – 2W + leg edema

Physical Exam

- ◆ HR 99/min irregular, BP 171/96 mmHg
- ◆ O₂sat=96%
- ◆ JVP ↑↑
- ◆ Lungs: Rt lung crepitations
- ◆ Heart: “SM 2/6 all over”
- ◆ Abdomen: fat
- ◆ Peripheral edema +++
- ◆ ECG: AF, QRS axis +150°

TTE from ED – Anasarca?

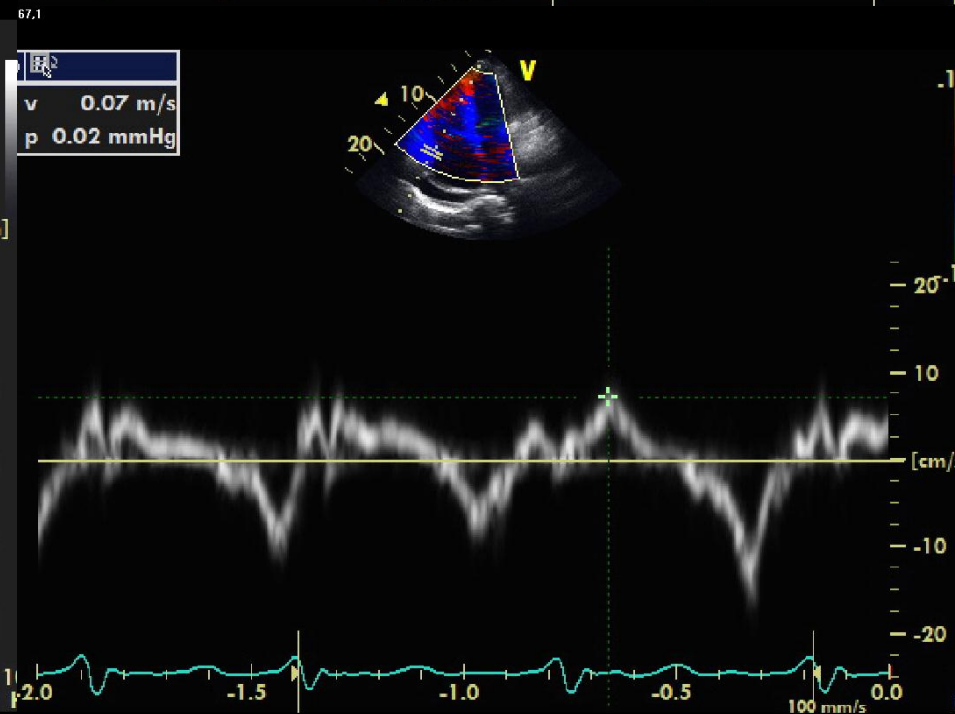
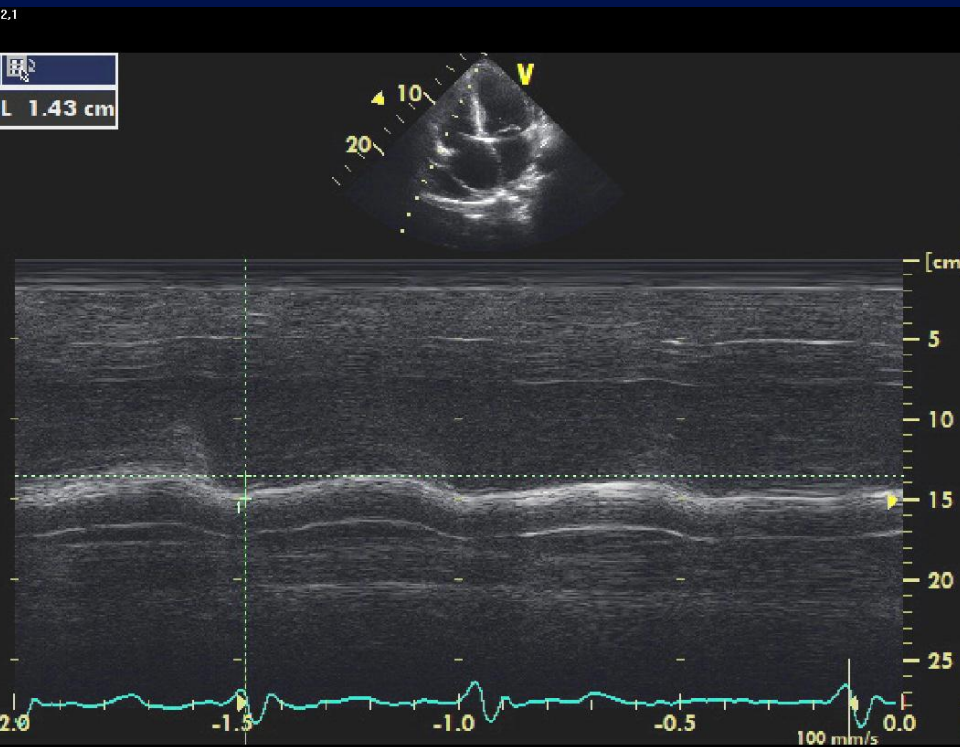
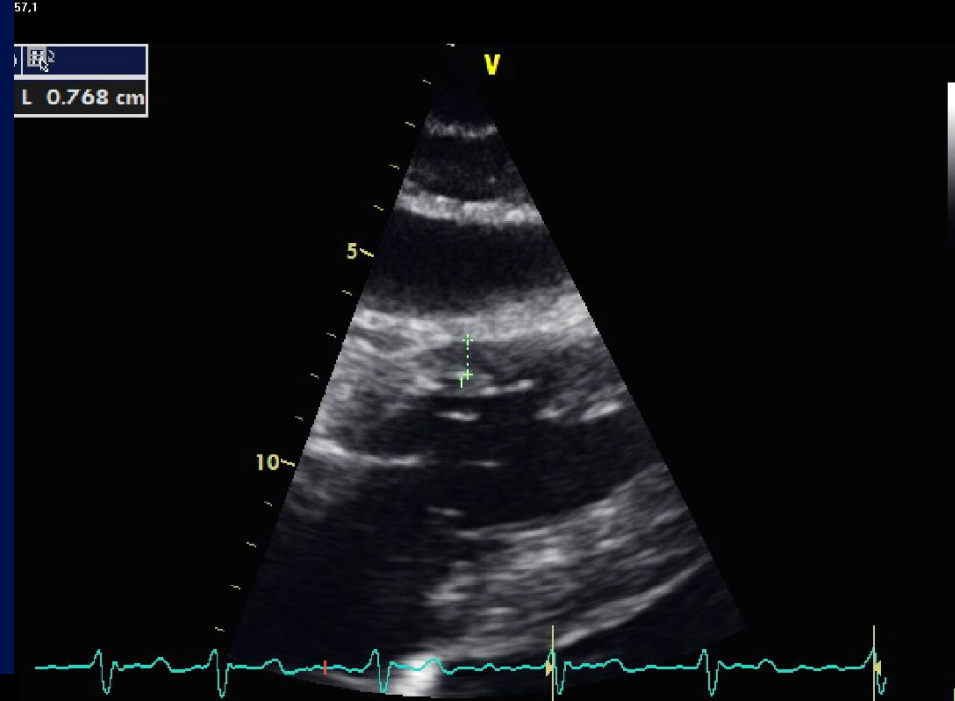


RV wall thickness=8 mm

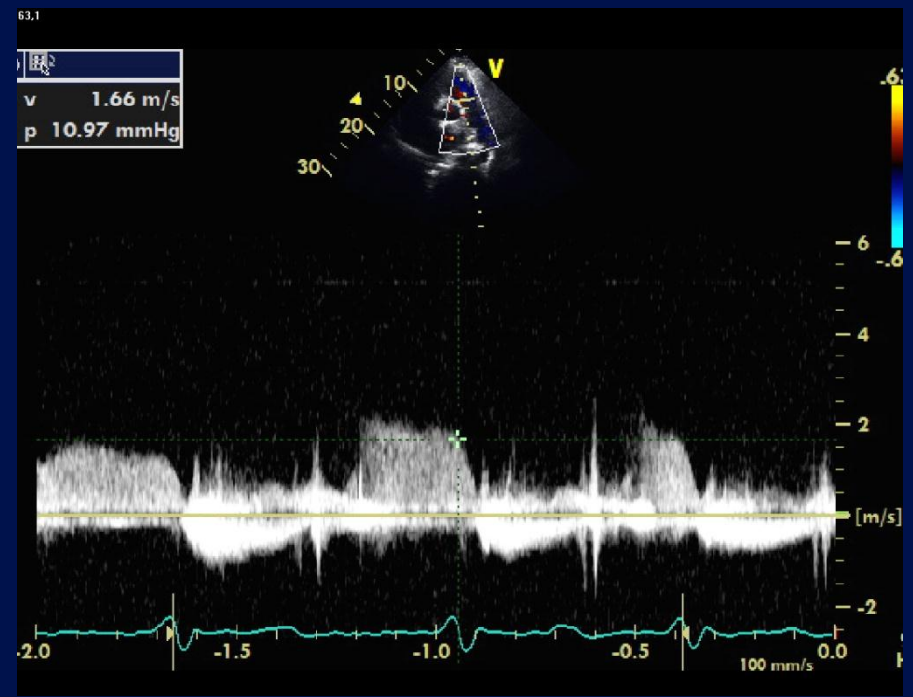
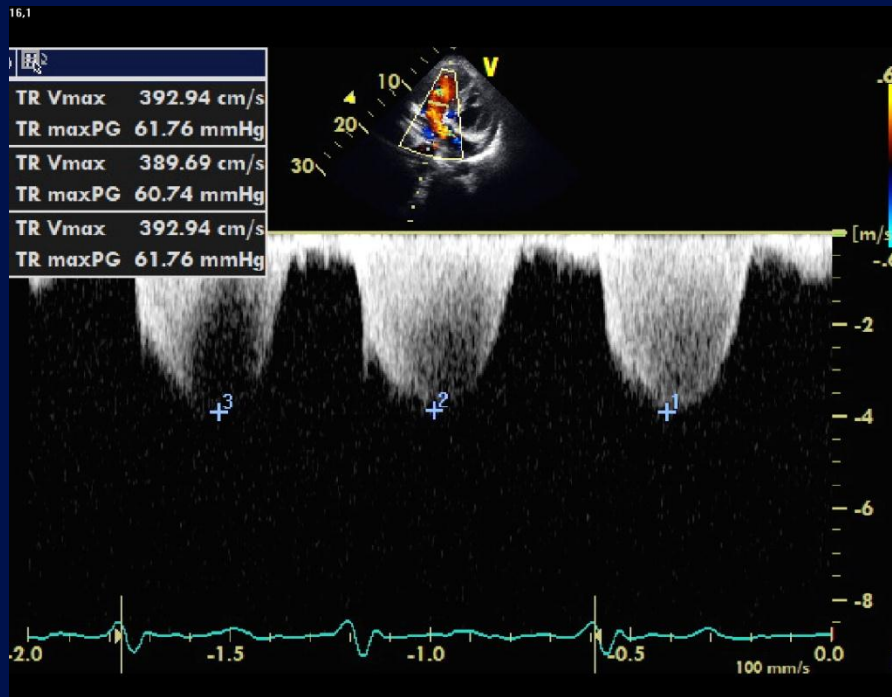
TAPSE=1.4 cm

S'=7 cm/sec

FAC=29%



TTE from ED – Anasarca?

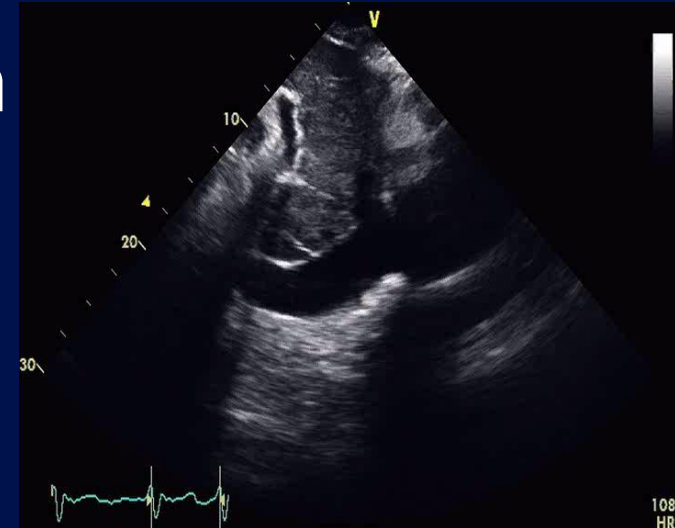


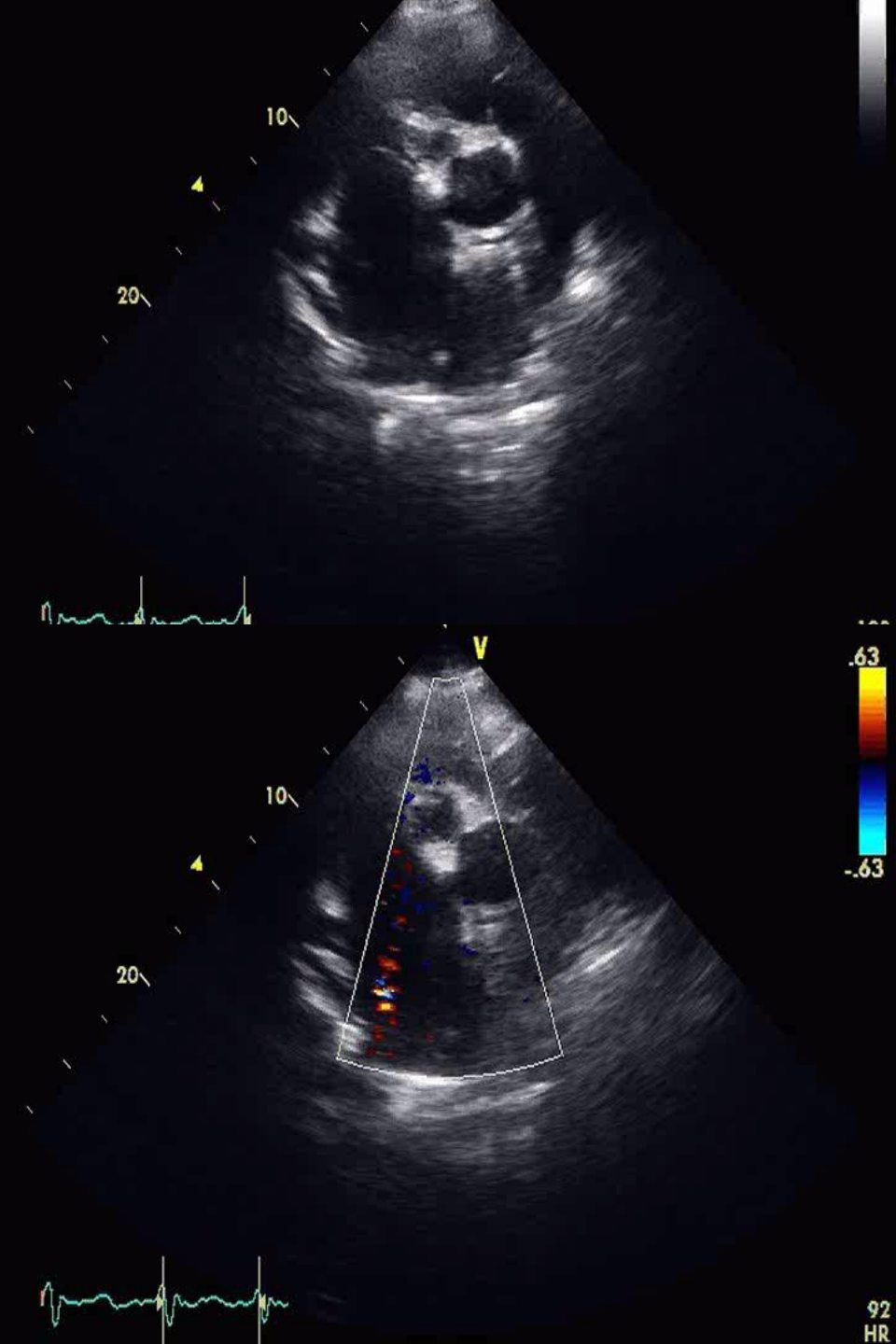
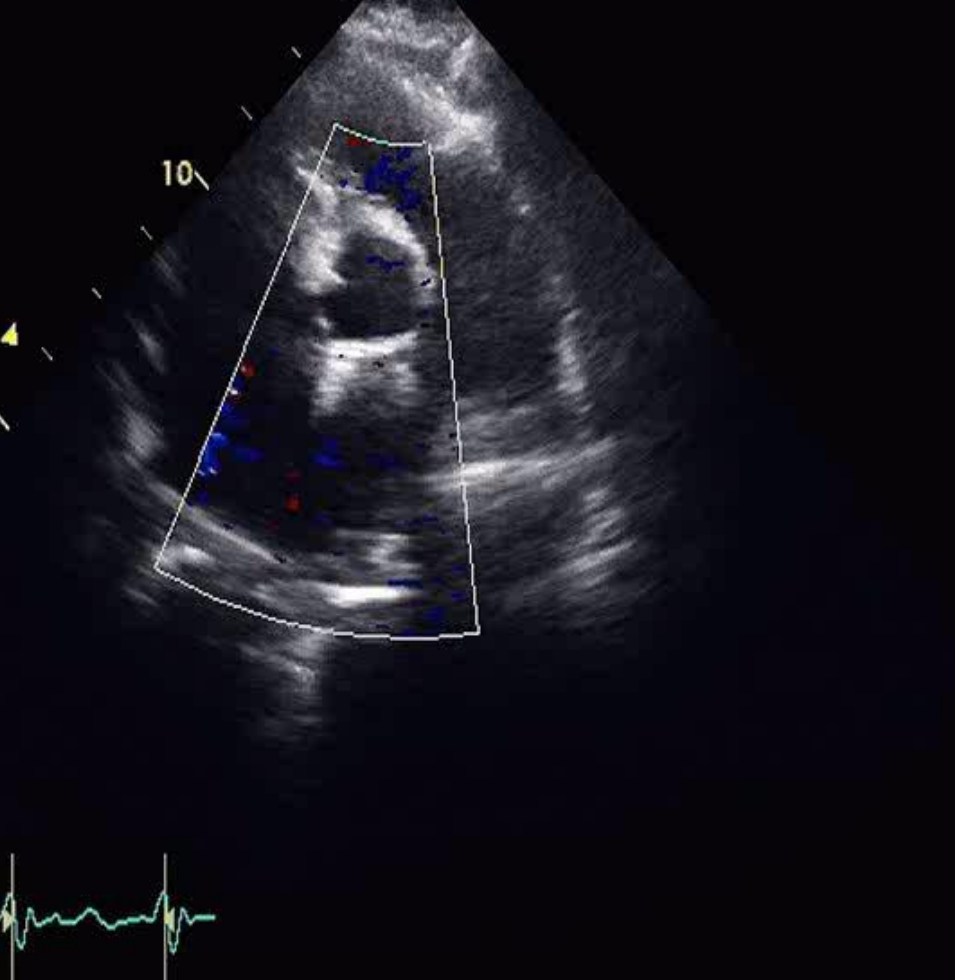
IVC=4cm

sPAP=61+20=81 mmHg

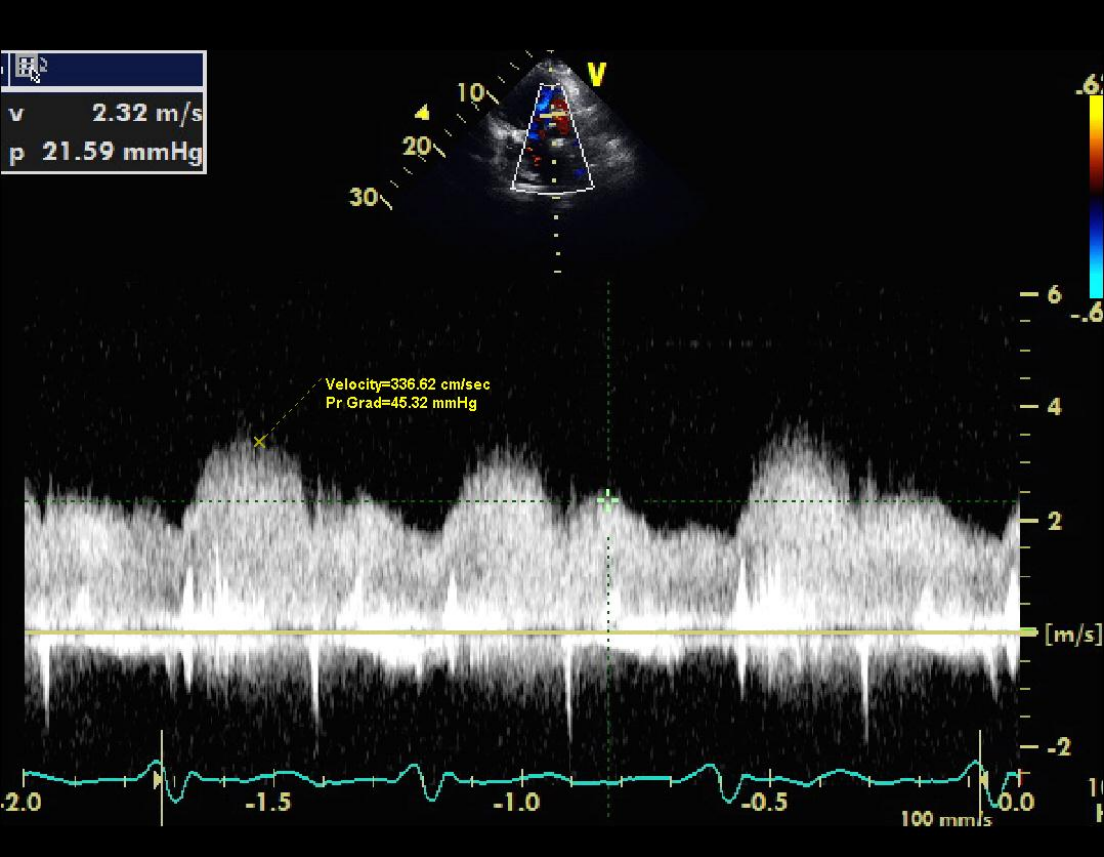
dPAP=11+20=31 mmHg

mPAP=48 mmHg

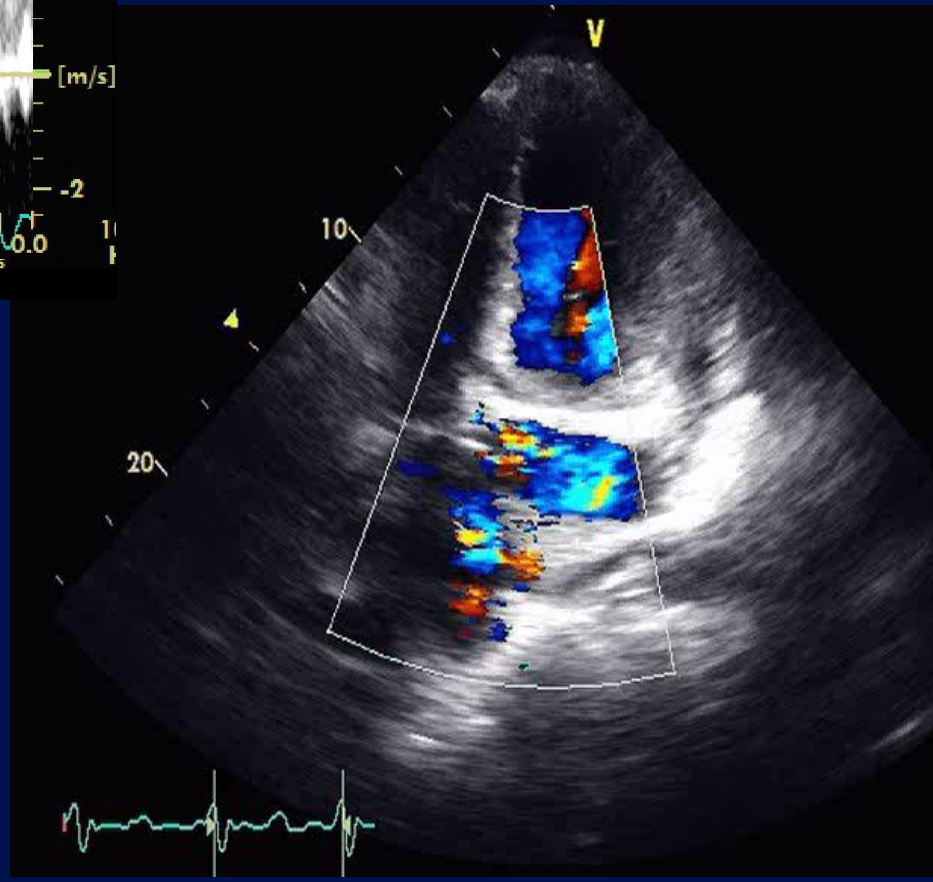




v 2.32 m/s
p 21.59 mmHg



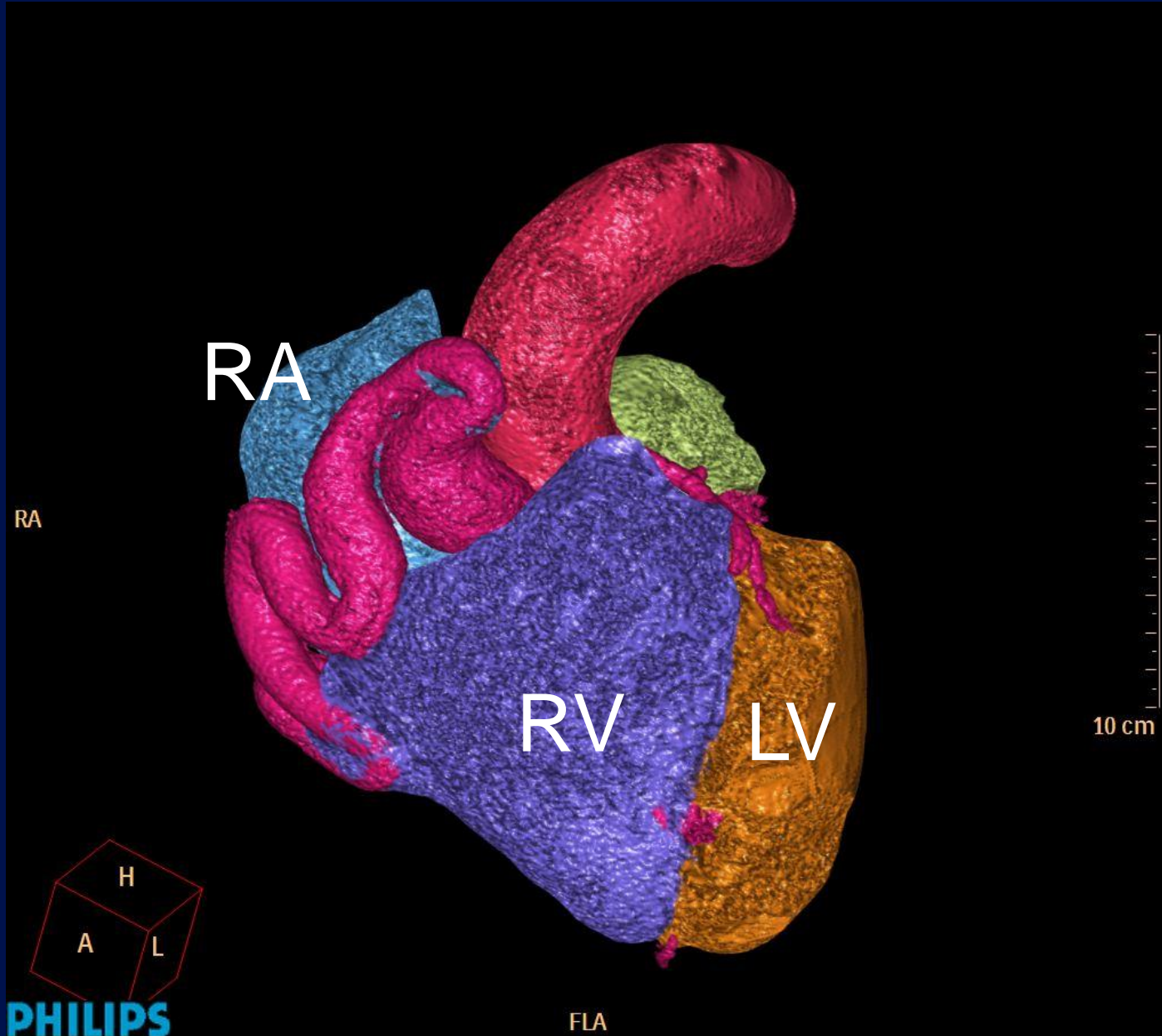
CS=3.9 cm



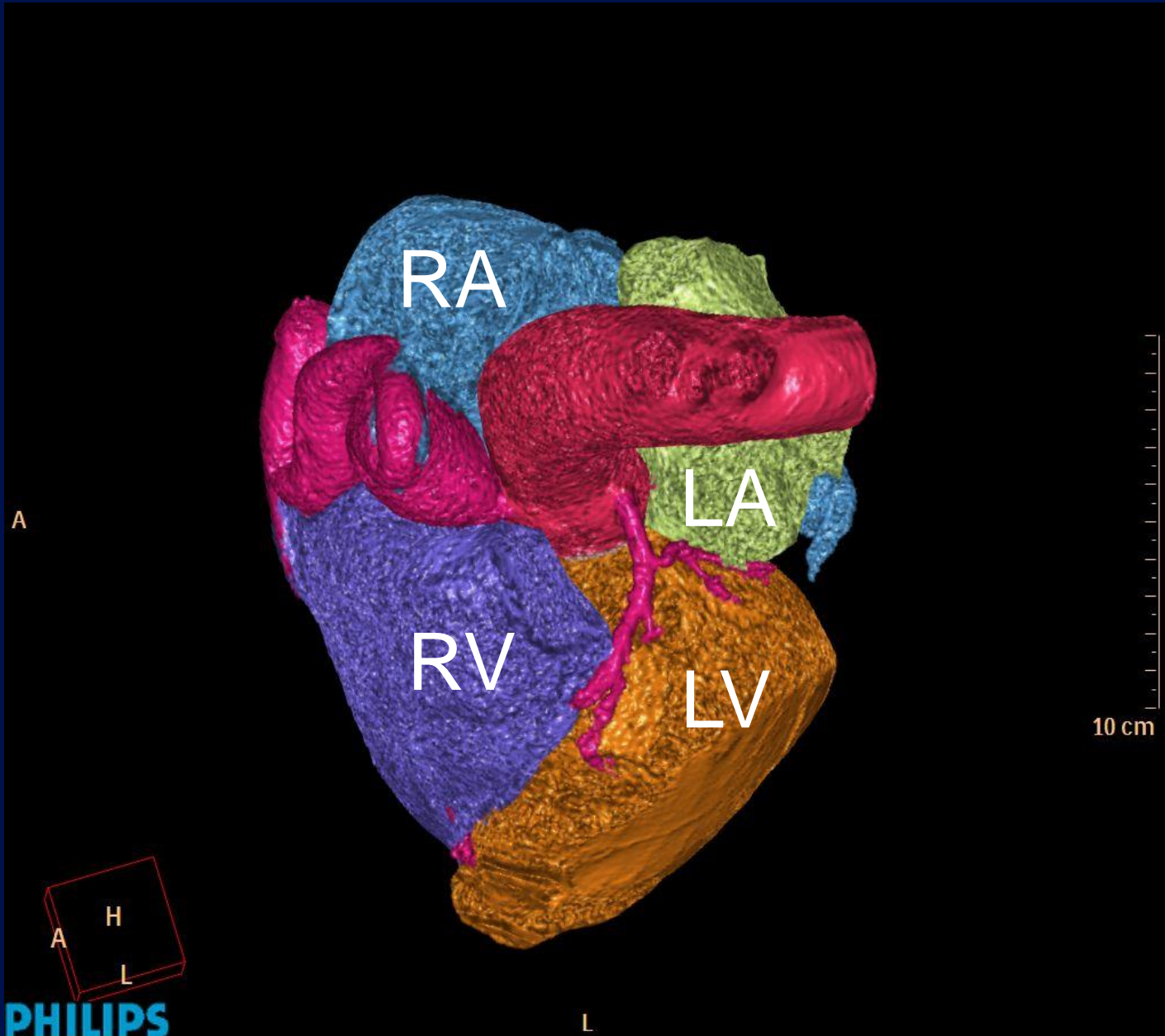
Management

- ◆ Diuretics, β B, α B, ACEI, CB, AC
- ◆ - 6 Kg
- ◆ HR↓

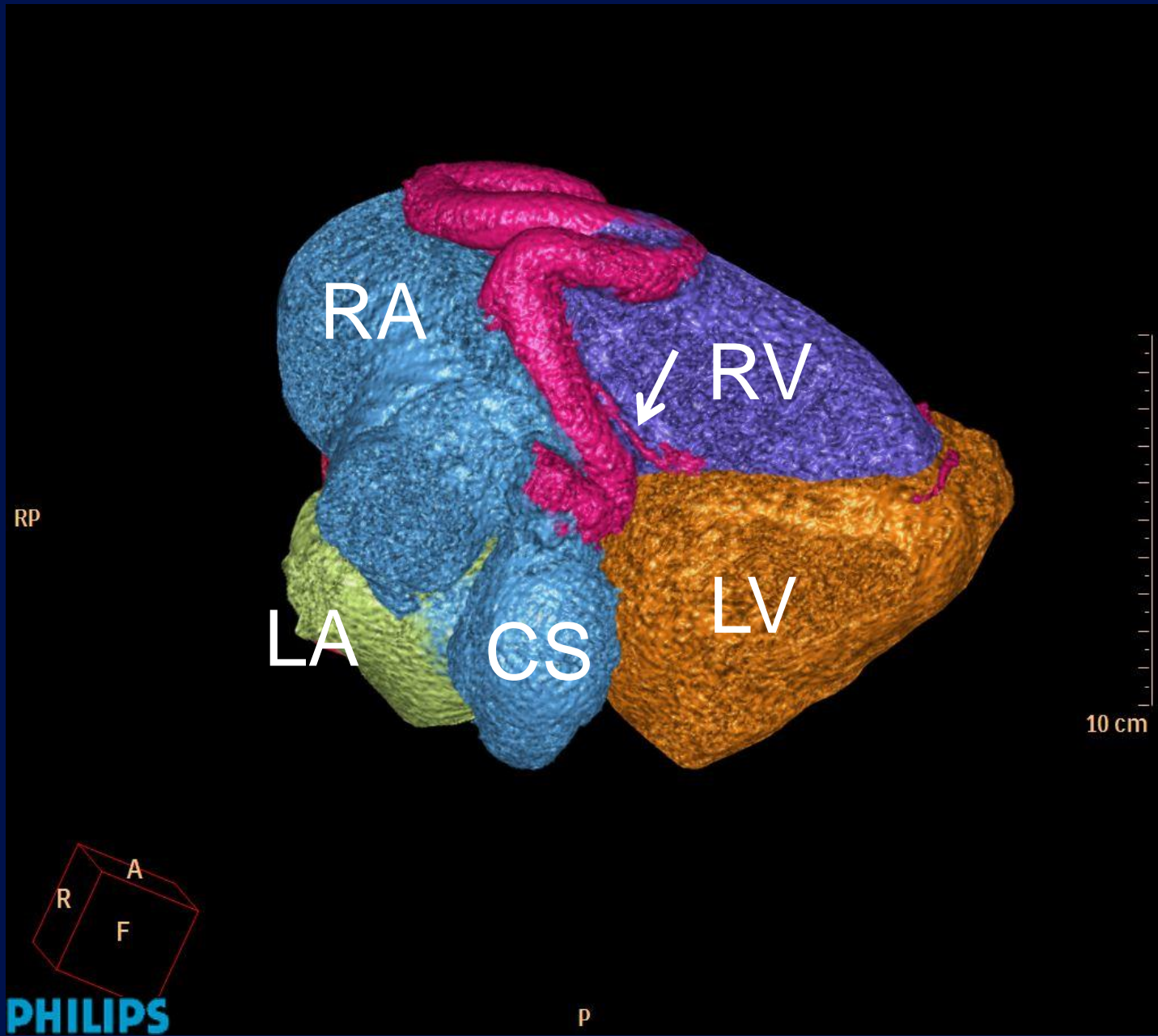
CCTA



CCTA



CCTA



Cath Lab

- ◆ Lt CA OK → RCA
- ◆ Giant RCA → CS
- ◆ $Q_p/Q_s=2.2$ ($Q_p=11.7$ l/min)
- ◆ PAP= 70/32 (47) mmHg, PVR=2 WU
- ◆ PCWP= 20 mmHg
- ◆ RAP= 17 mmHg
- ◆ SVR= 7 WU

Management

- ◆ Surgery?
- ◆ Percutaneous intervention?
- ◆ Medical treatment only?