

CARDIOLOGIA

Caso Clínico

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M.C.G.S, female, 40 years old, married, HbSS.

Drugs in use : - Hidroxiurea since 2007/04

- Exjade
- Fluoxetine
- Folic acid
- Carvedilol
- Spironolactone
- Digoxin
- Furosemide
- ACE inhibitor

Past medical history: - Glaucoma

- B hepatitis - cured
- TIA – 2000/02 - Hypertransfusion regimen
- Bilateral osteonecrosis of the femoral head
- Cholecistectomy
- Appendectomy
- Splenectomy
- Migraines

Obstetrical History: G1P1A0 – The child died with 6 months old after a pulmonary infection, in 1993.

Previous laboratory exams:

- Hb: 8.8
- Ht: 28.1
- GL: 8.600
- Plaq: 244.000
- Reticulocitys: 16,5

- Ferritin: 2278
- Eletroforesis hemoglobin: HbS: 76% HbF: 20%

- AST: 65
- ALT: 122
- AF: 132
- TGG: 284
- Total bilurrubine: 1.3
- Indirect bilirrubin: 1.0

- Urea: 21
- Creatinine: 0,67
- Routine urinalyses: normal

- Glucose Tests: 80
- Total cholesterol: 161 HDL: 50 LDL: 95
- Trgl: 79
- LDH: 689

- Carotids and vertebrals duplex scan: normal

Baseline data:

- Hb: 9,5
- VCM: 107
- GL: 6450
- PQT: 352.000

Cardiological History:

- Progressive dyspnea in efforts, started 10 years ago, associated with presyncope. Episodes of orthopnea and nocturnal dyspnea
- Atypical chest pain in precordial area, ventilatory dependent, not associated with exercise

Physical examination

BP: 120x70

HR: 54 bpm

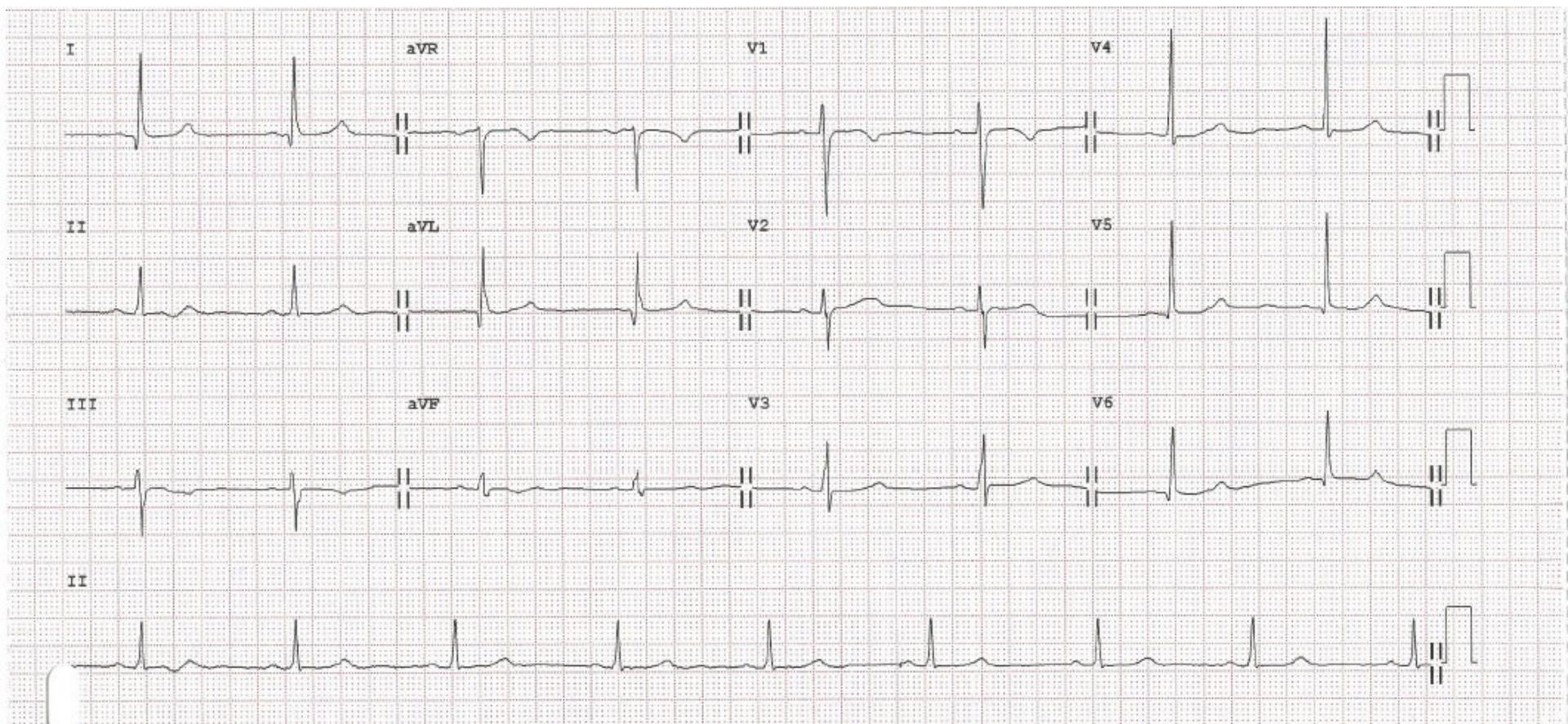
RR: 18 irpm

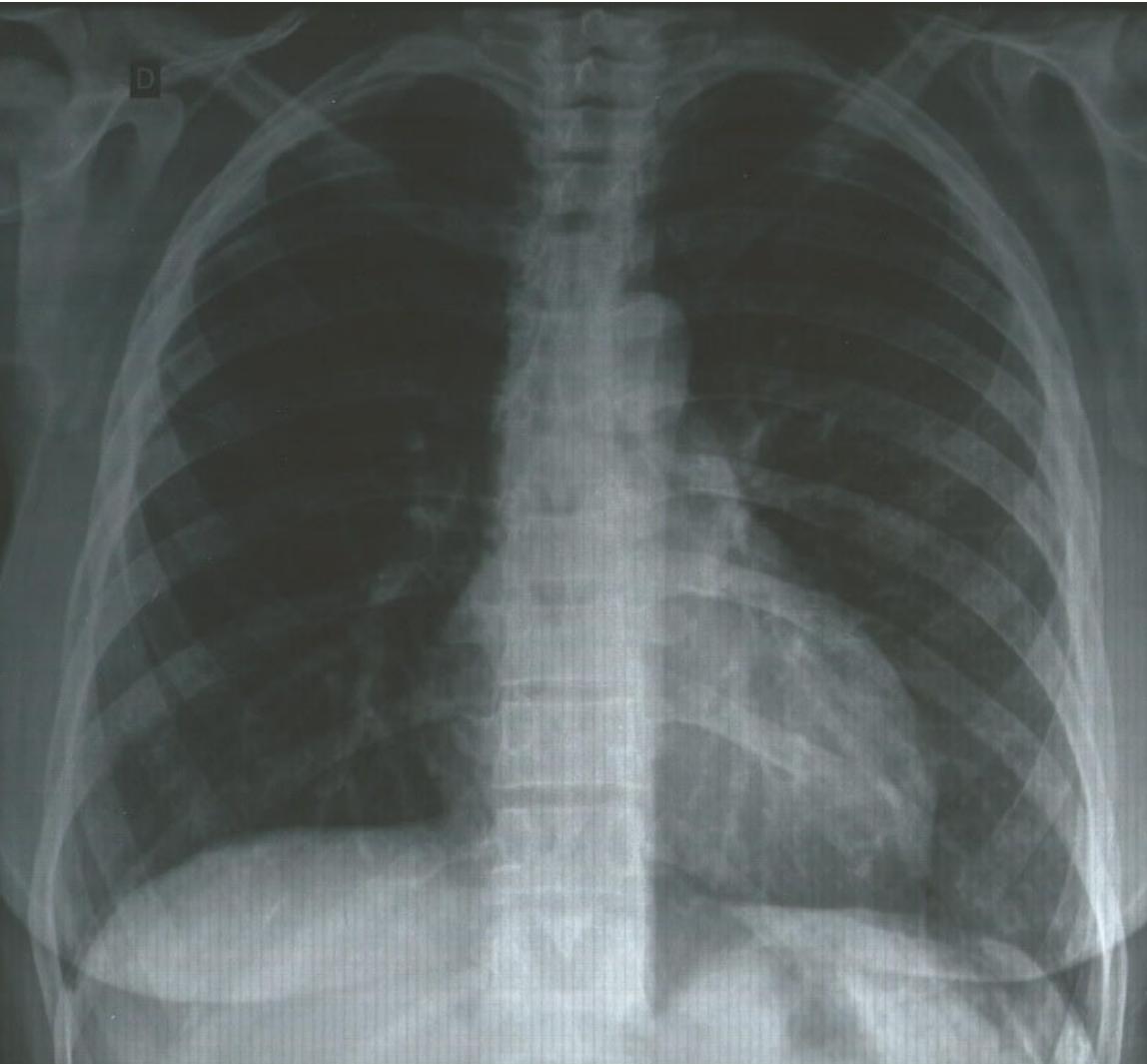
Weight: 62,9 kg

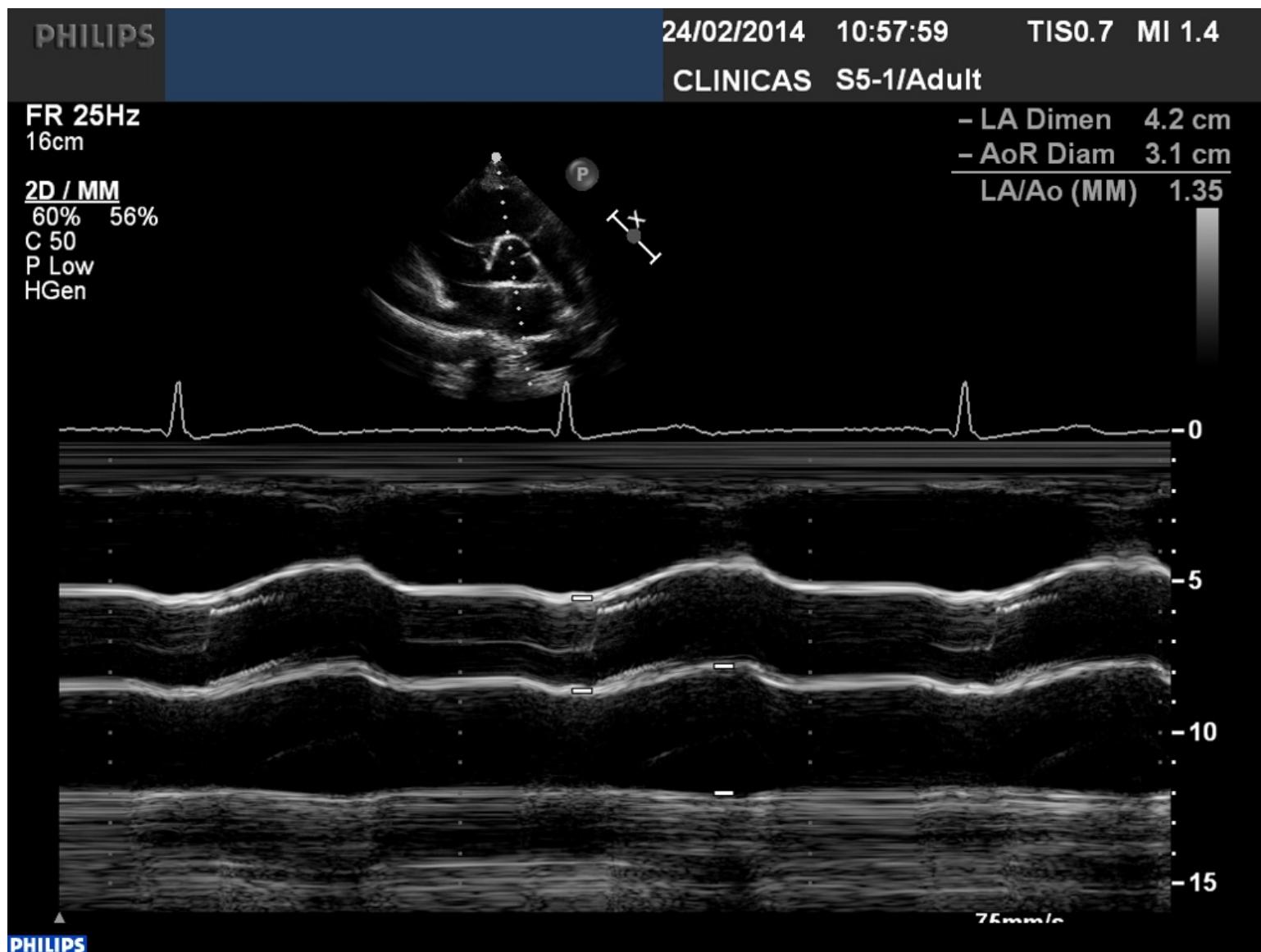
O2 Saturation: 95%

- Patient looks well, hydrated, acyanotic and anicteric
- RS: Normal breath sounds, without adventitious sounds.
- CVS: Regular cardiac rhythm. Normophonetic heart sounds, without murmur. No edema in lower limbs
- GI: plan abdome, not painful during the superficial and deep palpation. No abdominal masses were palpable.

Electrocardiography



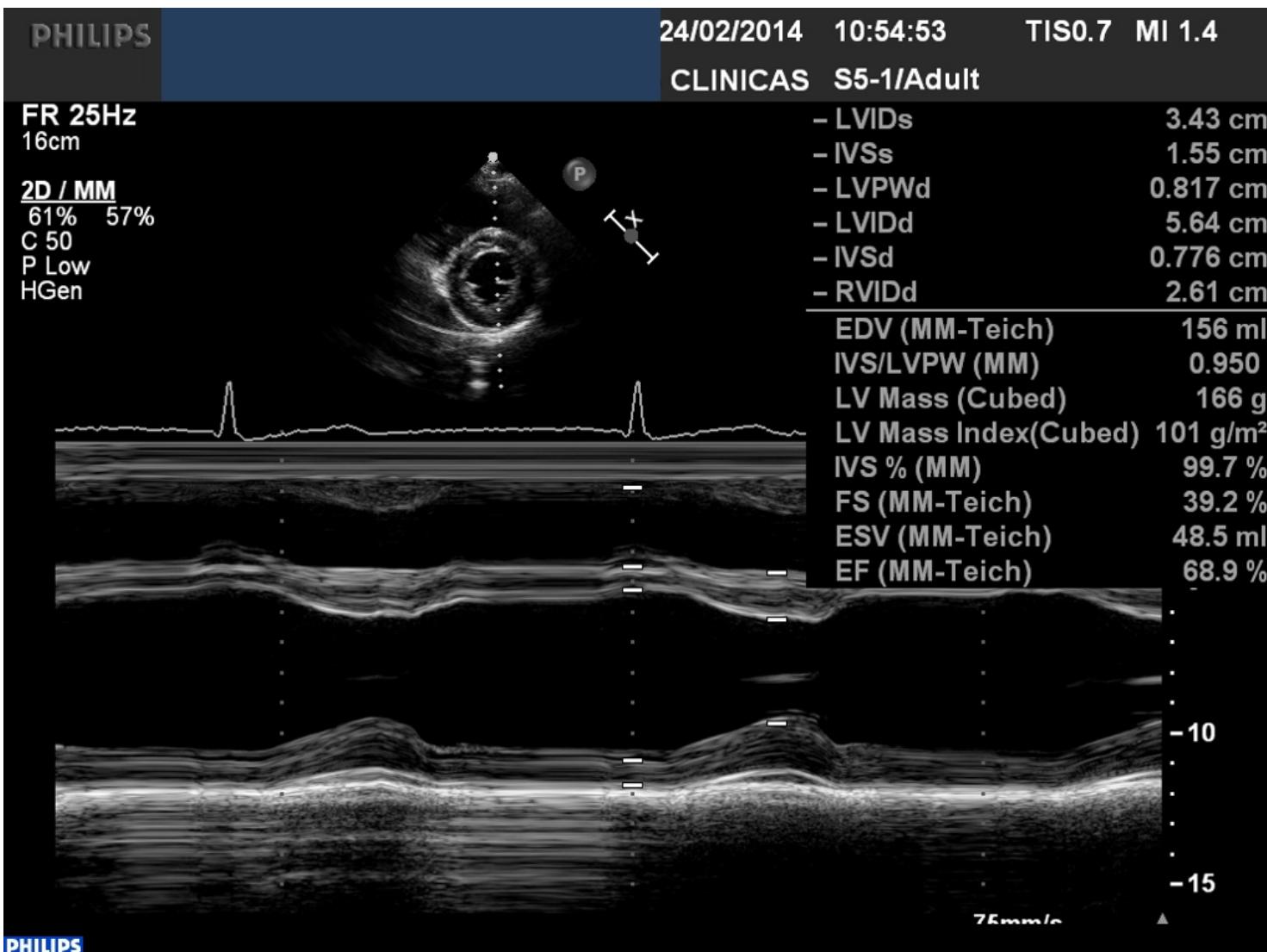


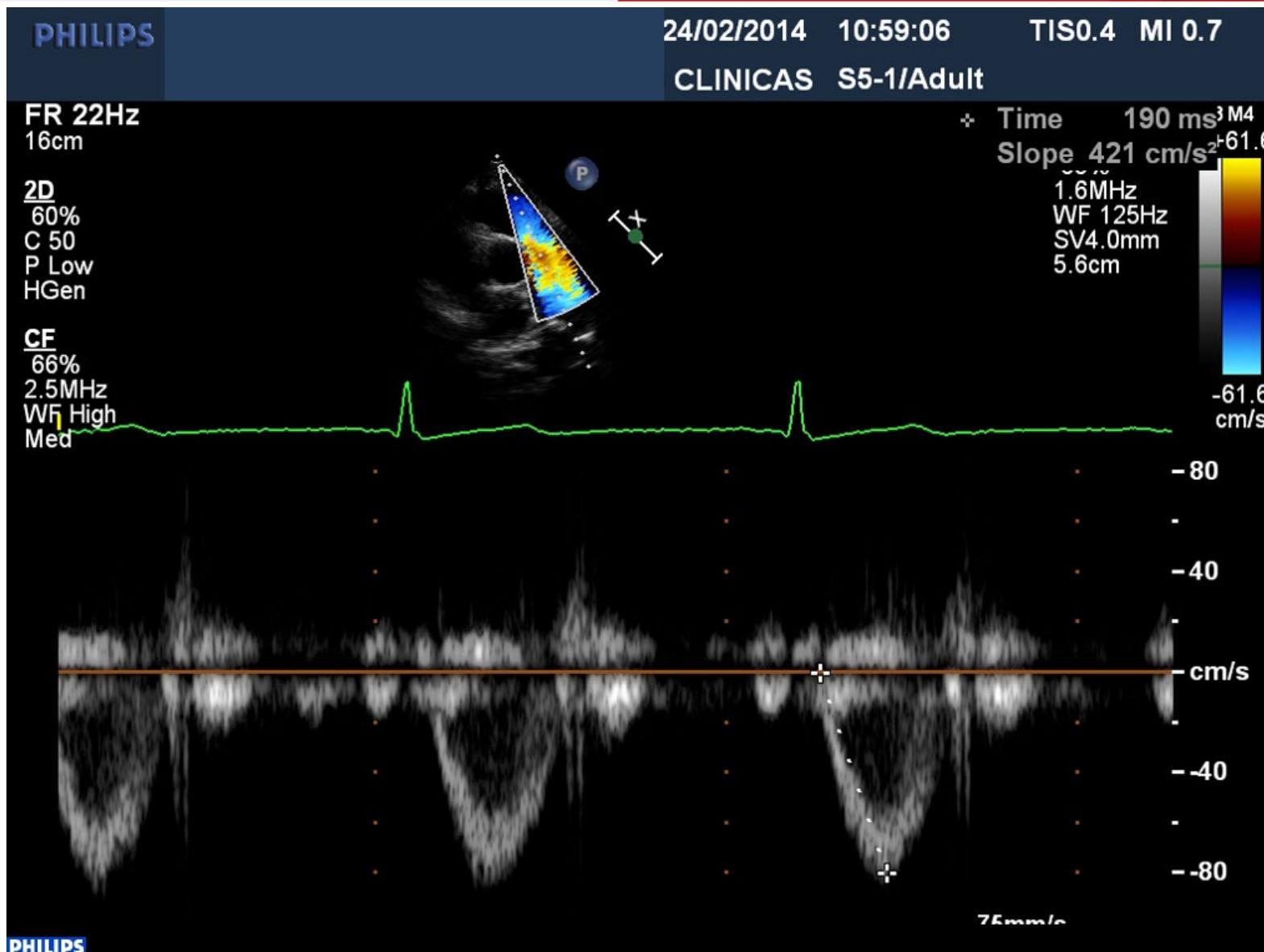


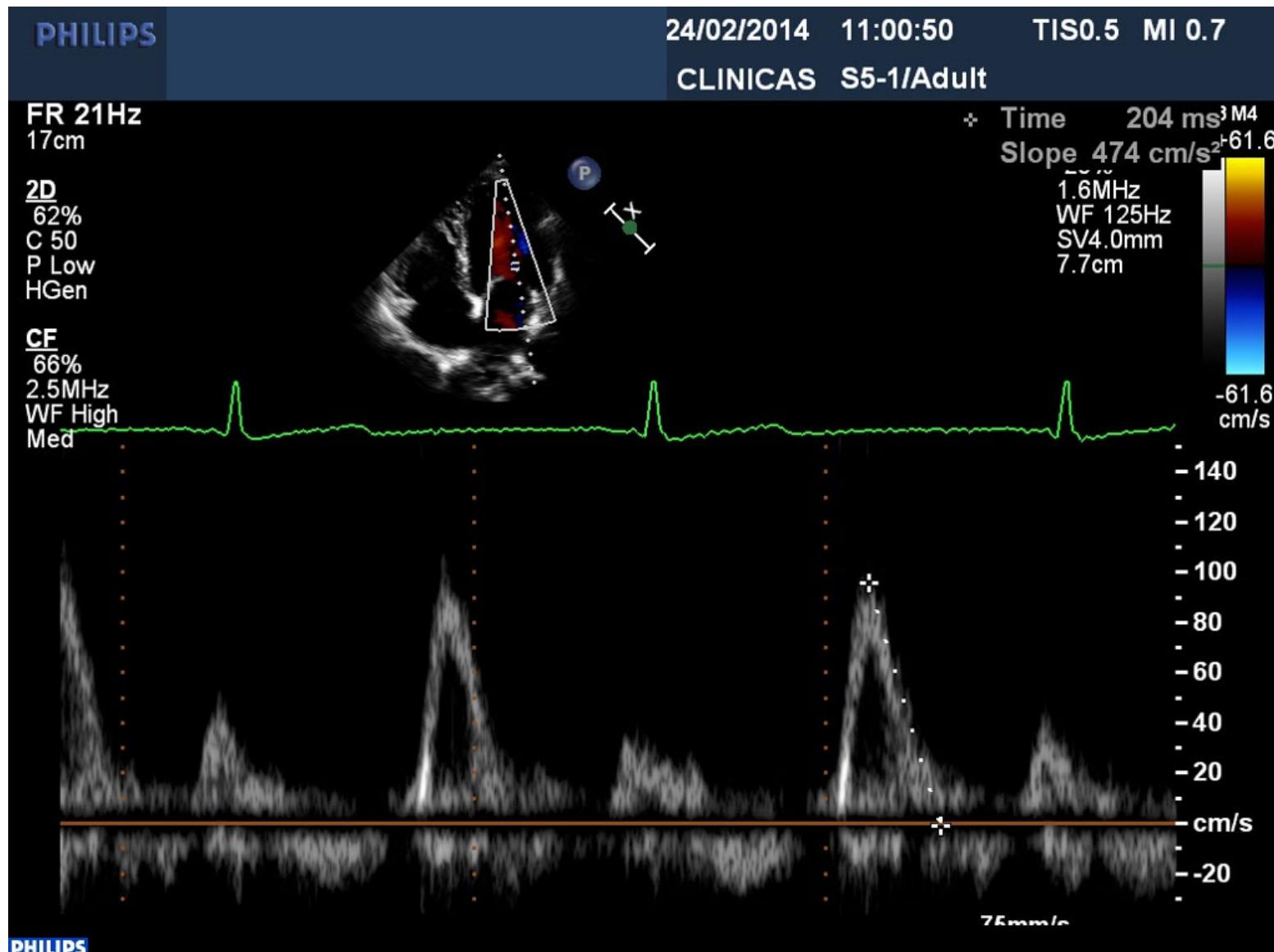
- **Ao (mm):** 31
- **AE (mm):** 39

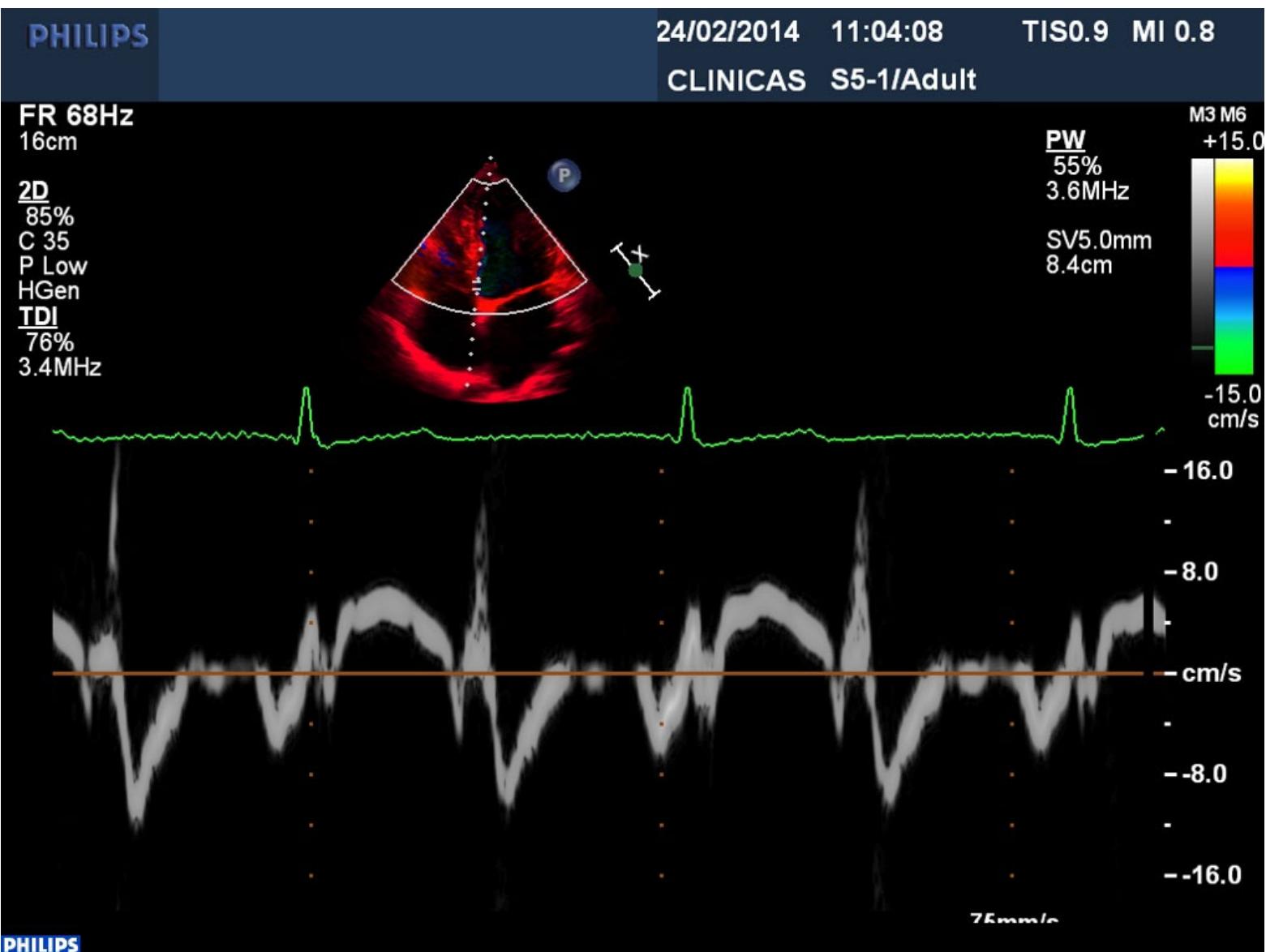
M Mode- long axis:

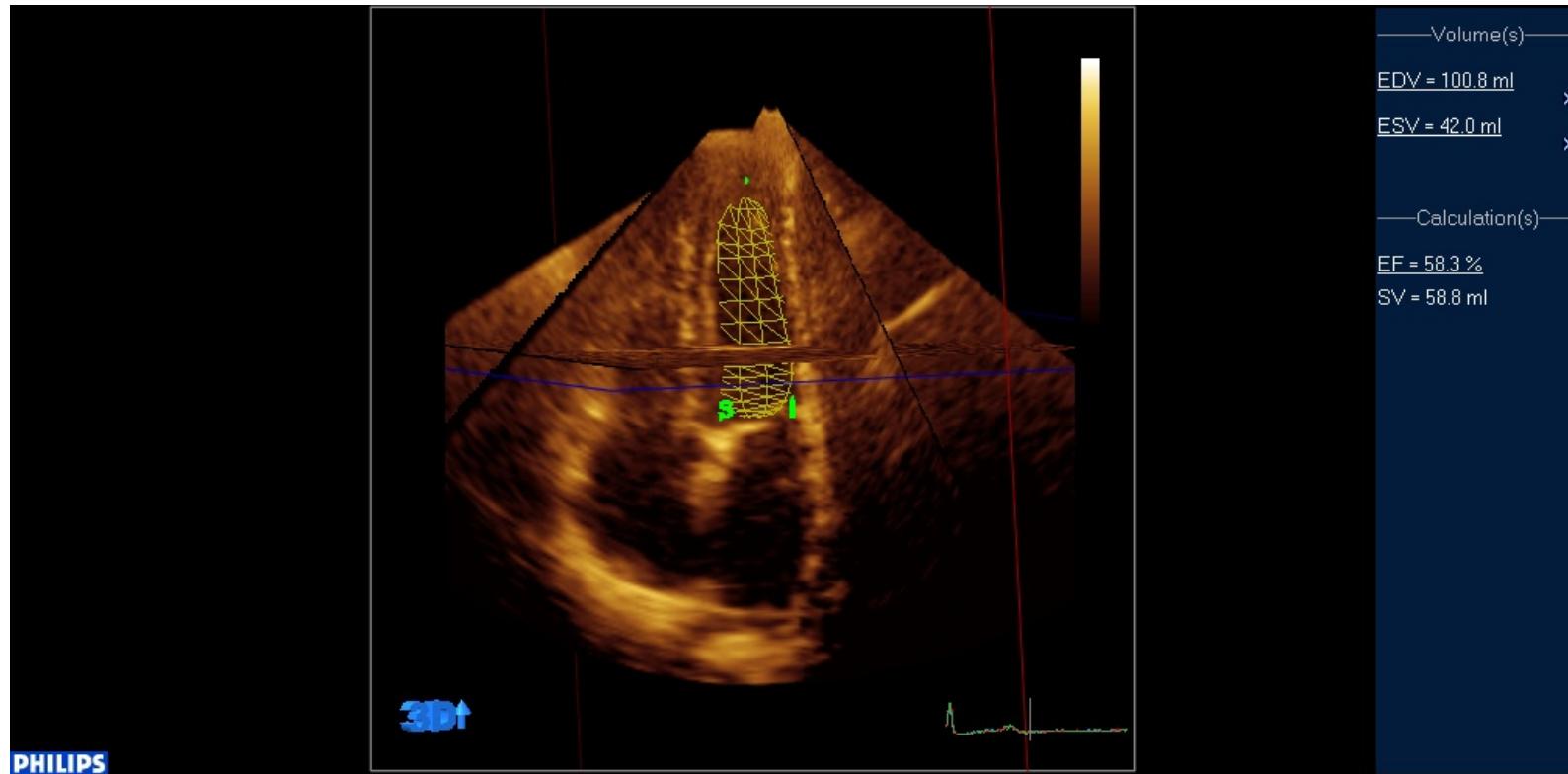
- **RV (mm):** 26
- **LVd (mm):** 56
- **LVs (mm):** 34
- **IVS (mm):** 08
- **PW (mm):** 08
- **EF (Teichholz):**
69%
- **SF :** 39%











RV with normal dimensions and contractility.

EF – RV (A/C): 57%

Tei index: 0,13

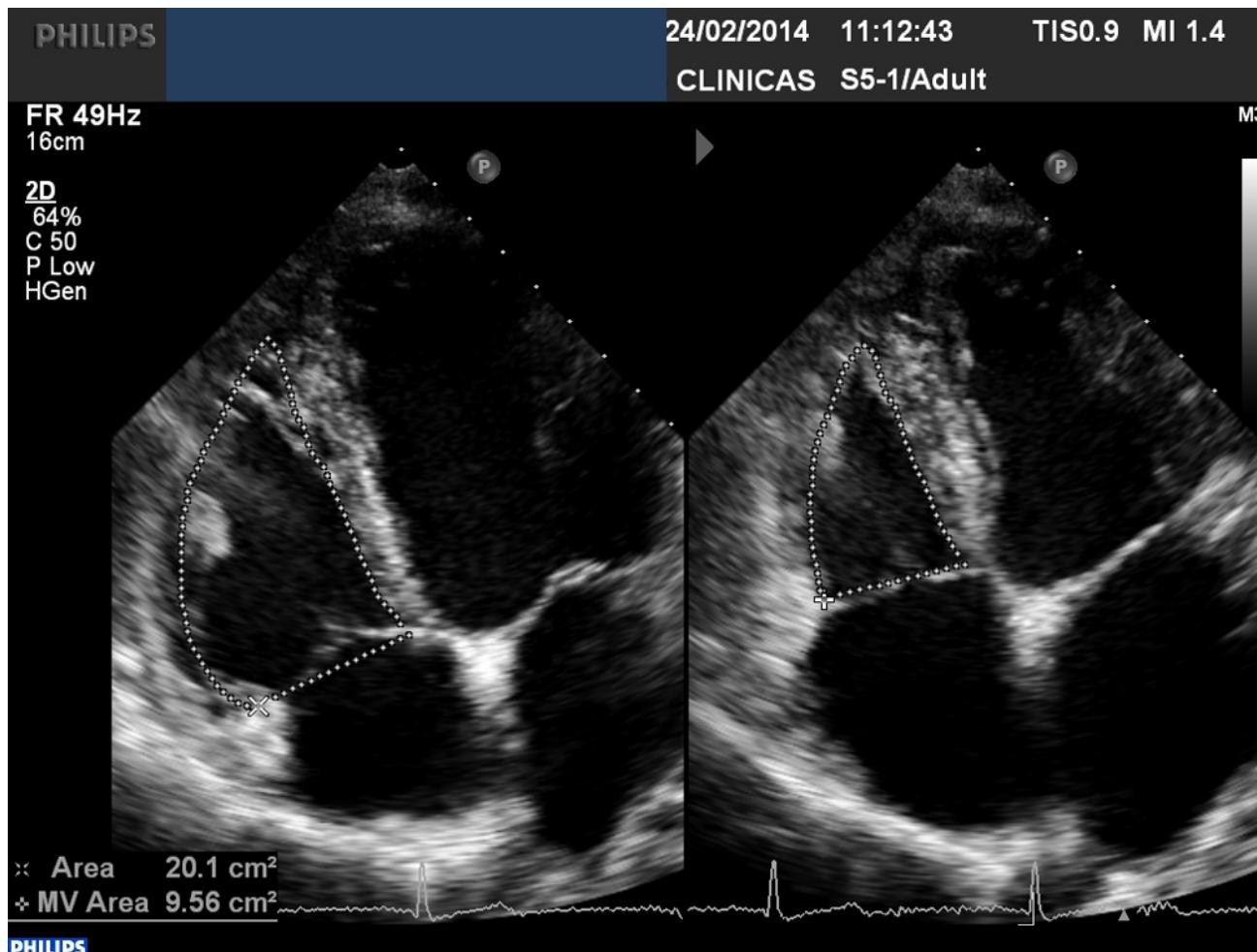
Tissular Doppler of the RV:

- E' (cm/s): 11,7
- A' (cm/s): 7,2
- S (cm/s): 13,6

TAPSE: 21 mm

Maximal velocity TR: 2,1 m/s

PASP: 18 mmHg (RAP: 5 mmHg)



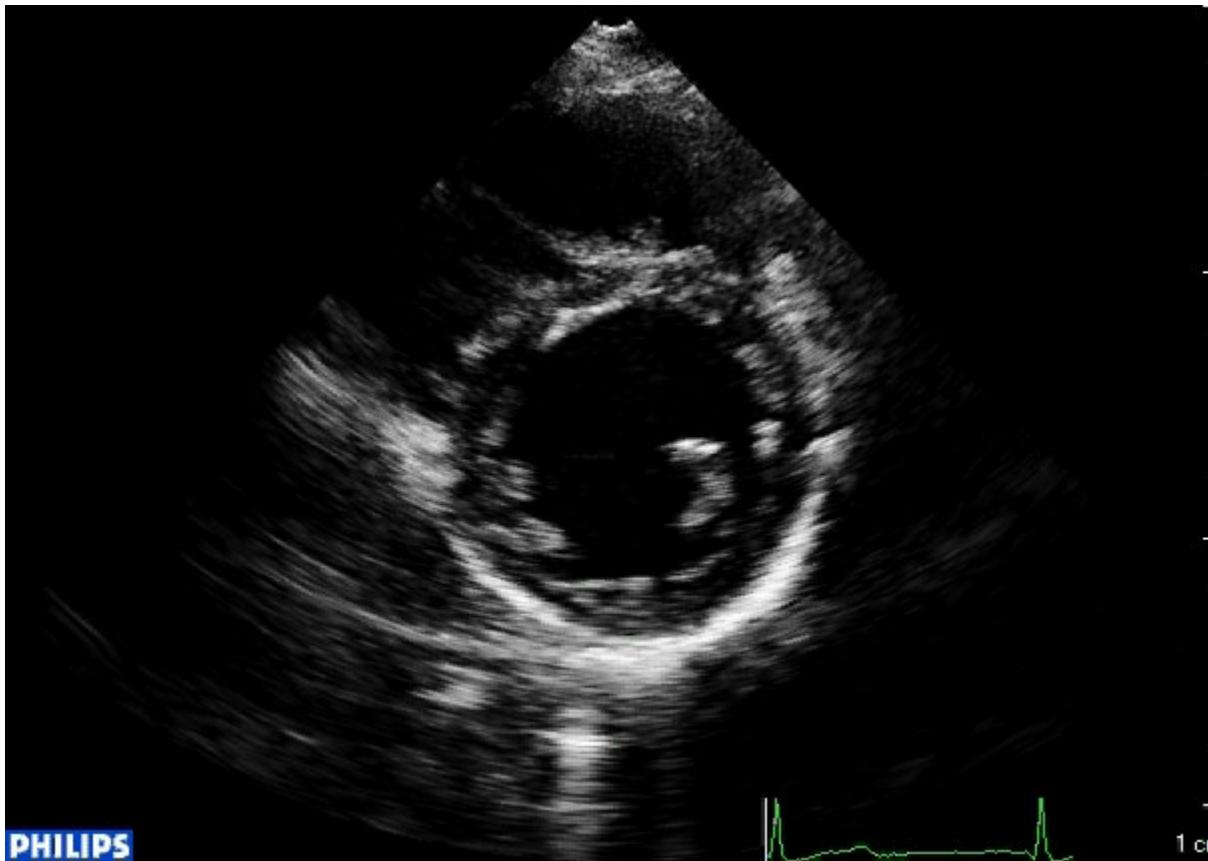
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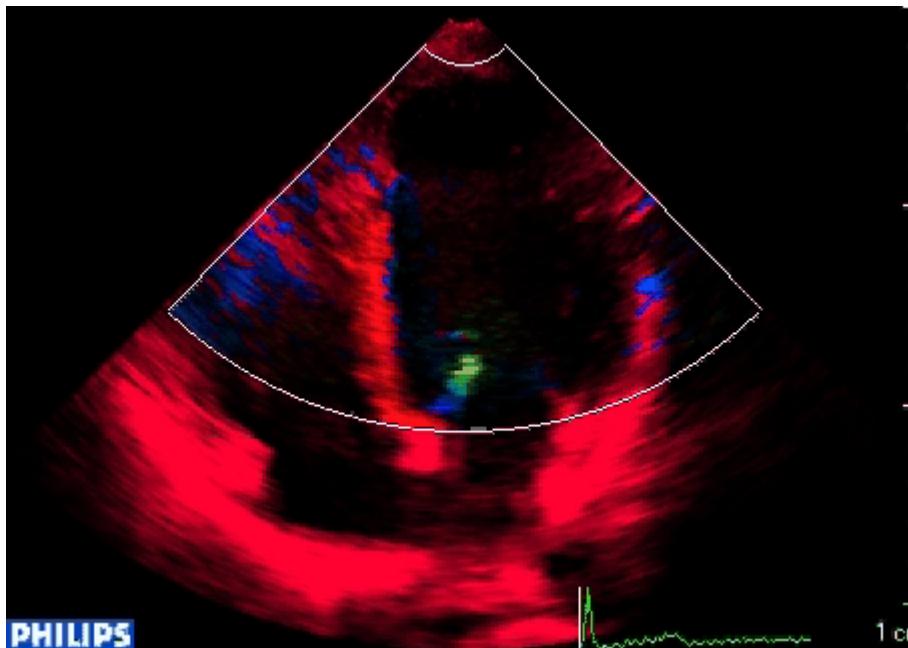
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Discussion:

- Challenge in the diagnosis of heart failure.
- Etiology of the dyspnea
- Treatment of heart failure
- ACE inhibitor indications
- Screening with echocardiography