

DOW MEDICAL COLLEGE
3RD YEAR MBBS CARDIOVASCULAR MODULE
WEEK 2 SBL (SESSION 2022)

Learning objectives:

At the end of the SBL, students should be able to:

- Understand the pathogenesis of coronary artery disease and associated risk factors
- Can diagnose ischemic heart disease on the basis of history, clinical examination and lab evaluation along with interpretation of ECG
- Can differentiate angina, unstable angina and acute myocardial infarction
- Can manage angina, acute MI and acute pulmonary edema

CASE- 1

A 60 years old male known hypertensive (Tab Amlodipine 5mg + valsartan 80mg/ OD) for last 5 years presents at CHK outpatient department with history of:

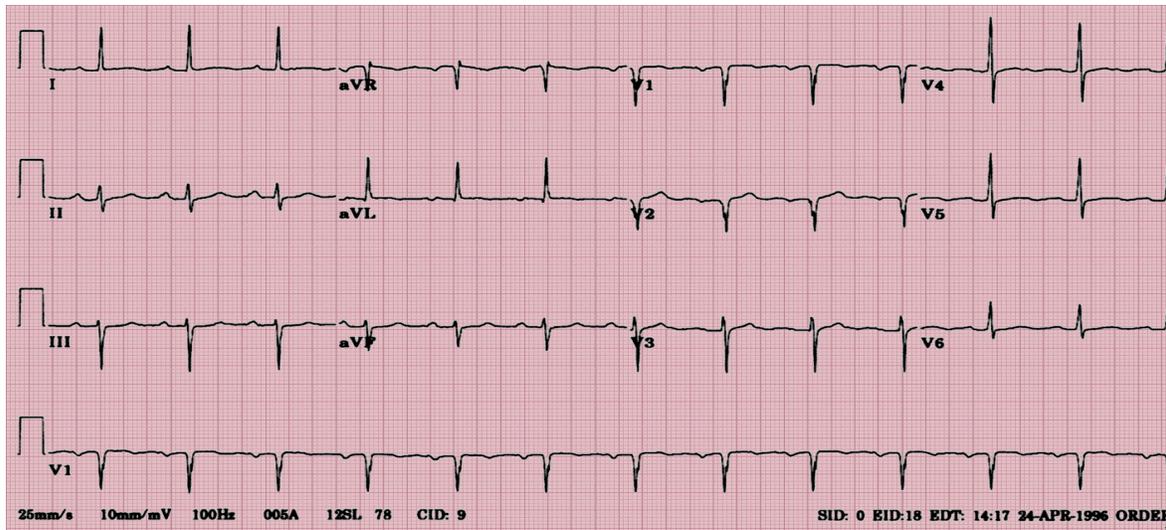
Chest Pain associated with shortness of breath for last several months.

The pain is exertional in nature. It is brought on by walking around 100 yards and is relieved by rest. There is no history of PND and Orthopnea. A positive family history of heart disease runs in family.

O/E= patient is conscious, oriented BP= 140/90 mmHg, pulse= 88/minute. All peripheral pulses palpable. CVS examination unremarkable

Investigations

- CBC= normal.
- Urea, Creatinine, Electrolytes= normal range
- Fasting Blood sugar = 145 mg/dl
- Fasting lipid profile:
- Total cholesterol=285 mg/dl, triglycerides= 200mg/dl. LDL= 145 mg/dl. HDL= 31 mg/dl



CASE- II

A 52 years old lady known case of Diabetes for 2 years(on tab Glimepride 2mg/ day) presented through Emergency with C/o :

Central chest pain for last 1 hour.

The chest pain is retrosternal, radiating to left arm and neck. This was associated with sweating, nausea and giddiness.

O/E: patient is conscious but slightly anxious, having BP= 160/100 mmHg, Pulse= 90 beats/minute, regular.

CVS= Loud second heart sound (A2).

Rest of the examination is unremarkable.

Initial investigations:

CBC= normal HB and Platelets with TLC count 13000(neutrophils=83%)

Urea, Creatinine, Electrolytes=normal

BLOOD sugar= 212mg/dl

EMEDU

