Comprehensive Treatment for Heart Failure

A 68 year old male patient non-diabetic, recently detected hypothyroidism and hypertension since 5 years got admitted in CIMS hospital from Nairobi.

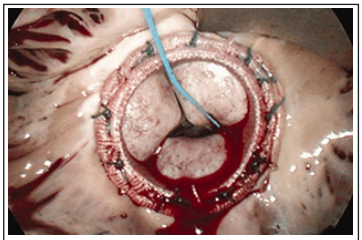

Fig 1: Tricuspid Valve Tissue

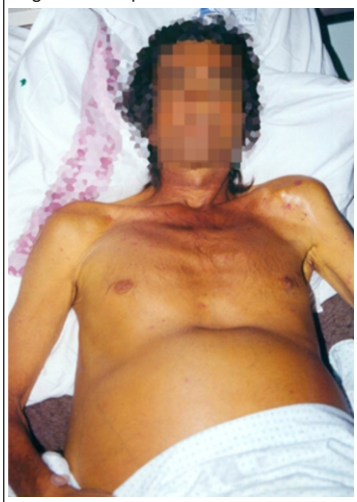

Fig 2: Patient of Ascites and Cachexia

He had gross ascites with pedal edema and NYHA class III/IV. Patient had history of unconsciousness and short of sudden cardiac arrest in Nairobi, where he was revived and then diagnosed with degenerative Complete Heart Block (CHB) for which Permanent Pacemaker Implantation was done in 2012. Later he again had recorded episode of Ventricular Tachycardia (VT) and was planned to get AICD. He underwent AICD implantation in August 2012. After AICD implantation patient's condition deterotiated. He had Right Ventricular failure with sever Tricuspid regurgitation with sever ascites and cardiac cachexia (NYHA class IV).

Patient was referred to CIMS hospital for further management. Patient was medically optimized for 15 days and then suggested for angiography which showed normal coronaries. He also had renal dysfunction. Pre-operative ECHO finding was: Dilated all four cardiac chambers, severe LV systolic dysfunction with LVEF = 20%, Global LV hypokinesia, IVS-LVPW feee wall dyssynchrony, moderate MR, Free TR and Bilateral pleural effusion was seen. After stabilizing renal and cardiac status patient was suggested for Tricuspid Valve replacement with CRT-D implantation which was done on 24/01/2013. There was RA Thrombus evacuation also. Patient shifted to ICU in stable condition and recovered. Post-operative ECHO suggested Mildly dilated LV, LVEF = 25%, Mild ventricular dyssynchrony, Normally functioning bi-prosthesis TV seen in situ, sclerosed AV and 20% Mild MR, Mild TR. Intermediately he had abdominal infection, urinary infection, had episodes of VT which was terminated by CRT-D. Patient was in hospital for 71 days.

Patient was discharged on 21/03/2013 in stable hemodynamic condition.

- Dr. Dhiren Shah