

# Case presentation

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ASL TO2

LG, age 72, male, past smoker

1997 anterior MI

1998 CABG: LIMA-LAD, RIMA- right posterior descending artery

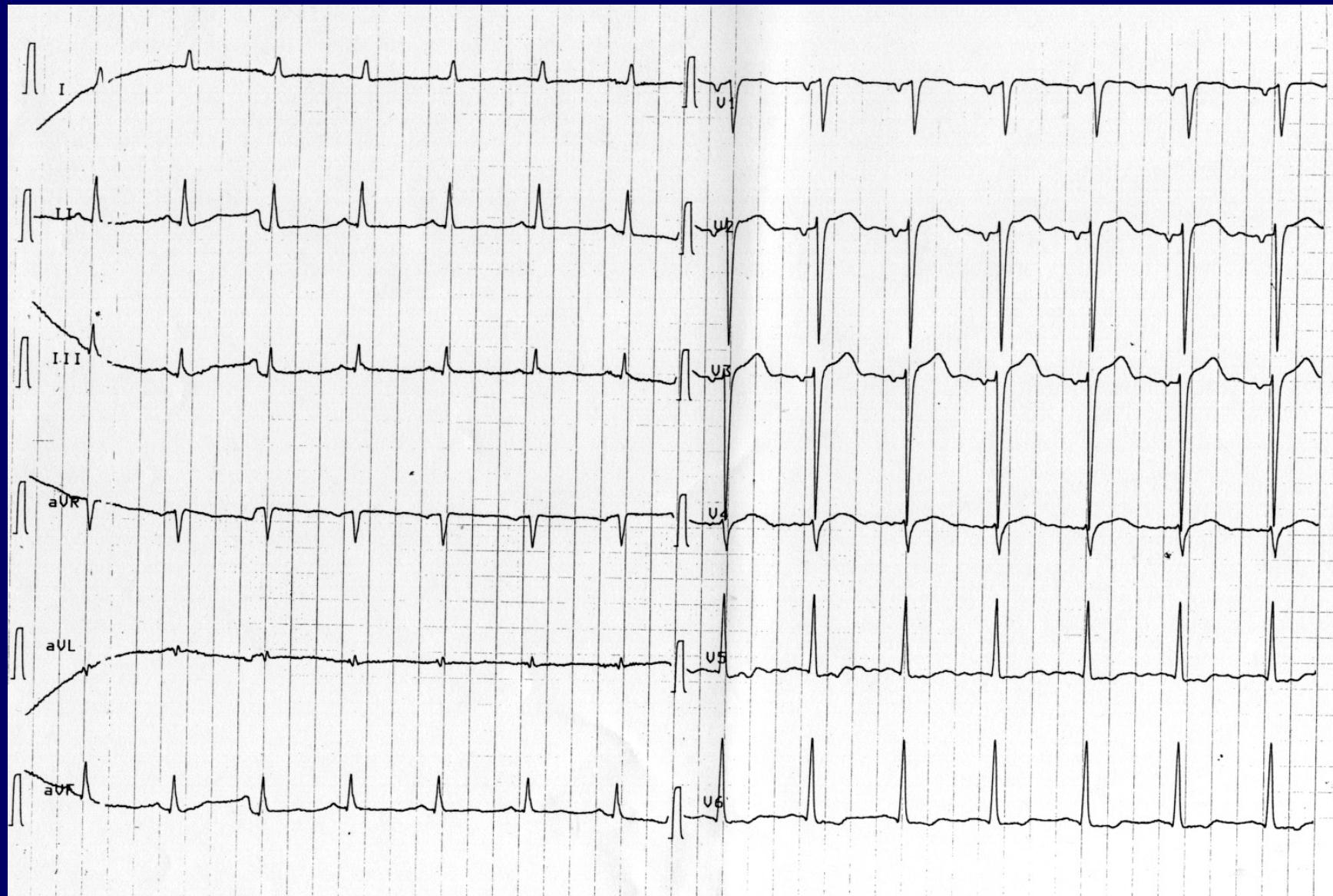
1/2004 Heart failure admission: pulmonary edema

ECHO: EF 20%, Severe mitral rigurgitation

Coronary angiography: LAD and RIMA occluded; LIMA open

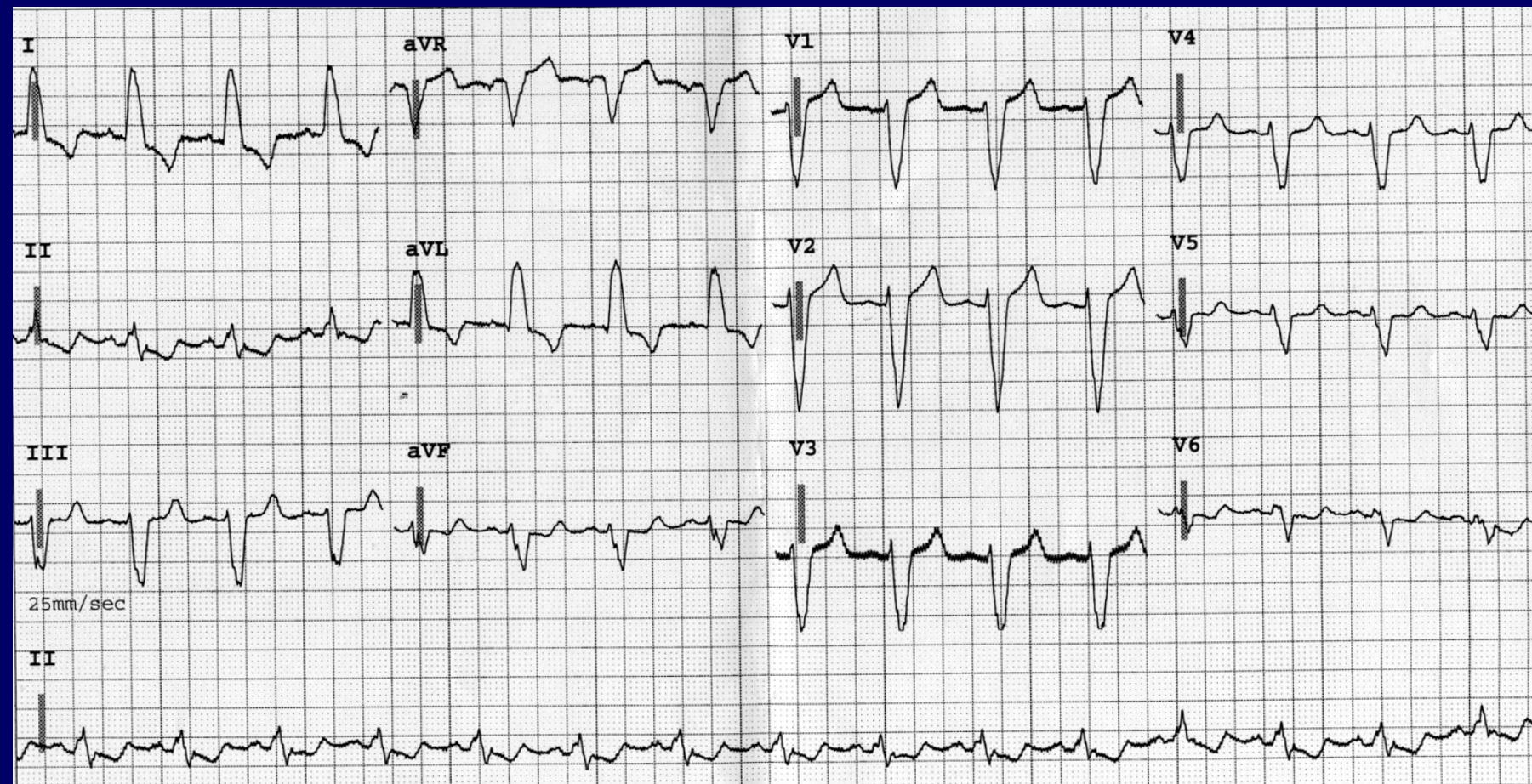
12/2004 ICD implanted

12 / 2004



ECHO: not evidence of desynchronization

- 2005 ischemic stroke (no atrial fibrillation): warfarin  
1/2006 FV successfully treated by ICD shock  
2/2006 Thyreotoxicosis: amiodarone interrupted  
5/2006 Heart failure (pulmonary edema)  
8/2006 Heart failure (cardiogenic shock, cachexia)



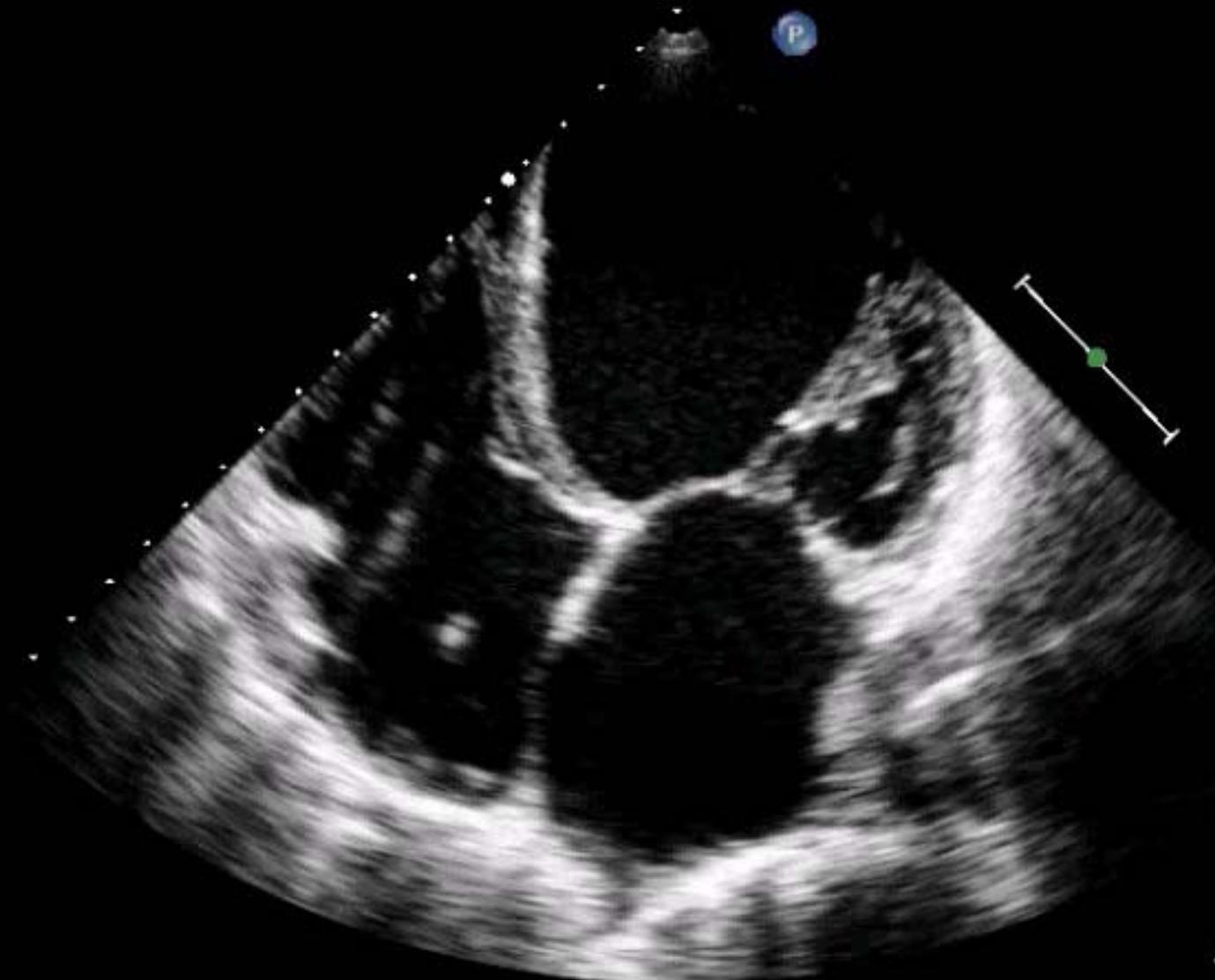
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S5-1/Adulti

FR 45Hz  
18cm

M3

2D  
60%  
C 50  
P Bassa  
AGen



JPEG

91 bpm

01280820090305

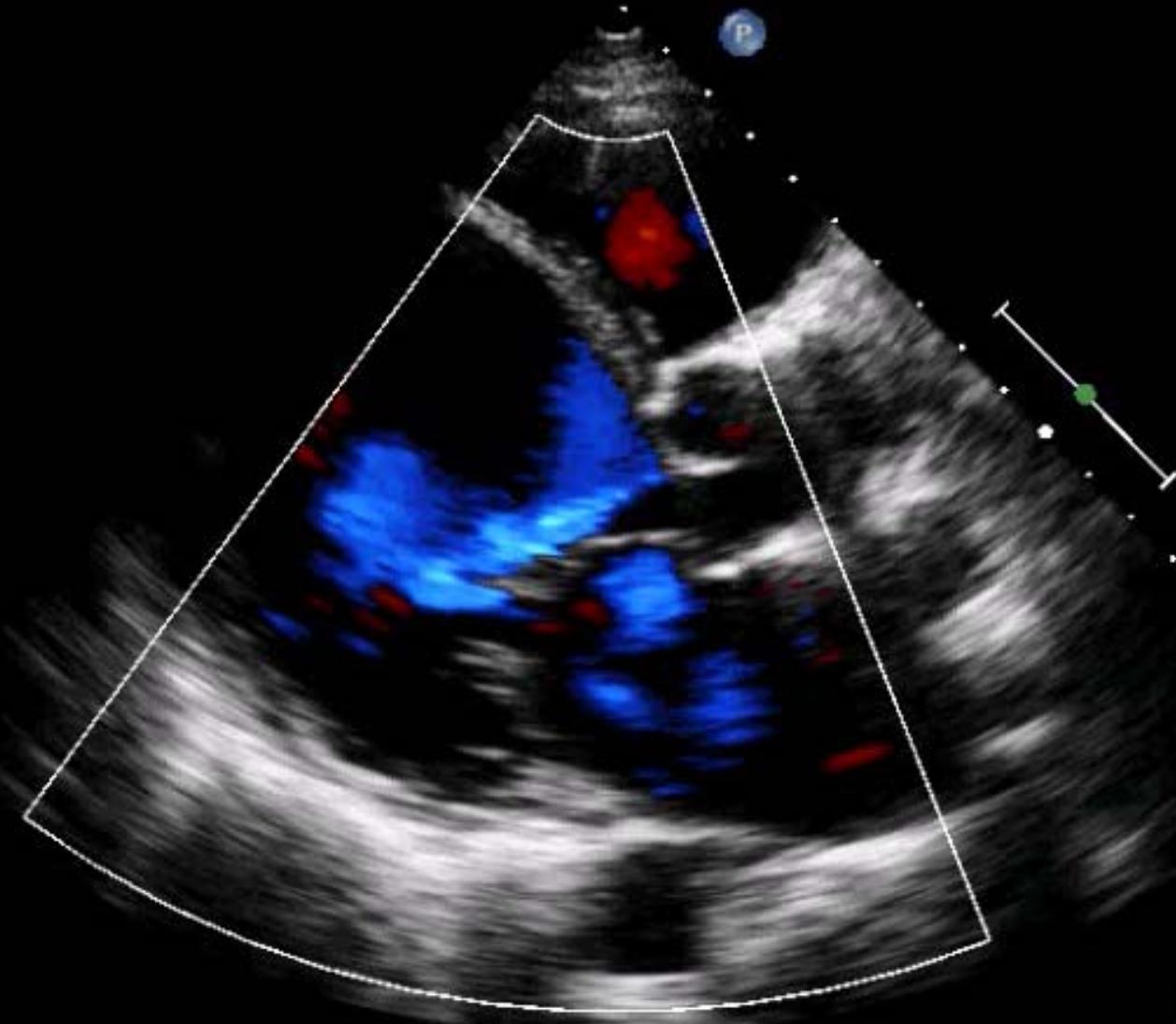
S5-1/Adulti

FR 11Hz  
17cm



2D  
57%  
C 50  
P Bassa  
AGen  
CF  
66%  
2.5MHz  
WF Alto  
Med.

G  
P R  
1.7 3.4



JPEG

88 bpm

01280820090305

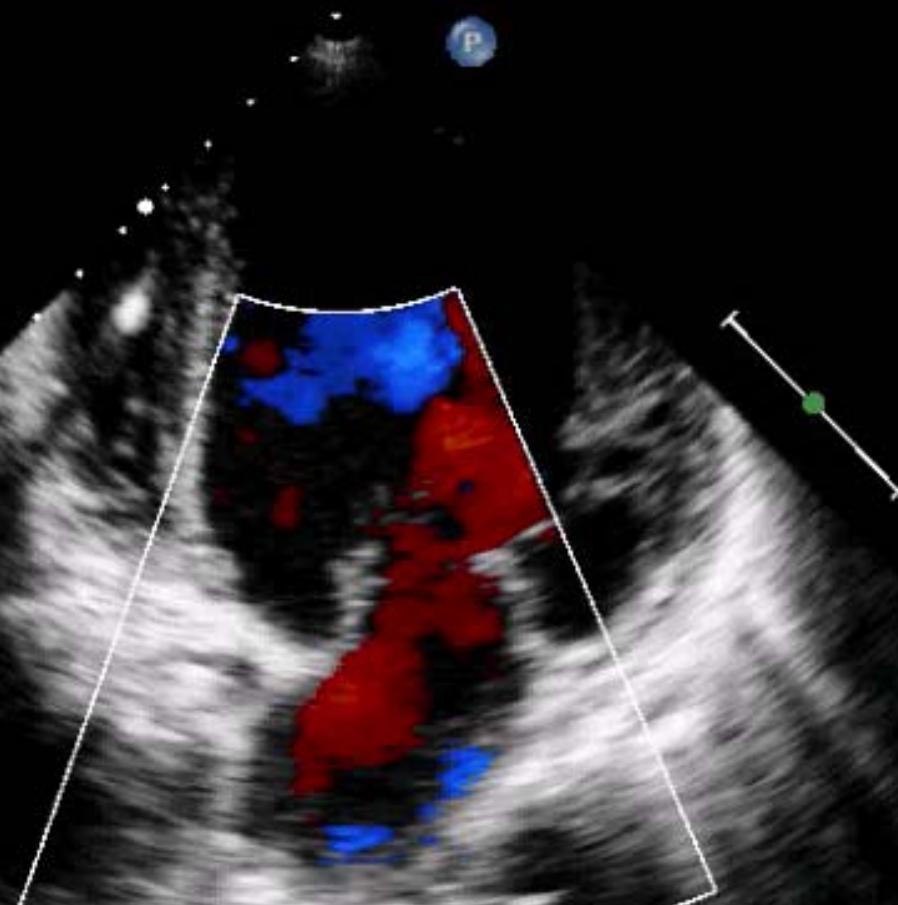
S5-1/Adulti

FR 13Hz  
18cm

M3 M4  
+61.6  
  
-61.6 cm/s

2D  
59%  
C 50  
P Bassa  
AGen  
CF  
66%  
2.5MHz  
WF Alto  
Med.

G  
P R  
1.7 3.4

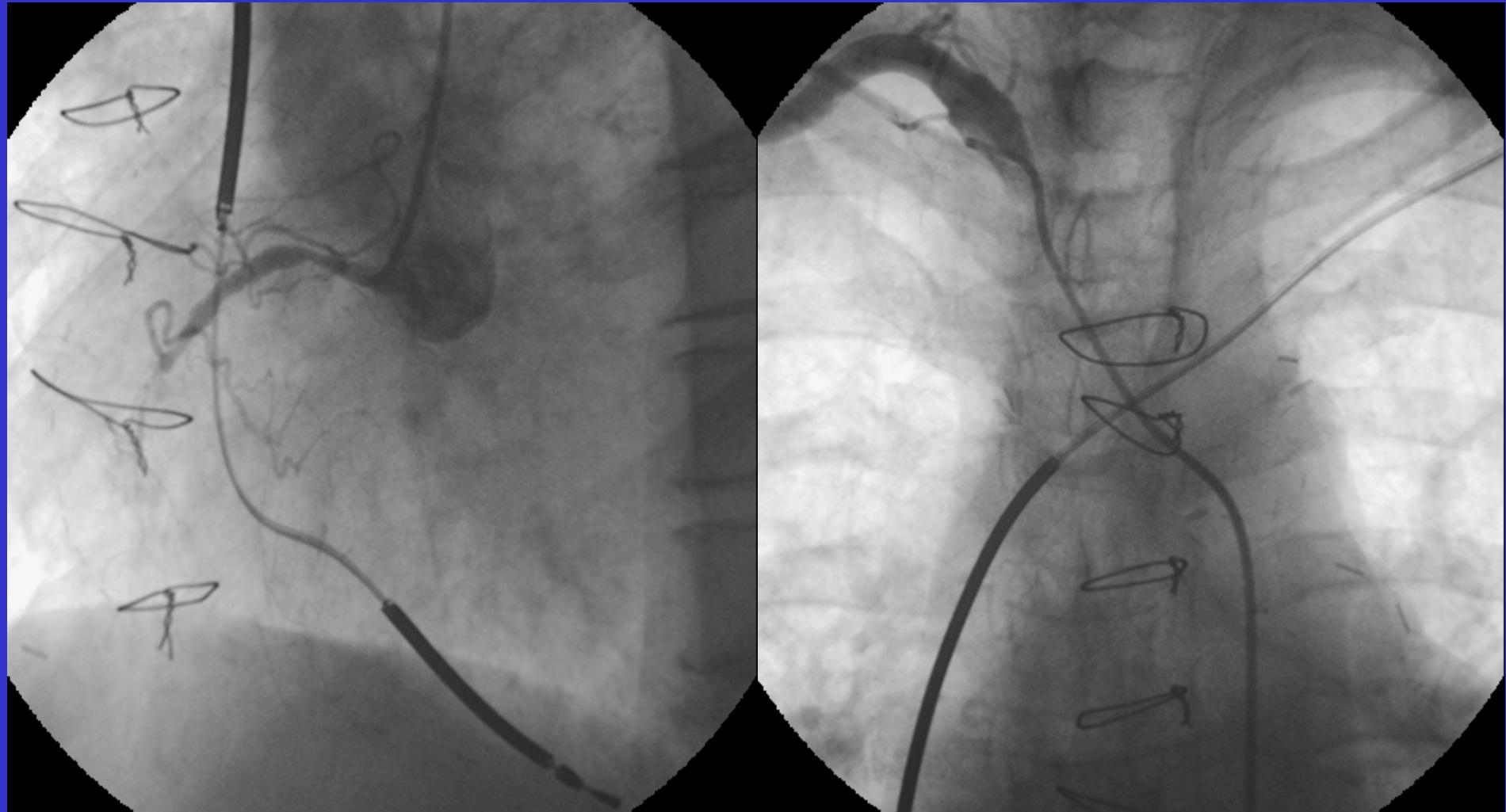


JPEG

87 bpm

Right coronary artery

RIMA



# Therapy ?

- Surgical revascularization ?
- Percutaneous revascularization ?
- Mitral valve repair ?
- Resynchronization therapy ?

## Mitral valve repair: too high surgical risk

9/2006 ICD was converted to biventricular pacing

2007 NYHA II-III

3/2007 Atrial fibrillation

10/2007 ECHO: EF 22%

10/2008 pacemaker elective replacement time  
Evidence of very high threshold of coronary sinus lead and diaphragmatic stimulation.  
Device replacement.  
Failure of new lead implantation, absence of other veins.  
Bifocal right ventricular stimulation (apex and basal septum)

2/2009

NYHA III, astenia, not dyspnea

Therapy:

digitalis 0.125 mg, furosemide 125 + 25 mg,  
spironolactone 25, bisoprolol 1.25, losartan 12.5,  
simvastatin, warfarin

16/2/2009

Admitted (severe astenia and cachexia)

BP 75/50

No rales, no edemi

ECG: Paced with frequent ventricular tachycardia

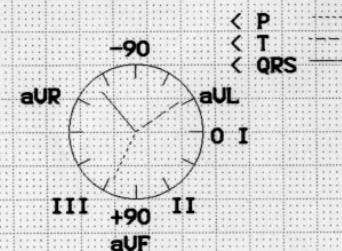
GE MAC1200 ST

, , A.S.L. TO 2 OMU CARDIOLOGIA

FC 87/min

Risultati dell'Esame:

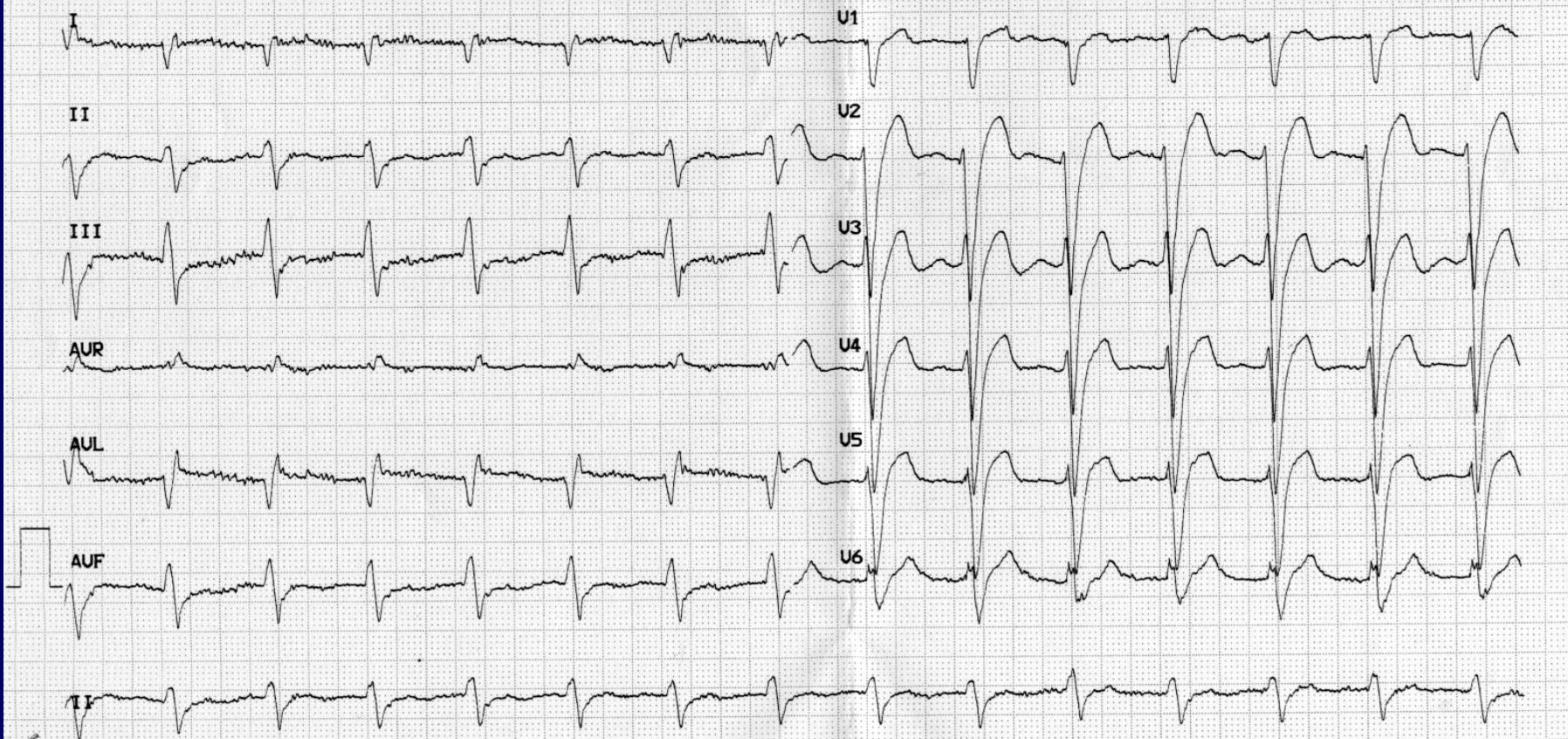
QRS : 162 ms  
QT/QTcB : 418 / 502 ms  
PQ : ms  
P : 110 ms  
RR/PP : 688 / 415 ms  
P/QRS/T : 116/ 229/ -35 Gradi



Interpretazione:

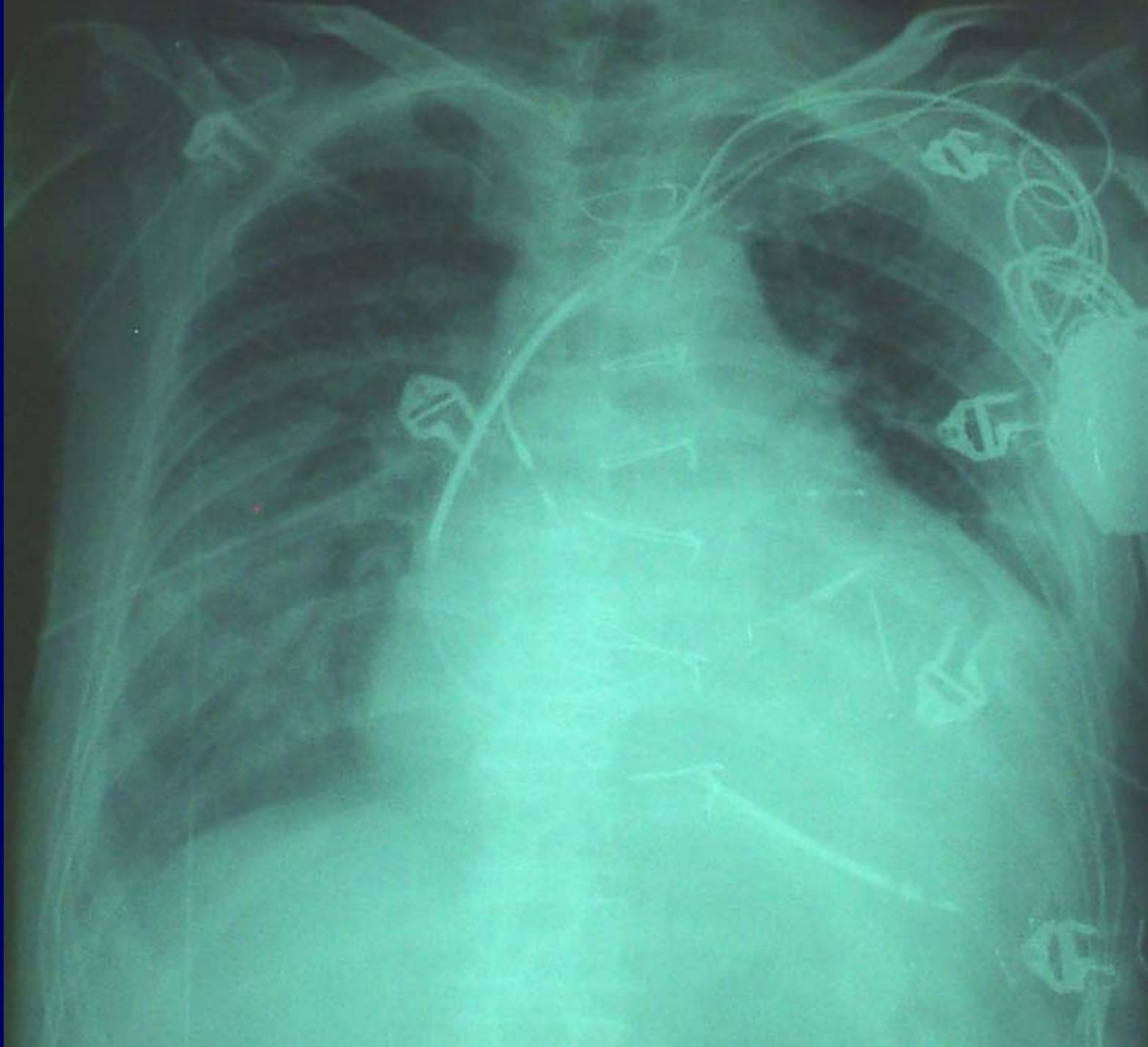
PAO 80/60

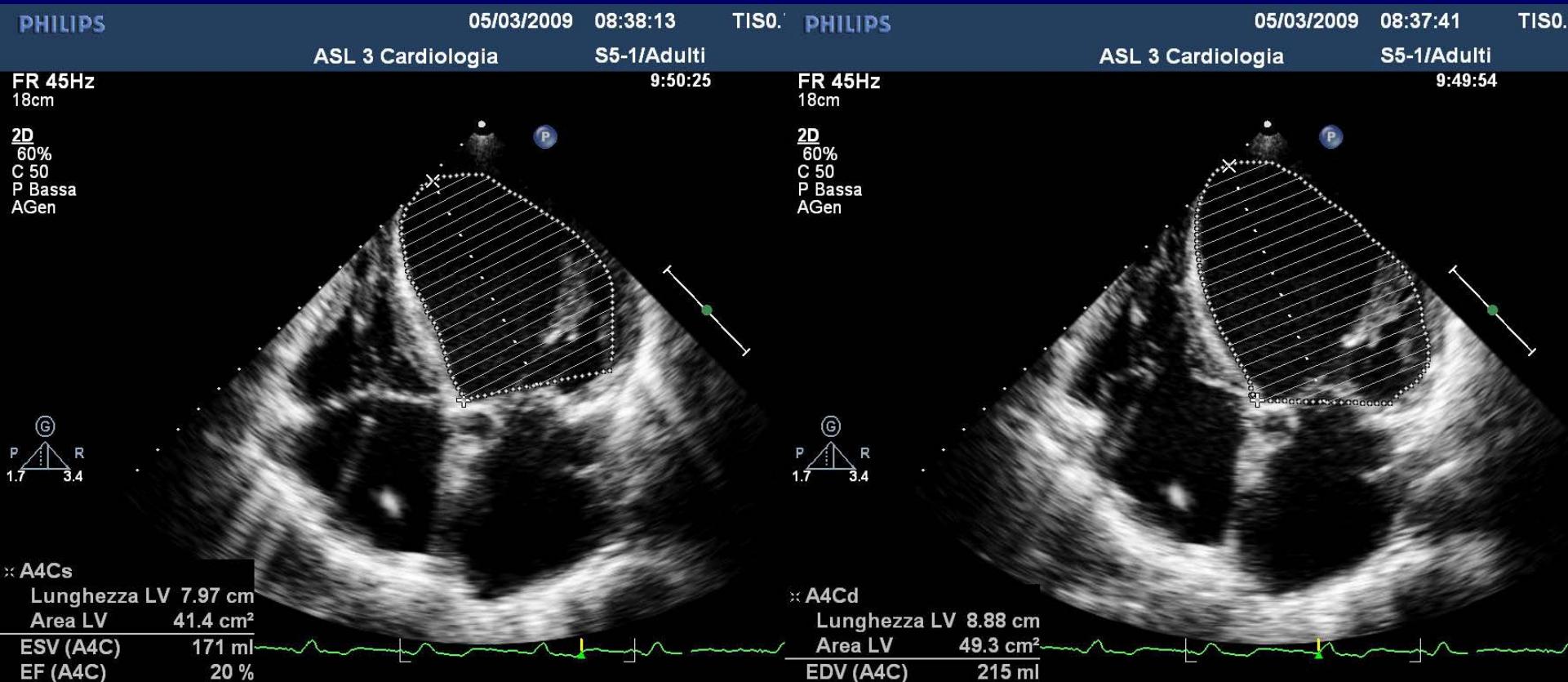
rapporto non confermato.



A.S.L. TO2

Azienda Sanitaria Locale  
Torino Nord





17/2

anuria

BP 85/50

EGA            pH 7.49  
                pCO2 32 mmHg  
                pO2 72 mmHg  
                HCO3- 24.4mmol/L  
                BE 1.5 mmol/L

Serum creatinine 3.2

Na 132 K 4,2

# Therapy ?

- Medical therapy
  - Dopamine
  - Levosimendan
  - Furosemide infusion
  - Vasodilators
- Hemodialysis
- IABP
- Left ventricular assist device
- Coronary revascularization
- CRT optimization
- Mitral valve repair

- Dopamine (5 γ /kg/min)
- Furosemide infusion (1 g)
- Levosimendan  
=> diuresis 500

18/2 Dyspnea

BP 92/50

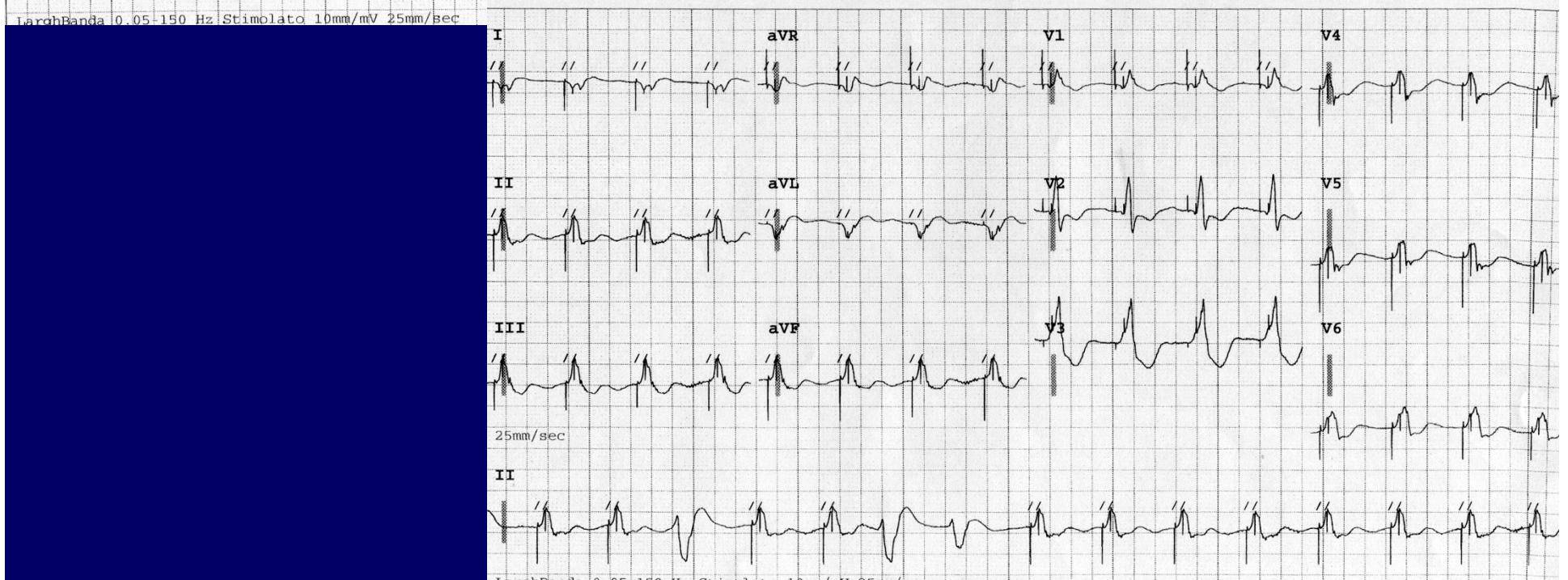
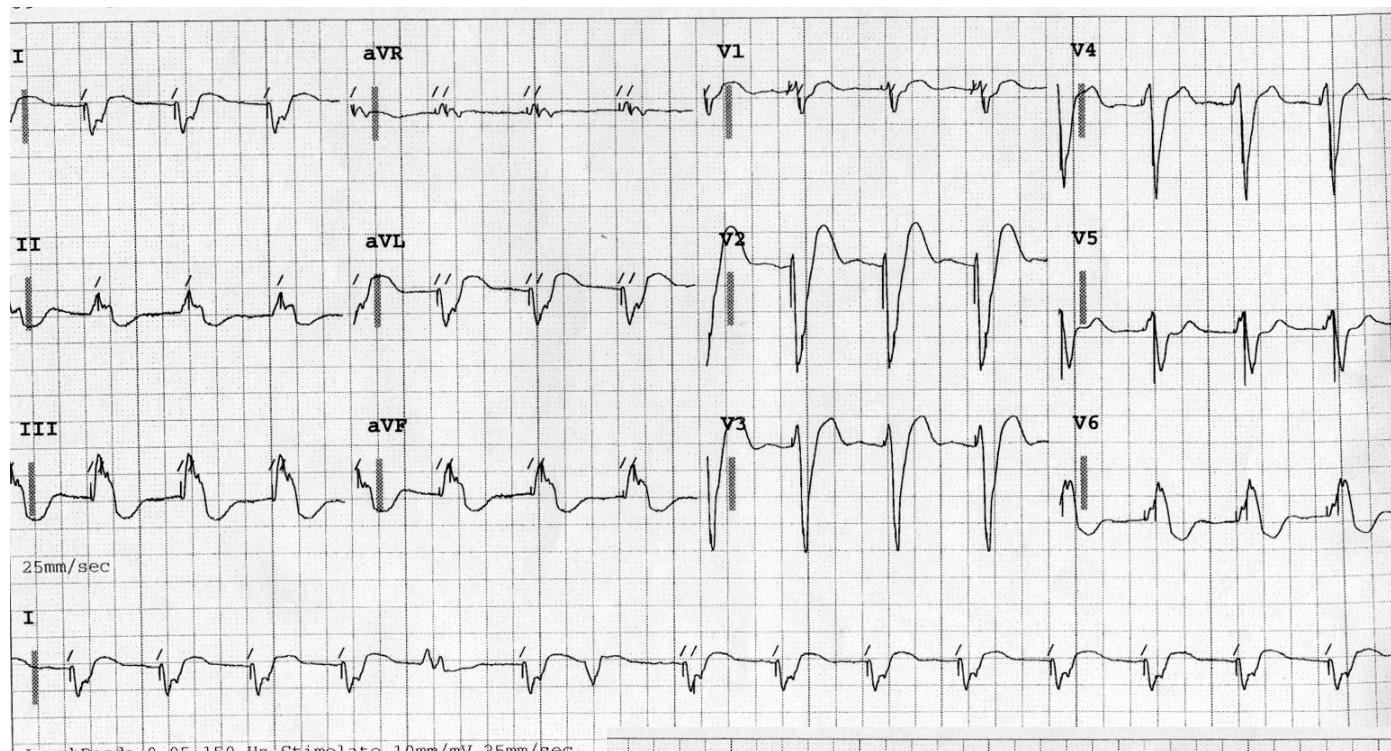
Pulmonary congestion

- Sodium nitroprusside 0,1 γ /kg/min

19/2 BP 85/50

diuresis 1200 cc

Serum creatinine 5



20/2 BP 103/60  
diuresis 2000  
creatinine 5.5  
non sustained ventricular tachycardia  
=> Amiodarone and lidocaine infusion

22/2 Dyspnea, SpO<sub>2</sub> 89%  
anuria  
creatinine 6.2  
=> CPAP  
=> Amiodarone and lidocaine interrupted  
=> Metolazone 10 mg added

After 6 hours urine output 80 cc/h

24/2 BP 95/60

diuresis 6300,  
creatinine 5.4

26/2 diuresis 8500 cc  
creatinine 3.8

27/2 BP 95/60  
diuresis 4000  
creatinine 2.5

6/3 Rehabilitation ward

Warfarin  
Ramipril 2.5 mg  
Furosemide 50 mg bid  
Spironolactone 50 mg  
Digitalis 0.0625 mg  
Bisoprolol 1.25 mg

