

# Trivial Presentation of Grave Diseases

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CASE 1:

## SUPRAVENTRIVULAR TACHYCARDIA


|                     |  |
|---------------------|--|
| Age                 | 36 years                               |
| Chief complaint     | Palpitations during eating for 14 days |
| Location            | In chest                               |
| quality             | fast                                   |
| severity            | moderate                               |
| Allergies / smoking | No known allergies and non-smoker      |

Employed : full-time

Employed as : Spray painter

Patient is content with his job

Family history of chronic ischaemic heart disease: unspecified



**Constitutional symptoms**

No fever

No weight loss

No sweating



No fatigue

No malaise

No lethargy

Normal appetite



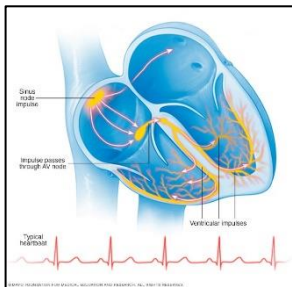
Cardiovascular symptoms

Palpitations

Gastrointestinal

Gastroesophageal reflux is **present**

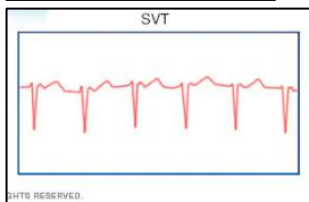
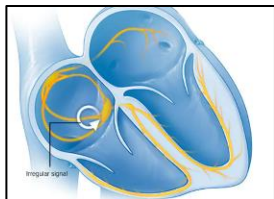
# TYPICAL HEARTBEAT



## Typical heartbeat

In a typical heart rhythm a tiny cluster of cells at the sinus node sends out an electrical signal. The signal then travels through the atria to the atrioventricular (AV) node and then passes into the ventricles causing them to contract and pump out blood.

# SUPRAVENTRICULAR TACHYCARDIA

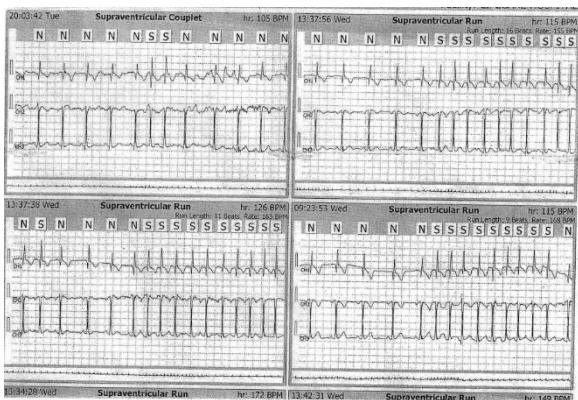


## Supraventricular Tachycardia

Supraventricular tachycardia is an irregularly fast heartbeat. It occurs when faulty electrical connections in the heart set off a series of early beats in the upper chambers of the heart (atria)

## PATIENT WAS REFERRED TO A CARDIOLOGIST

Palpitations with normal ECG and cardiac markers. Holter monitoring showed: multiple episodes of ill-sustained supraventricular tachycardia. H.pylori antigen ruled out gastroesophageal reflux disease [GERD]



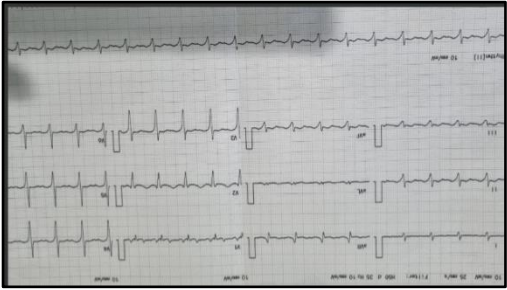
Patient's Holter Tracing

## CASE 2:

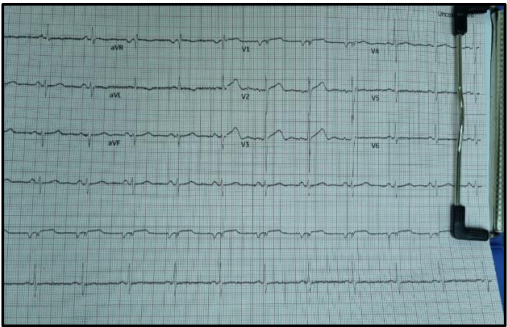
# SILENT MI In DIABETICS

Two patients in their **40s** presented to the clinic for a General Medical Check-Up. I normally get ECGs as **baseline record** for diabetic patient's **ECGs were dubious**; not clear to reveal any ischemic heart disease. Patients did not present any symptoms at the time, but I requested their **troponin** It's element of chance or coincidence both of these patients' troponin reported in **1000s**.

One of the two had triple vessel disease so he was referred for CABG and the other had coronary angiogram and stenting. Both patients were of Asian ethnicity, of average built and exercised regularly.



ECG of first patient



ECG of second patient

# ATHEROGENIC DYSLIPIDAEMIA

Studies have shown that atherogenic dyslipidaemia: Strongly correlates with an increased risk of SMI and silent CAD in patients with DM. The management of atherogenic dyslipidaemia might help to reduce the high residual burden of cardiovascular disease.