

Strategies for Acute Heart Failure: Emerging Trends and Therapies

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Case presentation

- 27y old Saudi gentleman with end stage HF (stage D)
- Dx : familial dilated CM
- FHx of premature cardiac death
- AICD implanted months ago for recurrent VT
- Hx of Recurrent admission with ADHF



Clinical assessment

Present complaint

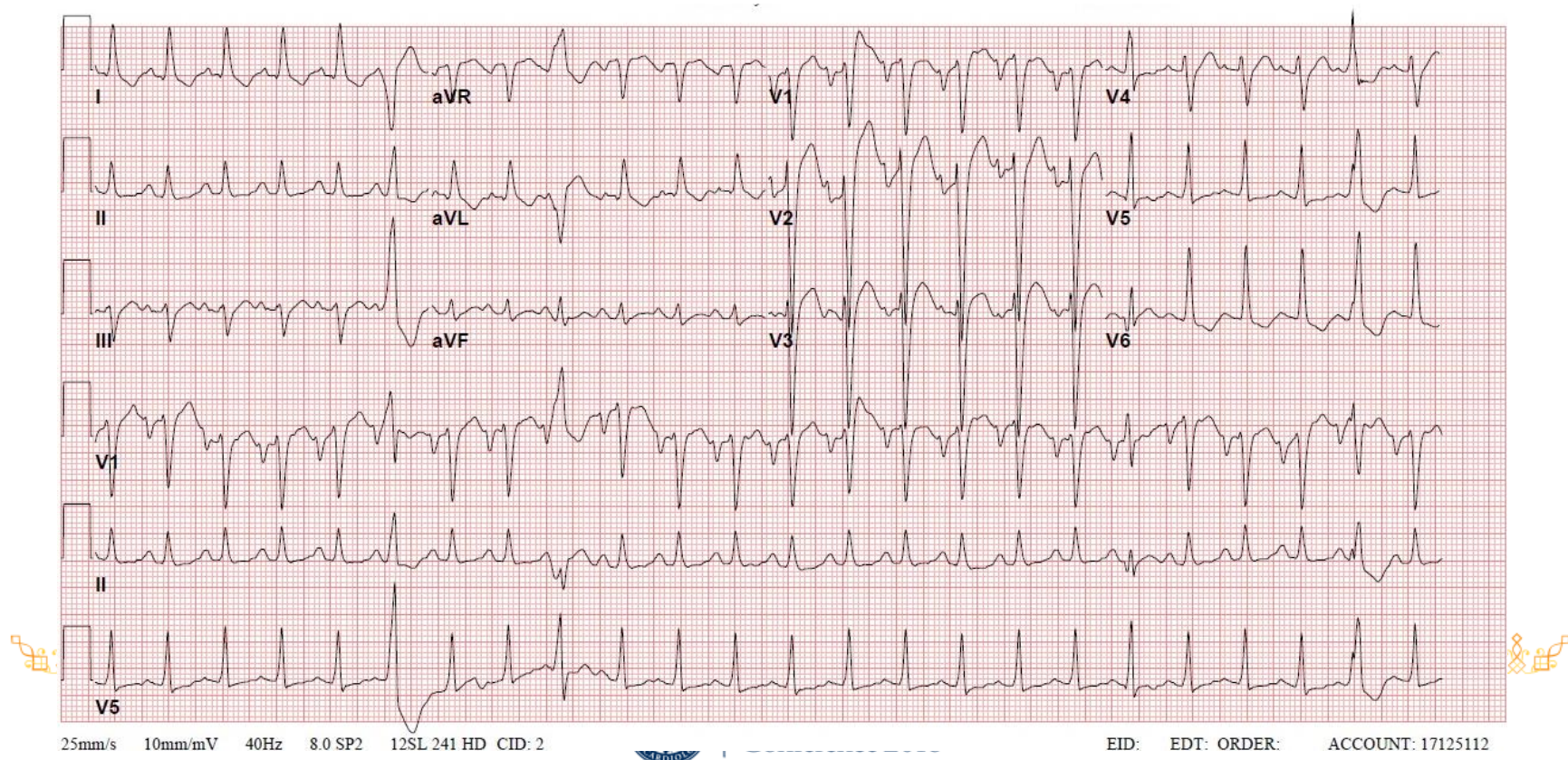
- SOB, NYHA III, IV
- PND
- Orthopnea

Physical assessment

- BP 105/55
- HR = 98 B/M regular
- CVS = S1+S2+S3+PSM,
raised JVP
- Chest= bi-basal crepitation

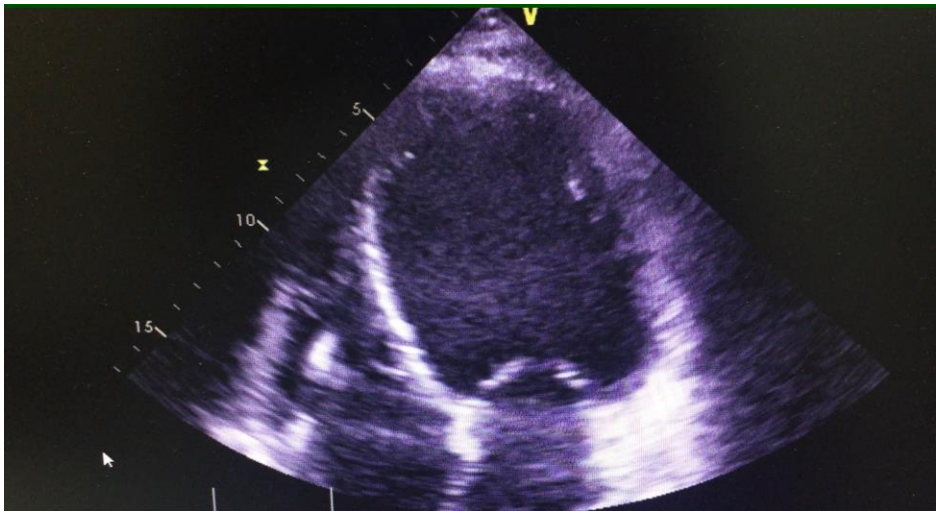
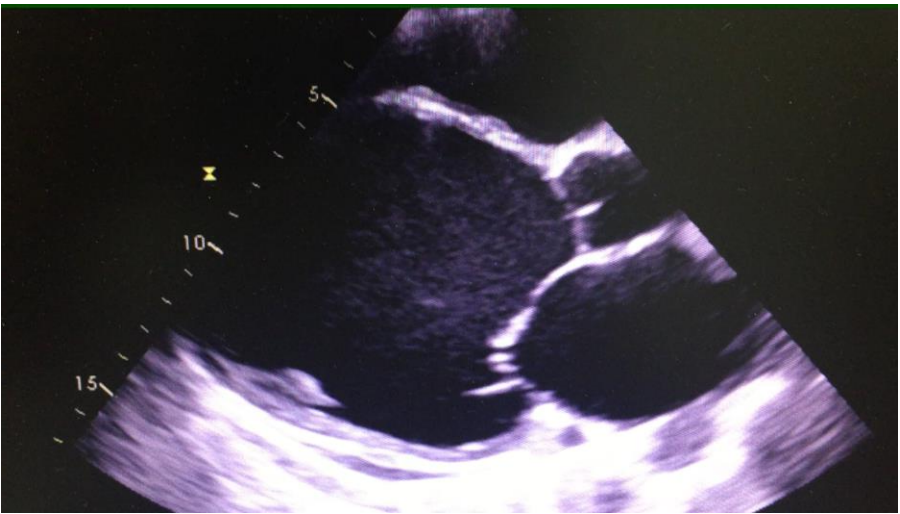


ECG

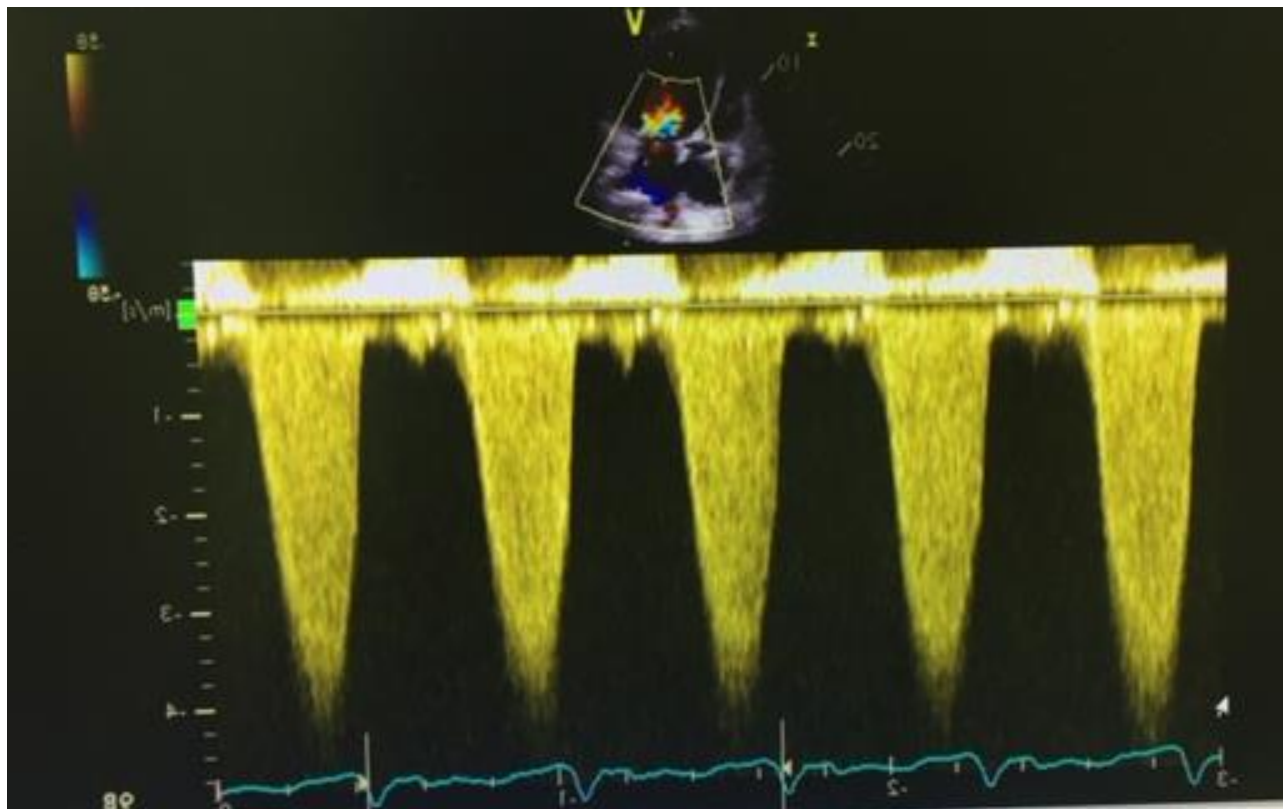




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Initial Laboratory Results

Na	113
U	13
Cr	76
ProBNP	> 3000
Hb	11.5
K	3.9



Right Heart cath

Site	Sys.\A wave mmHg	Dias\V wave mmHg	Mean mmHg
AO	108	83	89
LV	114	11	32
RA	14	9	10
RV	76	4	20
PA	73	45	56
PCW	34	45	38



All of the following are evidence based initial therapeutic options except

- IV furosemide infusion with low dose dopamine infusion
- IV nitroglycerin
- Thromboembolic prophylaxis
- Hypertonic saline



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Which one of the following is true

- Heart transplant is contraindicated in our patient because of high PVR and TPG
- LVAD should be considered as destination therapy because of presence of hyponatremia
- Percutaneous mitral valve interventions is proven effective long term therapy for patients with advanced end stage HF



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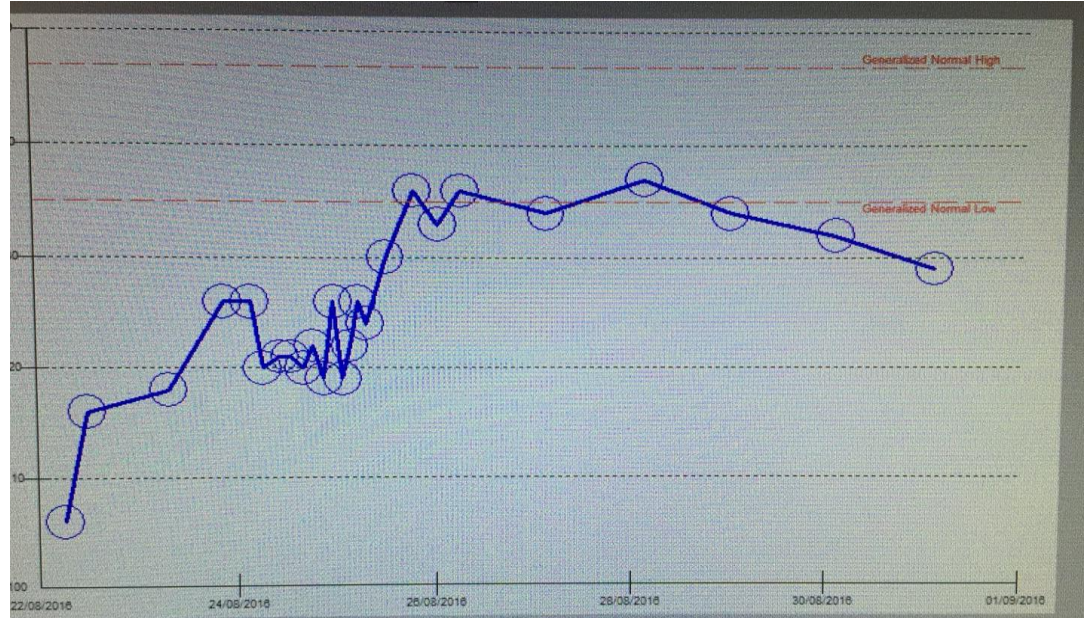
Subsequent Hospital Management

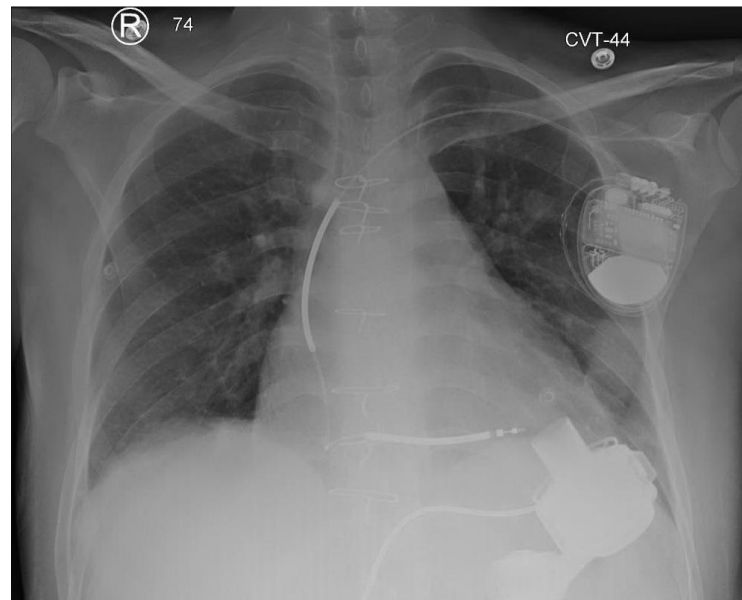


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Hyponatremia Management

- IV diuretics
- Fluid restriction
- IV vasodilator
- Hypertonic saline





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