



The neglected cardiac conditions in women

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Case 1

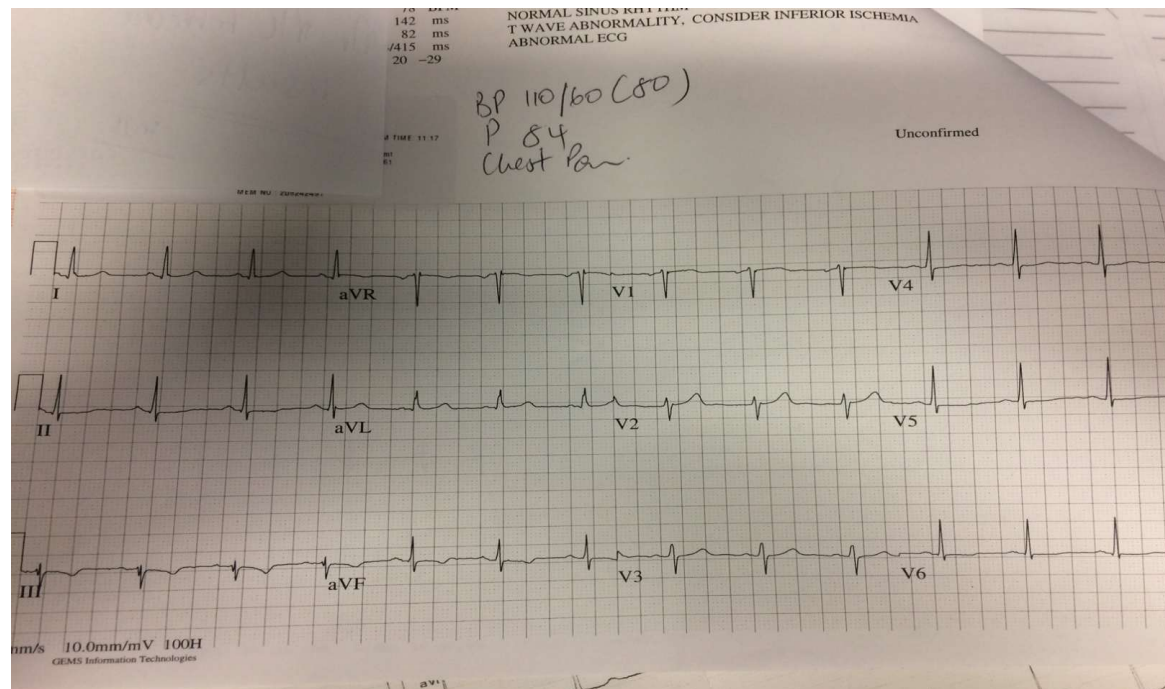
- ▶ 53 year old lady
- ▶ Bipolar mood disorder on Brintellix, Toplep and Lamitor
- ▶ Vortioxetine (SSRI), Topiramate(anticonvulsant but also used for migraines and Lamotrigine (also anticonvulsant but sometimes used for mood disorders)
- ▶ 1 year history of chest pain
- ▶ 'Feels like a spasm digging into my sternum and then it goes into my arm'
- ▶ Pain constantly there. Not made worse by any form of exertion
- ▶ Felt very tired and listless but no heart failure symptoms



Case 1 continued...

- ▶ Hysterectomy years ago
- ▶ Diagnosed with high cholesterol and developed intolerable muscle pains on a statin so she stopped taking it
- ▶ Smoker, no alcohol intake
- ▶ No family history of ischaemic heart disease
- ▶ Clinical examination unremarkable

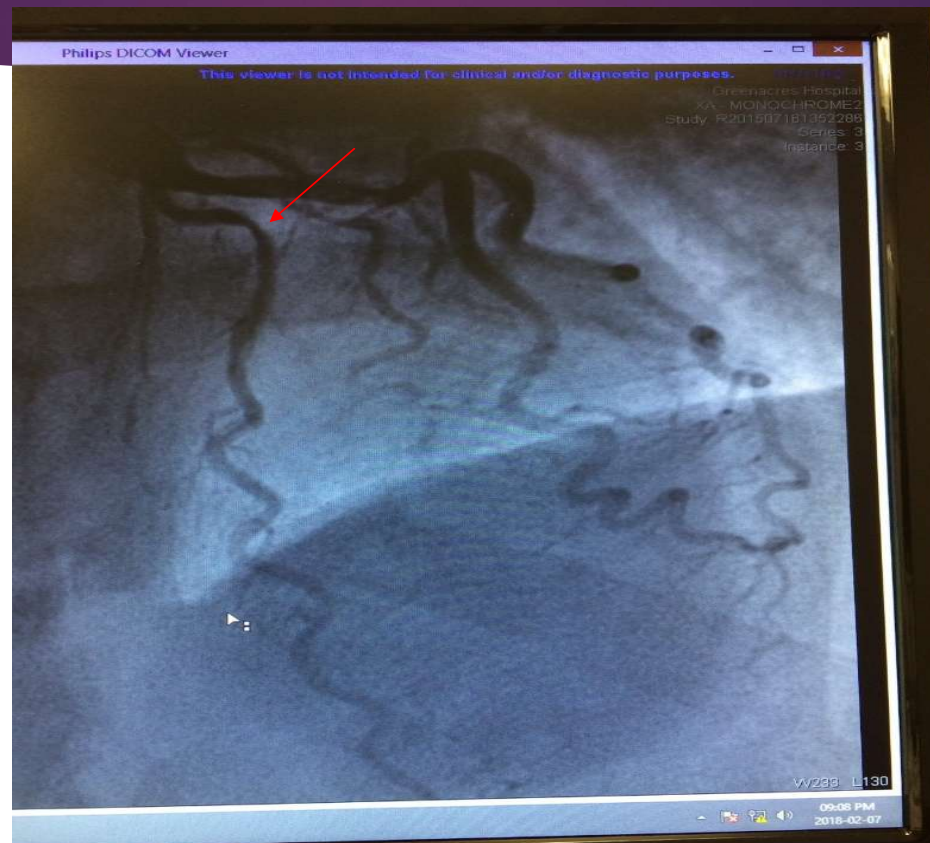
Admission ecg



Case 1....

- ▶ Admission troponin I = 4ng/L (positive if > 40)
- ▶ Echocardiogram normal – good LV function.
- ▶ Referring Dr had tried to do an exercise stress test but she complained of pain whilst getting on the treadmill so he “bailed”
- ▶ I'm not too convinced this is cardiac in origin...and her usual family Dr sent her to me out of desperation.
- ▶ I suggested an angiogram to definitively rule out coronary disease once and for all

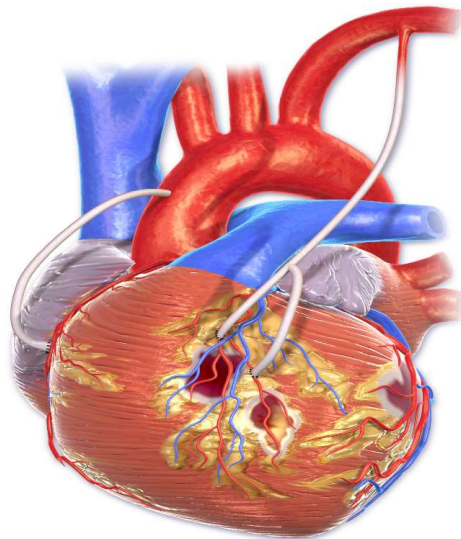
Left coronary artery injection



Left coronary injection



Bypass surgery



Coronary Artery Bypass Graft (CABG)
Triple Bypass

Case 1...Management

- ▶ Went home 2 days after admission then came back within a week for her bypass
- ▶ Uneventful surgery – 2 grafts
- ▶ Difficult post-operative course from pain control perspective, but no complications
- ▶ Discharged on Bilacor, Aspirin, Rosuvastatin and a PPI.
- ▶ I've see her multiple times since then, most recently 25/01/2018
- ▶ Refuses to take statin still

Cornerstones of ischaemic heart disease Rx

- ▶ Aspirin
 - ▶ Statin
 - ▶ Beta blocker
 - ▶ ACE or ARB
 - ▶ Spironolactone if there is impaired left ventricular systolic function
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- ▶ Clopidogrel for at least 1 year after an acute coronary syndrome, even if no stent deployed.

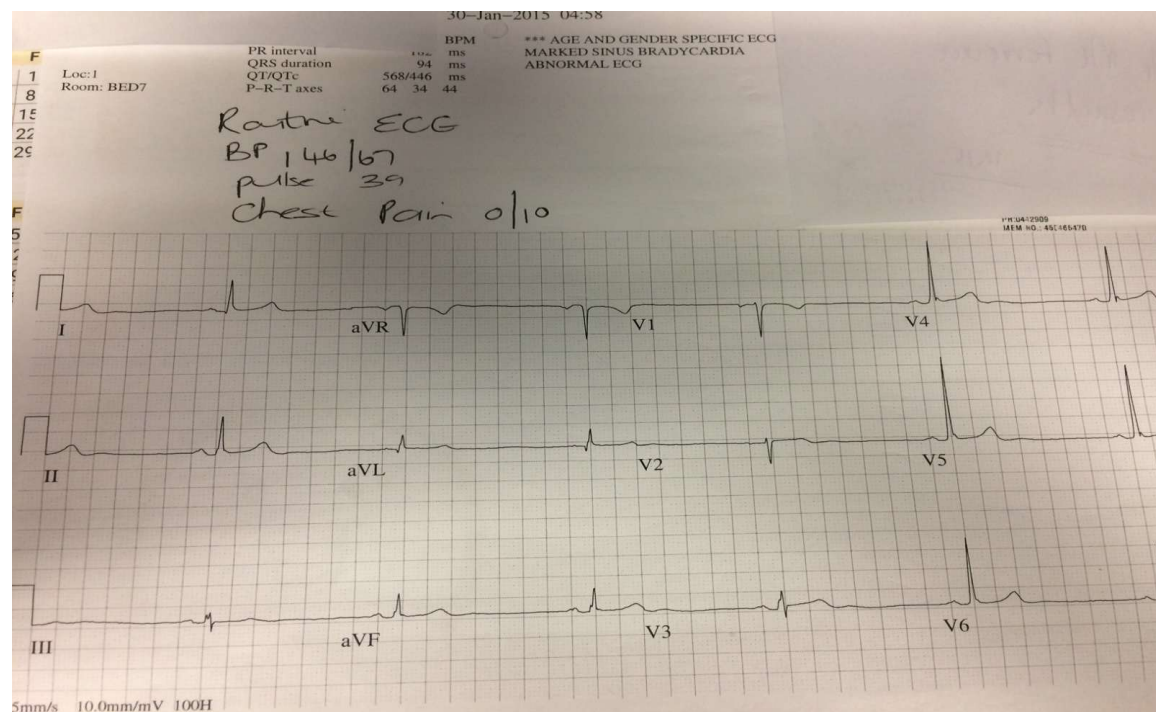
Case 2

- ▶ 45 yr old lady – mother of 3 children
- ▶ 1st seen by me in 2015
- ▶ Lost her brother towards the end of 2014 – died unexpectedly
- ▶ 'Not taking it well', Some depressive symptoms
- ▶ "I feel dizzy whenever I have to do anything more than my usual daily activities".
- ▶ Extremely tired all the time. Effort tolerance markedly reduced
- ▶ No syncope or palpitations or heart failure symptoms.
- ▶ "I'm struggling at work now, Doc, and everyone thinks its this depression but it isn't. There is something wrong with me but no-one believes me"

Case 2 continued

- ▶ Minor surgeries in the past
 - ▶ Not diabetic or hypertensive. No meds at present
 - ▶ No family history of cardiac disease
 - ▶ Seen by a specialist physician who labelled illness as stress related
 - ▶ Sent to me for evaluation of bradycardia and presyncope
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- ▶ BP 188/100 with bradycardia of 40/min
 - ▶ Rest of examination unremarkable

Resting ecg...

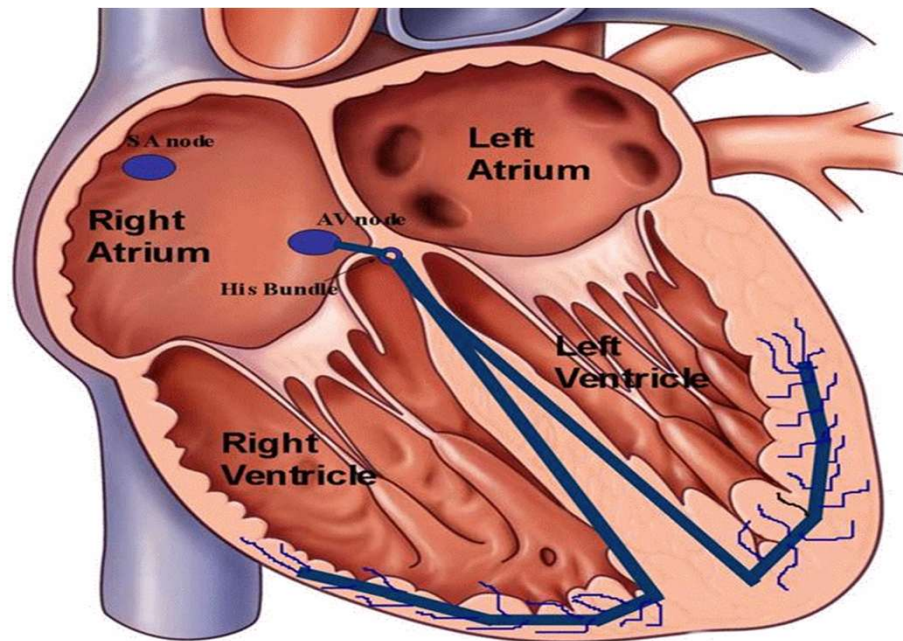




Exercise ecg

- ▶ Important that this is done with continuous ecg recording otherwise this diagnosis can easily be missed
- ▶ Chronotropic incompetence or Sick sinus syndrome

Anatomy revision...

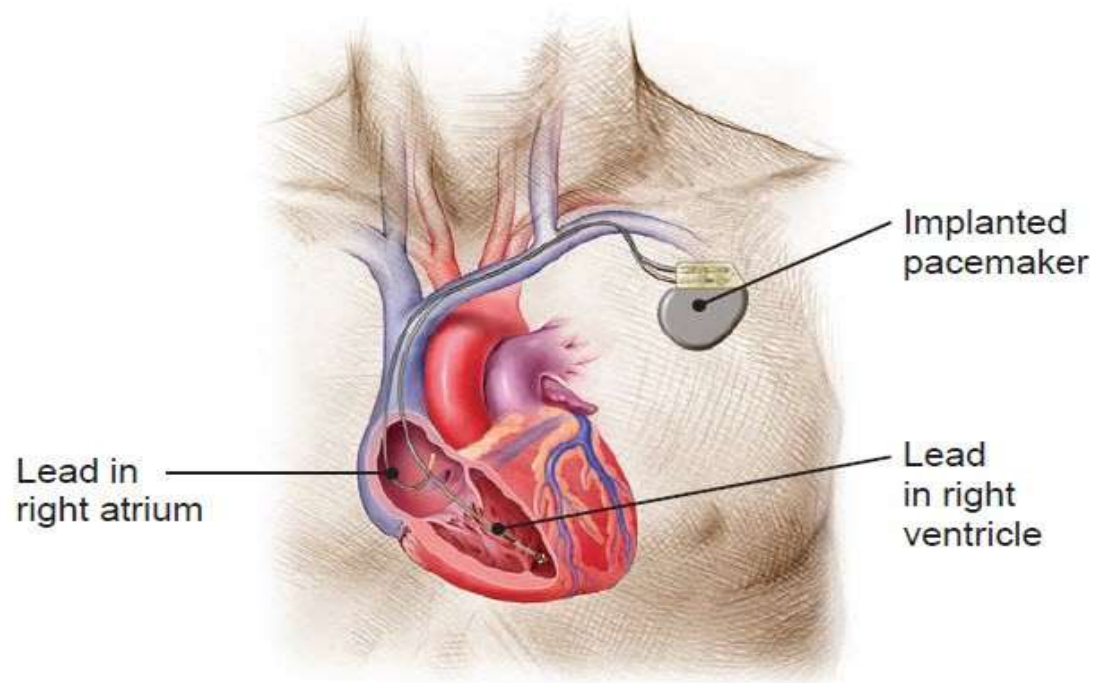




Exercise test

- ▶ Whilst exercising, heart rate went from 40 to 76/min but not higher and then suddenly dropped to 40 again
- ▶ She felt profoundly dizzy and almost fell off my treadmill
- ▶ Diagnosis confirmed – Sick sinus syndrome
- ▶ Admitted for a dual chamber permanent pacemaker

Dual chamber permanent pacemaker



Progress

- ▶ Device implanted without any complications once authorisation was obtained
- ▶ Discharged a day later.
- ▶ Seen at 6 weeks follow-up – “feels like a new person – never been dizzy again’
- ▶ Husband “Does it come with a remote so I can switch it off from time to time?? She doesn’t stop or rest anymore!!”



Take home messages

- ▶ Pay attention to the patient who keeps complaining of the same complaint consistently
- ▶ Exclude organic pathology before labelling someone with a psychological illness
- ▶ Exercise stress testing is sometimes unhelpful in women
- ▶ Consider rhythm disorders for the dizzy patient with bradycardia
- ▶ Only perform an exercise stress test to exclude chronotropic disorders if continuous ecg monitoring is available, otherwise you will miss the diagnosis