

## **Small group discussion – Cardiovascular system**

**Y3S1 - Batch 2014/15**

**On 25.02.2019 1.30 – 2.30 pm**

**Dr. E.H. Siriweera**

1. A 30-year-old man with a past history of valvular heart disease presents with low grade fever of 3-weeks duration and an episode of haematuria. On examination he was pale, had splinter haemorrhages and a cardiac murmur.
  - a. What is the most likely diagnosis?
  - b. What predisposing factors should be asked about in the clinical history?
  - c. What investigations can be done to confirm your diagnosis?
  - d. What can cause negative blood cultures in this condition?
  
2. A 28-year-old man with a past history of rheumatic fever presents with dyspnoea which is worse when lying down(orthopnoea) and episodic haemoptysis. He is afebrile, has a tachycardia and a diastolic murmur at the cardiac apex.
  - a. What is the most likely condition he is having?
  - b. Explain the pathological basis of his signs and symptoms
  
3. A 50-year-old obese man with a history of diabetes and hypertension presents with severe retrosternal chest pain that radiates to the left shoulder and shortness of breath. His Troponin-I level is 12ng/dL. The ECG revealed ST elevation. An immediate coronary angiogram revealed a thrombotic occlusion in the left anterior descending coronary artery which was treated. On the 4<sup>th</sup> day he developed sudden onset severe chest pain and was found to have severe hypotension(80/60mmHg) and tachycardia(124/min).
  - a. What is your diagnosis?
  - b. What complication did he develop on day 4?
  - c. Explain the pathological events that lead to the complication mentioned in b.