

PROSTHETIC VALVES

CASE 1.

Metallic-AVR (Aortic Valve Replacement) with Mild-to-Moderate MS (Mitral Stenosis) due to RhVHD (Rheumatic-Valvular-Heart-Disease)



CASE 1. Metallic-AVR (Aortic Valve Replacement) with Mild-to-Moderate MS (Mitral Stenosis) due to RhVHD (Rheumatic-Valvular-Heart-Disease)

 My clinical diagnosis of this young gentle-man is AVR (Aortic Valve Replacement) as evidenced by Midline-Sternotomy-Scar without any Saphenous-Vein-Harvesting-Scar or Radial-Artery-Harvesting-Scar.



Metallic-CC (Closing Click)

- And this AVR (Aortic Valve Replacement) is Metallic as evidenced by Metallic-CC (Closing Click) that coincides with Second-Heart-Sound (A₂) (that is, CC is heard after the Carotid-Pulse).
- And this Metallic-AVR (Aortic Valve Replacement) is functioning very well as evidenced by absence of any Regurgitant Murmur, that is, absence of any Regurgitant Murmur (that is, Diastolic Murmur of AVR).
- And this Metallic- AVR (Aortic Valve Replacement) is not complicated by Left-Heart-Failure as evidenced by absence of Lungs-Crackles and also not complicated by PHT (Pulmonary HyperTension) as evidenced by absence of Palpable-Loud-P₂ with Left-Parasternal-



SKELETON of Presentation Skills STATION-3 (CARDIOVASCULAR)

Heave & PSM (Pan-Systolic-Murmur) of TR (Tricuspid Regurgitation) and also not complicated by RHF (Right-Heart-Failure) as evidenced by absence of Raised-JVP, Tender-Hepatomegaly & Foot-Oedema.



Foot-Oedema



No Lungs-Crackles

 And this Metallic-AVR (Aortic Valve Replacement) is not complicated by IE (Infective-Endocarditis) as evidenced by absence of peripheral stigmata of IE (Infective-Endocarditis) and also absence of Diastolic (Regurgitant) Murmur. That does mean, this Metallic-



- AVR (Aortic Valve Replacement) is not complicated by PVE (Prosthetic-Valve-Endocarditis) or Valvular Dysfunction in the form of Valvular/Para-Valvular Leak.
- And this gentleman is also on Warfarin as evidenced by Anti-Coagulation-Alert-Card at the bed-side but without Skin-Bruises. And I would like to see the Yellow-Book to see the trends of INR, whether it is within the recommended limit or not.
- And also this Metallic-AVR (Aortic Valve Replacement) is not complicated by Mechanical Haemolysis as evidenced by absence of Anaemia & Jaundice.
- Along with that, I also found he has got MS (Mitral Stenosis) as evidenced by Loud-First Heart-Sound (S₁) & LL-RR-MM (Low-Pitch-Localized-Rough-Rumbling-MDM (Mid-Diastolic-Murmur), best heard at the Left 5th Intercostal Space with Left-Lateral-position with the Bell-of-the-Stethoscope with Breath-Holding-After Expiration but without the features of Severity as evidenced by absence of AF (Atrial Fibrillation) as well as PHT (Pulmonary HyperTension). So this can be the Mild-to-Moderate MS (Mitral Stenosis).
- And the underlying aetiology of this Metallic-AVR
 (Aortic Valve Replacement) along with Mild-to Moderate MS (Mitral Stenosis) is RhVHD
 (Rheumatic-Valvular-Heart-Disease) as because of
 young age & multi-Valvular involvement.
- 10. So putting all them together, I think this young-man has got Metallic-AVR (Aortic Valve Replacement) along with Mild-to-Moderate MS (Mitral Stenosis) without AF (Atrial Fibrillation) due to RhVHD (Rheumatic-Valvular-Heart-Disease) & this Metallic-AVR (Aortic Valve Replacement) is functioning very well without Left-Heart-Failure without PHT (Pulmonary HyperTension) without RHF (Right-



SKELETON of Presentation Skills STATION-3 (CARDIOVASCULAR)

Heart-Failure) without **IE (Infective-Endocarditis)** without **Mechanical Haemolysis** & is on **Warfarin.**

 I would like to confirm my diagnosis by requesting a Color-Doppler-Echocardiography especially TEE (Trans-Esophageal-Echocardiography).



CASE 2.

Metallic-AVR (Aortic Valve Replacement) due to Age-Related-Degenerative-Calcification with CAD (Coronary Artery Disease) with CABG (Coronary-Artery-Bypass-Grafting) with PPM (Permanent-Pace-Maker)



- CASE 2. Metallic-AVR (Aortic Valve Replacement) due to Age-Related-Degenerative-Calcification with CAD (Coronary Artery Disease) with CABG (Coronary-Artery-Bypass-Grafting) with PPM (Permanent-Pace-Maker)
- My clinical diagnosis of this elderly-man is AVR (Aortic Valve Replacement) as evidenced by Midline-Sternotomy-Scar with along with CAD (Coronary Artery Disease) as evidenced by CABG (Coronary-Artery-Bypass-Grafting) as evidenced by Radial-Artery-Harvesting-Scar along with PPM (Permanent-Pace-Maker) evidenced by a small infra-clavicular Scar & a smaller box underneath the skin.



Midline-Sternotomy-Scar with PPM (Permanent-Pace-Maker) small infra-clavicular Scar & a smaller box underneath the skin



Radial-Artery-Harvesting-Scar

 And this AVR (Aortic Valve Replacement) is Metallic as evidenced by Metallic-CC (Closing Click) that coincides with Second-Heart-Sound (A2) (that is, CC is after the Carotid-Pulse).



Metallic-CC (Closing Click)

 And this both Metallic-AVR (Aortic Valve Replacement) is functioning very well as evidenced by absence of any Regurgitant Murmur, that is, absence of any Regurgitant Murmur (that is, Diastolic Murmur of AVR).



4. And this Metallic- AVR (Aortic Valve Replacement) is not complicated by Left-Heart-Failure as evidenced by absence of Lungs-Crackles and also not complicated by PHT (Pulmonary HyperTension) as evidenced by absence of Palpable-Loud-P₂ with Left-Parasternal-Heave & PSM (Pan-Systolic-Murmur) of TR (Tricuspid Regurgitation) and also not complicated by RHF (Right-Heart-Failure) as evidenced by absence of Raised-JVP, Tender-Hepatomegaly & Foot-Oedema.



No Raised-JVP



Foot Oedema



- 5. And this Metallic-AVR (Aortic Valve Replacement) is not complicated by IE (Infective-Endocarditis) as evidenced by absence of peripheral stigmata of IE (Infective-Endocarditis) and also absence of Diastolic (Regurgitant) Murmur. That does mean, this Metallic-AVR (Aortic Valve Replacement) is not complicated by PVE (Prosthetic-Valve-Endocarditis) or Valvular Dysfunction in the form of Valvular/Para-Valvular Leak.
- 6. And this gentleman is also on Warfarin as evidenced by Skin-Bruises on the left arm as well as Anti-Coagulation-Alert-Card at the bed-side. And I would like to see the Yellow-Book to see the trends of INR, whether it is within the recommended limit or not.



Anti-Coagulation-Alert-Card



Skin-Bruises

 And also this Metallic-AVR (Aortic Valve Replacement) is not complicated by Mechanical Haemolysis as evidenced by absence of Anaemia & Jaundice.



No Anaemia



No Jaundice.

- And the underlying aetiology of this Metallic-AVR
 (Aortic Valve Replacement) is Age-Related Degenerative-Calcification as because of he is above
 the age of 65 years & because of presence of CAD
 (Coronary Artery Disease).
- So putting all them together, I think this elderly-man has got Metallic-AVR (Aortic Valve Replacement) due to Age-Related-Degenerative-Calcification along with CAD (Coronary Artery Disease) underwent CABG (Coronary-Artery-Bypass-Grafting) & this Metallic-AVR (Aortic Valve Replacement) is functioning very well without Left-Heart-Failure without PHT (Pulmonary HyperTension) without RHF (Right-Heart-Failure) without IE (Infective-Endocarditis) without Mechanical Haemolysis & is on Warfarin.
- I would like to confirm my diagnosis by requesting a Color-Doppler-Echocardiography especially TEE (Trans-Esophageal-Echocardiography).



CASE 3.

Metallic- AVR (Aortic Valve Replacement) with MICS due to BAV (Bicuspid-Aortic-Valve)



CASE 3. Metallic- AVR (Aortic Valve Replacement) with MICS due to BAV (Bicuspid-Aortic-Valve)

 My clinical diagnosis of this middle-aged pleasant lady is AVR (Aortic Valve Replacement) as evidenced by MICS (Minimally-Invasive-Cardiac-Surgery) Scar, that is Right-Transverse-Thoracotomy-Scar without any Saphenous-Vein-Harvesting-Scar or Radial-Artery-Harvesting-Scar.



Right-Transverse-Thoracotomy-Scar

 And this AVR (Aortic Valve Replacement) is Metallic as evidenced by Metallic-CC (Closing Click) that coincides with Second-Heart-Sound (A2).





Metallic-CC (Closing Click)

- And this both Metallic- AVR (Aortic Valve Replacement) is functioning very well as evidenced by absence of any Regurgitant Murmur, that is, absence of any Regurgitant Murmur (that is, Diastolic Murmur of AVR).
- And this Metallic- AVR (Aortic Valve Replacement) is not complicated by Left-Heart-Failure as evidenced by absence of Lungs-Crackles and also not complicated by PHT (Pulmonary HyperTension) and also not complicated by RHF (Right-Heart-Failure).
- And this Metallic-AVR (Aortic Valve Replacement) is not complicated by IE (Infective-Endocarditis) as evidenced by absence of peripheral stigmata of IE (Infective-Endocarditis) and also absence of Regurgitant Murmur.
- And she is on Warfarin as evidenced by Skin-Bruises as well as Anti-Coagulation-Alert-Card at the bedside. And I would like to see the Yellow-Book to see the trends of INR, whether it is within the recommended limit or not.





Skin-Bruises



Anti-Coagulation-Alert-Card

 And also this Metallic- AVR (Aortic Valve Replacement) is not complicated by Mechanical Haemolysis as evidenced by absence of Anaemia & Jaundice.



No Jaundice



No Anaemia

- And the underlying aetiology of this Metallic- AVR
 (Aortic Valve Replacement) is BAV (Bicuspid-Aortic-Valve) as because of she is under the age of 65 years.
- So putting all them together, I think this lady has got Metallic- AVR (Aortic Valve Replacement) due to BAV (Bicuspid-Aortic-Valve) is functioning very well without Heart Failure without IE (Infective-Endocarditis) without Mechanical Haemolysis & is on Warfarin.



SKELETON of Presentation Skills STATION-3 (CARDIOVASCULAR)

 I would like to confirm my diagnosis by requesting a Color-Doppler-Echocardiography especially TEE (Trans-Esophageal-Echocardiography).



CASE 4.

Bio-prosthetic-AVR (Aortic Valve Replacement) due to Age-Related-Degenerative-Calcification with CAD (Coronary Artery Disease) with CABG (Coronary-Artery-Bypass-Grafting)

