



# Speakers Session

NURSING & PRIMARY HEALTHCARE  
EPIGENETICS  
CARDIOLOGISTS

# 2021



## 33<sup>rd</sup> Annual Cardiologists Conference

### Secondary prophylaxis for rheumatic heart disease: A case report

**Roshinipriya Ganesin**

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Rheumatic heart disease is an irreversible sequela of rheumatic fever which is a major cause of cardiovascular morbidity and mortality in developing countries. We report a case of a 22-year-old lady with underlying chronic rheumatic heart disease, underwent mitral valve repair, presented with a recurrence of acute rheumatic fever with new aortic regurgitation confirmed by echocardiography, upon defaulting oral penicillin prophylaxis. She was treated symptomatically and started on IV Penicillin 2.4MU for 14 days based on clinical suspicion of possible infective endocarditis although laboratory values were not suggestive. With the resolution of clinical symptoms and treatment completion, she was discharged with oral penicillin despite non-compliance and a referral to the tertiary cardiac centre for continuation of care. Medical management was continued without surgical intervention to date. There is no specific guideline available in Malaysia to manage rheumatic heart disease, therefore treatment relies on the physician's experience. Majority still prefer prescribing oral penicillin prophylaxis in Malaysia but the recommended choice of prophylaxis worldwide is IM penicillin. In my opinion, this patient should have been discharged with IM penicillin or, even better, initiated at the point of initial diagnosis. In this case report, we not only highlight the importance of secondary prophylaxis but also focus on the route of prophylaxis to halt the progression of the disease.

**Key Words:** Recurrence of acute rheumatic fever, rheumatic heart disease, secondary prophylaxis, intramuscular penicillin

#### **Biography:**

Roshinipriya Ganesin has completed her education in department of medicine from International Medical University Clinical campus Kluang, Malaysia. Currently she is working in Selayang Hospital, Malaysia.



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### Electrocardiogram in athletes, limits of normal

**Professor Samir Rafla**

*Alexandria University, Egypt*

Normal ECG Findings: Increased QRS voltage for LVH or RVH, Incomplete RBBB, Early repolarization/ST segment Sinus bradycardia or arrhythmia, Ectopic atrial or junctional rhythm, 1° AV block, Mobitz Type I 2° AV block.

Borderline ECG Findings: Left axis deviation, Left atrial enlargement (>42 mm), Right axis deviation, Right atrial enlargement Complete RBBB. Abnormal ECG Findings: T wave inversion, ST segment depression, Pathologic Q waves Complete LBBB, QRS ≥ 140 ms duration, Epsilon wave, Ventricular pre-excitation, Prolonged QT interval, Brugada Type 1 pattern Profound sinus bradycardia < 30 bpm, PR interval ≥ 400 ms, Mobitz Type II 2° AV block, 3° AV block, >2 PVCs per 10 s tracing (>12/min), Atrial tachyarrhythmias, Ventricular arrhythmias.

#### Summary:

- ECG interpretation in athletes has evolved to help distinguish physiologic ECG findings from pathologic ECG findings.
- Some form of T-wave abnormality (inferior, anterior, or lateral) accounted for 35% of ECGs which were not normal but not pathological.
- Other common themes included the application of the IC definition of IVCD (≥140ms), sinus bradycardia (<40bpm), and right axis deviation (≥120 degrees). IC=International criteria.

#### Biography

Samir Morcos Rafla Emeritus professor of cardiology, Alexandria University, Egypt Fellow American College of Cardiology FACC Emeritus Fellow European Society of Cardiology EFESC Fellow Heart Rhythm Society FHRs (American society of arrhythmia) Member European Heart Rhythm Society HER Reviewer in many journals and assessor of abstracts and papers in conferences. Publications in Researchgate and Google Scholar.



## 33<sup>rd</sup> Annual Cardiologists Conference

### A Rare Case of Concomitant Acute Occlusion of Left Main Coronary Artery and Right Coronary Artery with characteristic Electrocardiographic pattern

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Acute left main coronary artery (LMCA) occlusion is a rare clinical presentation which often manifests as a cardiogenic shock with worse prognosis. However, the clinical outcome depends on the age of the patient, co-morbidities, the patency and dominance of Right coronary artery. Since LMCA supplies a large myocardial territory of left ventricle, it shows a characteristic electrocardiographic (ECG) pattern which helps to an early diagnosis. Presence of ST elevation in aVR with ST depressions of more than six leads is highly characteristic for LMCA occlusion. Here we are reporting an extremely rare case of acute concomitant occlusion of LMCA and Right coronary artery manifesting as a cardiogenic shock with ST elevation in aVR, V1, III, aVF leads with ST depressions in all other leads. Patient showed excellent clinical outcome and reversal of characteristic ECG pattern following percutaneous coronary intervention (PCI) to the culprit vessels.

**Key Words:** Left Main Coronary Artery Occlusion, Electrocardiography, Percutaneous Coronary Intervention

#### Biography:

Thilina Jayasekara is currently working as a senior registrar in Cardiology at National Hospital Kandy, Sri Lanka. He has attended many international Conferences.



## 33<sup>rd</sup> Annual Cardiologists Conference

### Clinical Outcomes of Patients with Hepatic Insufficiency Undergoing Transcatheter Aortic Valve Implantation: A Systematic Review and Meta-analysis

**Zeyi Cheng**

*West China Hospital, Sichuan University, China.*

**Objective:** To investigate the effect of abnormal liver function on the outcome and safety after transcatheter aortic valve implantation (TAVI) and whether TAVI is superior to surgical aortic valve replacement (SAVR) in patients with hepatic insufficiency.

**Methods:** We searched the databases of PubMed, Embase, the Cochrane Library, Web of Science up to 31 January 2021. Studies to be eligible if mortality after TAVI in patients with and without hepatic insufficiency, or mortality and complications for TAVI versus SAVR in patients with hepatic insufficiency were reported. This meta-analysis was registered with PROSPERO (CRD42021247495) and was carried out by using RevMan 5.3 and Stata 14.0.

**Results:** This meta-analysis of 20 studies assessed a total of 220270 patients. Hepatic insufficiency was associated with higher short-term mortality [OR=1.88, 95%CI (1.38 to 2.58), P<0.00001] and 1-2 years mortality [OR=1.64, 95%CI (1.42 to 1.89), P<0.00001]. Between TAVI and SAVR in patients with hepatic insufficiency, there is statistically significant difference in in-hospital mortality [OR=0.46, 95%CI (0.27 to 0.81), P=0.007], the occurrence rate of blood transfusions [OR=0.34, 95%CI (0.24 to 0.48), P<0.00001] and the occurrence rate of acute kidney injury [OR=0.55, 95%CI (0.33 to 0.91), P=0.02].

**Conclusions:** TAVI patients with hepatic insufficiency may have negative impact both on short-term (in-hospital or 30-day) and 1-2-years mortality. For patients with hepatic insufficiency, TAVI could be a better option than SAVR.

**Keywords:** transcatheter aortic valve implantation, surgical aortic valve replacement, hepatic insufficiency, meta-analysis, mortality.

#### Biography:

Zeyi Cheng is currently working as a cardiovascular surgeon at West China Hospital, Sichuan University, China. He has attended many international conference related to his field.