

**CardioVascular
Institute**



**Beth Israel Deaconess
Medical Center**



A teaching hospital of
Harvard Medical School

One Patient's Journey

Joseph P. Kannam, MD
Chief of Cardiology, BID-Needham
Medical Director, CVI Network
Assistant Professor,
Harvard Medical School

Mr. D: Profile of a Patient

- 79-year-old businessman with history of prior smoking and hypertension
- Coronary artery disease with a stent to the right coronary artery (RCA) and the left anterior descending artery (LAD) in 2004
- 50-pound weight gain in 5 years
- At time of cath, pressures in heart were elevated indicating fluid retention
- Long history of fatigue, shortness of breath attributed to weight, sleep apnea, hypertension, fluid retention, lack of exercise

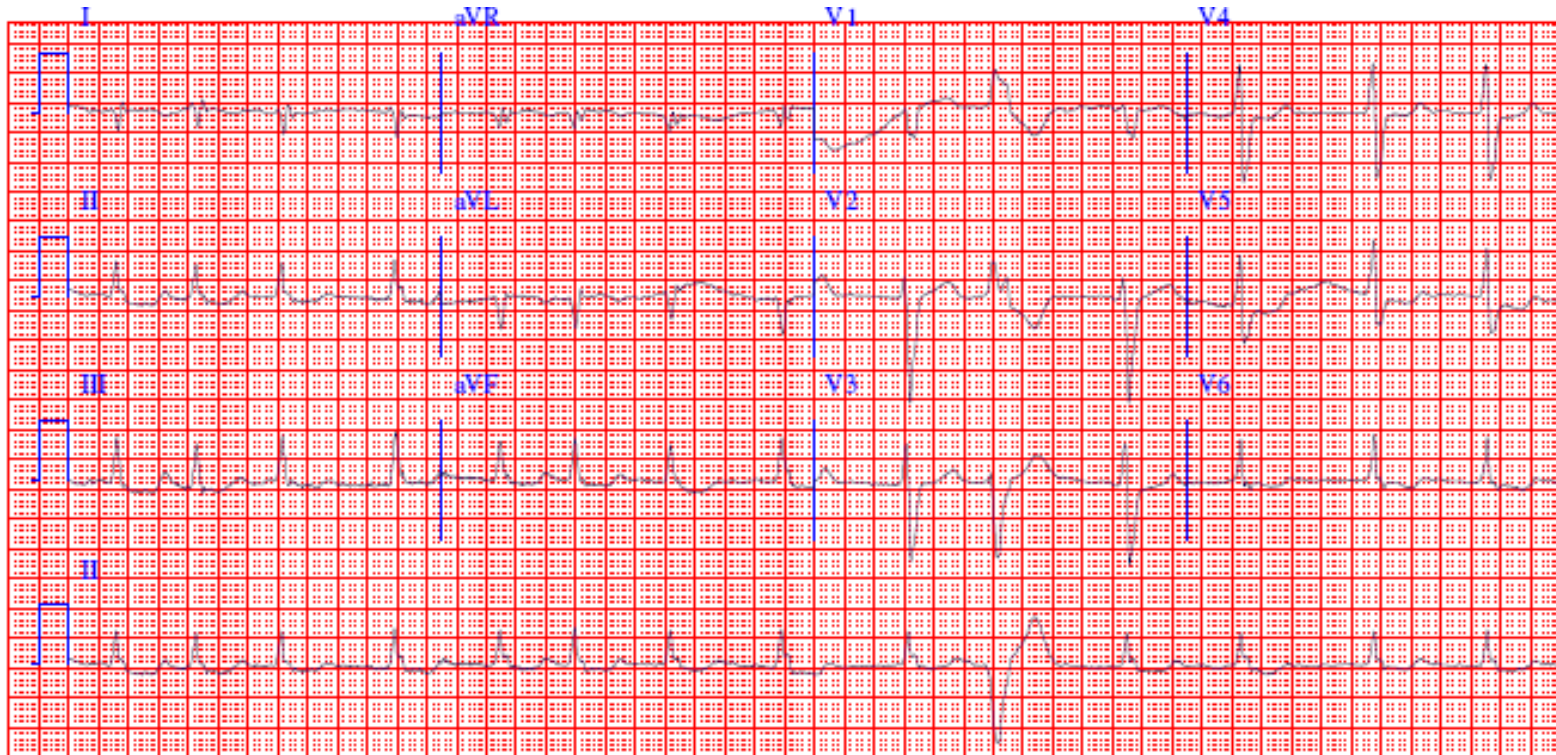


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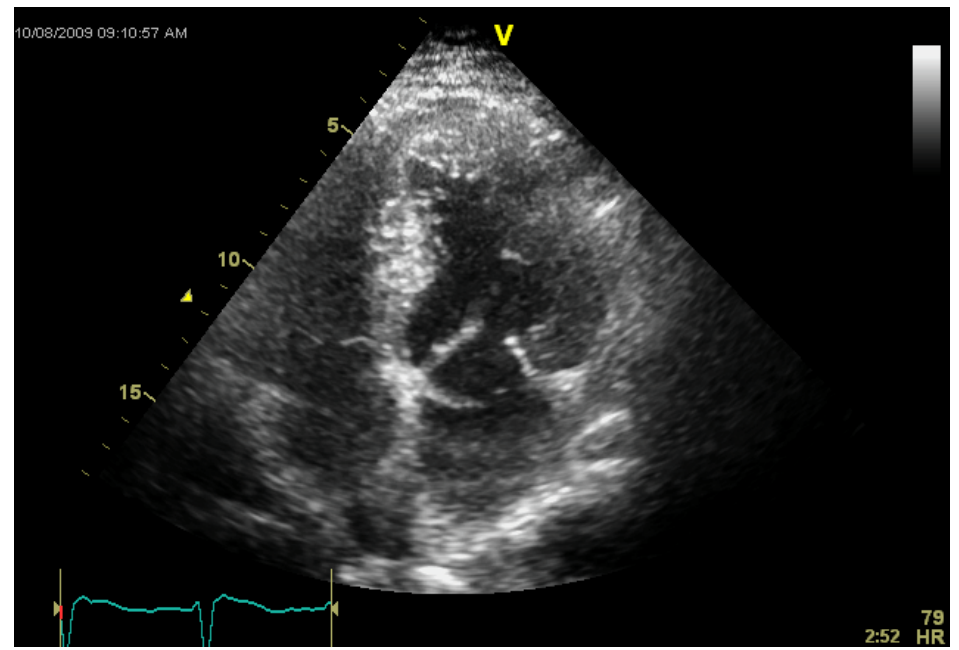
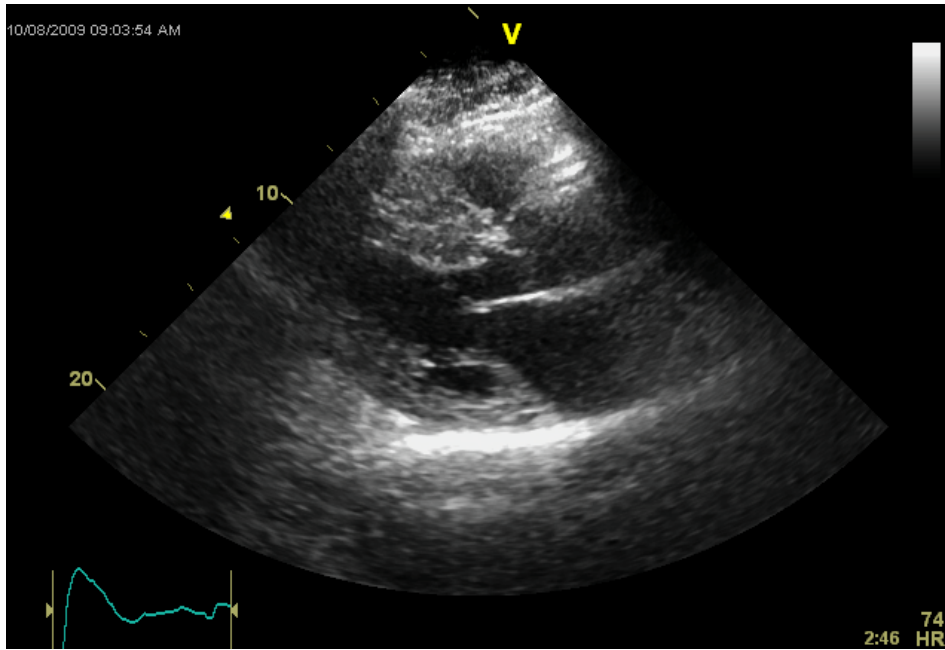
- He comes to the office with palpitations, fatigue and worsening shortness of breath
- He has trouble walking one block and difficulty sleeping because of breathing trouble
- Blood pressure is 130/70 mm Hg (normal) but his pulse is 120 and irregular
- He didn't have any murmurs and his lungs were clear
- His ankles did not show swelling



Mr. D's Electrocardiogram (EKG)



Mr. D's Echocardiogram



What should we do now?



- He was started on warfarin to prevent strokes and metoprolol (beta blocker) to slow down his heart
- After 3 weeks, a successful electrical cardioversion was performed
- His beta blocker dose was lowered and he was continued on warfarin
- He reported increased energy and improved breathing
- 3 months later, he returned to atrial fibrillation with increasing fatigue and shortness of breath.

What should we do now?



- Mr. D was started on amiodarone and cardioverted
- He quickly returned to atrial fibrillation
- He was then loaded with amiodarone for 4 weeks and re cardioverted
- Unfortunately he returned to atrial fibrillation

What are our options now?



Questions and Answers

