

VENTRICULAR SEPTAL RUPTURE

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HISTORY OF PRESENT ILLNESS

- 60yr old male patient Sridhar , K/C/O TYPE 2 Diabetes Mellitus, Chronic Kidney Disease, came to casualty with
- H/O dyspnea for 2 weeks,
- H/O orthopnea for 1 week,
- H/O Bilateral leg swelling for 2 weeks,
- H/O oliguria for 2 weeks,



- PAST HISTORY;

PATIENT HAD ANTERIOR WALL
MYOCARDIAL INFARCTION 2 WEEKS
BACK

GENERAL EXAMINATION

- Patient

conscious

oriented

dyspneic +

tachypneic +


pallor +

All 4 limbs are edematous

clubbing +



VITALS;

- BLOOD PRESSURE – 80/50 mmhg
 - PULSE RATE – 52/min
 - RESPIRATORY RATE – 26/min
 - SPO2 – 90 %
 - TEMPERATURE - normal
- 

SYSTEMIC EXAMINATION

- **CVS;**

 - JVP ELEVATED

 - S1, S2 +

 - NO MURMUR

- **RS;**

 - NVBS+

 - BILATERAL CREPTS +

- **P / A;**

 - SOFT ,

 - NO ORGANOMEGALY

 - SCROTAL EDEMA +

- **CNS;**

 - NFND

INVESTIGATION

- **COMPLETE HEMOGRAM;**
- HB – 8.7g
- TC – 12300 cells
- DC – 91/7/1
- PLATELET – 2.05 lakh
- PCV – 26%
- RBS – 280 Mgs
- UREA – 195 Mgs
- CREATININE – 7.5 Mgs
- **URINE ROUTINE**
- ALBUMIN - +++
- SUGAR - NIL
- DEPOSIT – CELLS 2 TO 6 /HPF

■ ECG;

- HR ; 50 / MIN
- RHYTHM ; NORMAL
- AXIS ; NORMAL
- PR INTERVAL ; 200m.sec
- QRS INTERVAL; 80m.sec
- QT INTERVAL; 320m.sec
- OTHERS
 - Sinus bradycardia,
 - PPRW V1 TO V4
 - low voltage complex

DIAGNOSIS;

- CORONARY ARTERY DISEASE / ANTERIOR WALL MYOCARDIAL INFARCTION / CONGESTIVE HEART FAILURE / CARDIOGENIC SHOCK / TYPE 2 DIABETES MELLITUS / CHRONIC KIDNEY DISEASE.

TREATMENT

- BACK REST / NASAL OXYGEN ,
- INJ. DOPAMINE
- LASIX INFUSION (IF SYSTOLIC BP > 90 mmhg)
- Tab. ASPIRIN 150MG 1OD
- Tab. CLOPIDOGREL 75MG 1OD
- Tab. CaCO₃ 1 TDS
- Tab. NaHCO₃ 1TDS
- OPINION;
CARDIOLOGY
NEPHROLOGY


- DURING THE COURSE OF TREATMENT PATIENT CONDITIONS FURTHER DETORiated .
- O / E

BP -UNRECORDABLE

PULSE – NON PALPABLE

CVS;

**HARSH SCRATCHY
SUPERFICIAL SYSTOLIC
MURMUR PRESENT IN LEFT
LOWER PARASTERNAL REGION .**

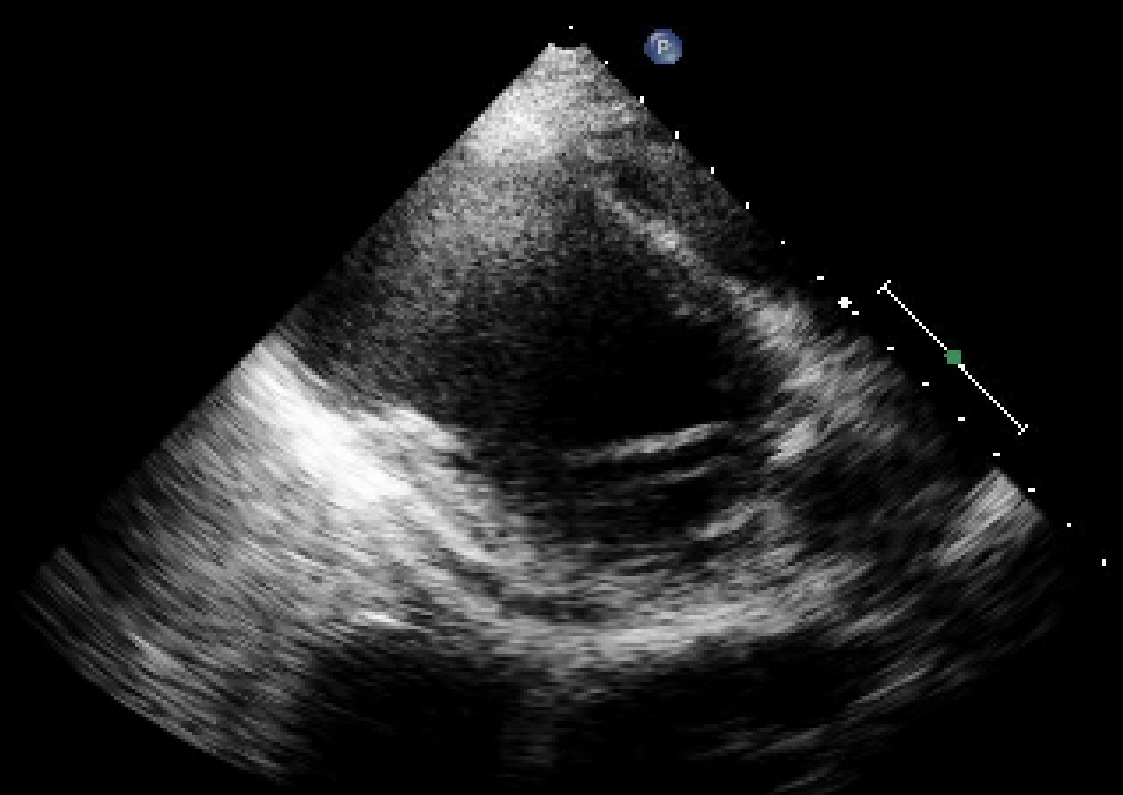


WITH THIS FINDING
VENTRICULAR SEPTAL
RUPTURE WAS SUSPECTED AND
EMERGENCY ECHO WAS TAKEN.
. ECHO FINDING REVEALED,

SUNIL R. CHAVHAN MD
SUNIL R. CHAVHAN MD/MS VSR/AWMI. 22/01/2018 02:27:37 PM TISSOT MI 1.4
17281420180122 17281420180122
Us 17281420180122 S5-1/Adult 22 January 2018 14:00:17

FR 49Hz
16cm

2D
79%
G 50
P Low
HGen



JPEG

78 bpm
M: 0.00

SUNIL P. CHAVAN VSR/AMI. 22/01/2018 02:28:15 PM TISSOT MI 1.4
17281420180122 17281420180122 S5-1/Adult 22 January 2018 14:09:17

FR 47Hz
17cm

2D
80%
G 50
P Low
HGen



JPEG
03 bprH
M: 0.00

SUNIL P. CHAVAN VSR/AVMI. 22/01/2018 02:38:39 PM TISSOT MI 1.4
17281420180122
Us 17281420180122 S5-1/Adult 22 January 2018 14:09:17

FR 39Hz
22cm

2D
84%
G 50
P Low
HGen



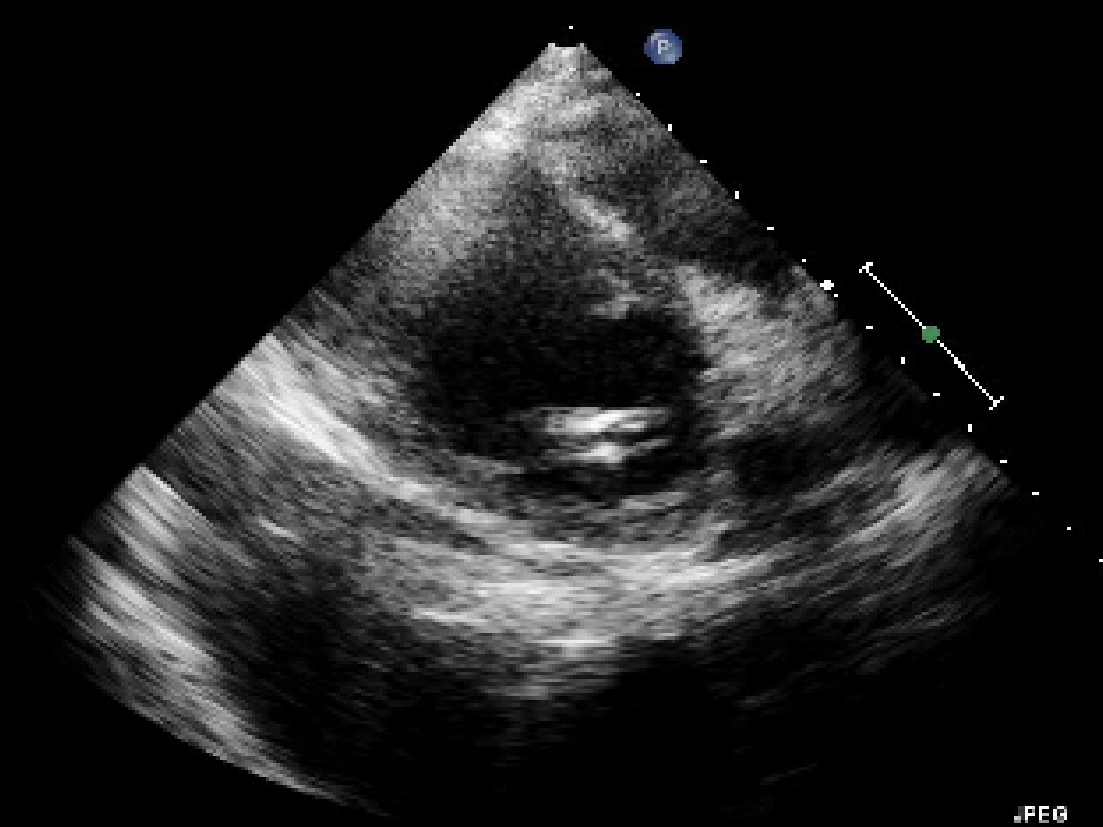
JPEG

BC b/wH
M: 0.00

SUNIL P. CHAVAN VSR/AVMI. 22/01/2018 02:28:45 PM TISSOT MI 1.4
17281420180122
Us 17281420180122 S5-1/Adult 22 January 2018 14:09:17

FR 47Hz
17cm

2D
80%
G 50
P Low
HGen




JPEG

83 b/mH
M: 0.00

- ECHO;
- AKINESIA OF ANTERIOR WALL / ANTERIOR SEPTUM.
- TAPSE;13MM/MILD RIGHT VENTRICLE DYSFUNCTION.
- MR – GRADE – 1
- APICAL VSR + (LEFT TO RIGHT SHUNT)
- GRADE 1 DIASTOLIC DYSFUNCTION
- LVEF; 30% SEVERE LV DYSFUNCTION
- IMPRESSION;
ISCHEMIC DCM + VSR + BIVENTRICULAR DYSFUNCTION



AIM OF PRESENTATION

- RARITY OF CASE.
 - TO DISCUSS ABOUT DIFFERENT MECHANICAL COMPLICATIONS OF ACUTE MYOCARDIAL INFARCTION.
 - TO DISCUSS ABOUT DIFFERENTIAL DIAGNOSIS FOR SYSTOLIC MURMUR IN ACUTE MYOCARDIAL INFARCTION
- 



THANK YOU