

CASE PRESENTATION ABOUT A 55 YEAR OLD WITH EDEMA

BY;

DR.HAJARAH NAKAZIBWE

MEDICAL OFFICER ,LACOR HOSPITAL

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CASE

- NK ,a 55 year old female known patient of chronic HFrEF due to dilated cardiomyopathy was brought to the emergency department by the relatives using a motorcycle at 6pm.

	Examination	Intervention
Airway	Patent and clear	No immediate intervention
Breathing	Tachypneic at 28bpm ,saturating at 90% on room air. Equal chest expansion ,resonant percussion ,bilateral fine inspiratory crepitations in the lung bases .	Oxygen therapy 2L/minute via nasal prongs ,SPO2 of 96%. IV furosemide 80mg .
Circulation	Warm extremities ,normal blood pressure of 111/75 PR-78bpm.	No immediate intervention

Disability	Conscious with a glass gow coma scale of 15/15 ,pupils equal and reactive to light with no focal neurological deficits.	No intermediate intervention
Exposure	<ul style="list-style-type: none">• Palpebral edema and pedal edema grade 2.• Distended neck veins.• Chest was symmetrical with a displaced apex beat to the 6th ICS anterior axillary line with murmurs of mitral and tricuspid regurgitation.• Abdomen was mildly distended with a positive shifting dullness and tender hepatomegally of 6cm below the subcoastal margin.	<ul style="list-style-type: none">• Urethral catheter inserted.• Cardiac bed instituted.

S	Symptoms	Bilateral ,painless and progressive lower limb swelling for 3weeks associated with dyspnea worse on exertion , orthopnea , PND ,easy fatigability ,facial puffiness and reduced urine output.
A	Allergies	None to food or drugs
M	Medications	Digoxin 0.125mg daily Lasix 40mg twice daily Captopril 12.5mg twice daily
P	Past medical history	Chronic HFrEF due to dilated cardiomyopathy for 6 months
L	Last meal	Breakfast at 10am
E	Events	None

Diagnosis;

- 1.Acute decompensated HFrEF
- 2.Cardio renal syndrome type 1

INVESTIGATIONS

- Cardiac echo –Dilated cardiac chambers with severe mitral ,tricuspid insufficiency and moderate aortic insufficiency with ejection fraction of 31%
- RFTS –creatinine 2.8mg/dl Urea -64mg/dL
- Electrolytes ;K - 5.2mmol/L Na-129.5mmol/L CL- 98.4mmol/L
- Complete blood count – mild microcytic hypochromic anemia of 9.2mmol/L .
- Chest X ray –significant for cardiomegaly

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DAY ONE	DAY TWO	DAY THREE	DAY FIVE	DAY SEVEN
Pulmonary edema SPO2 96% on oxygen BP –118/74 PR 80bpm Weight-	Still fluid overloaded BP- 126/60 PR 95bpm SPO2-98%	Fluid overload BP-120/76 PR 77bpm SPO2-98%	Fluid overload Resolving pulmonary edema. BP-107/59 PR 75bpm SPO2-93%on room air	Edema grade 2 BP-98/60 PR 83bpm SPO2- 95 -97% on room air
IV furosemide 40mg twice daily Captopril 6.25mg twice daily Digoxin 0.125mg once daily.	Furosemide increased to 60mg twice daily .	Added acetazolamide 250mg twice daily	Acetazolamide increased to 500mg twice daily .	Furosemide changed to oral.
Urine output 800mls in 24hrs.	1000mls in 24hrs		Over 1.5ltrs in 24hrs	Relatively normal output.
O2therapy at 2L/minute Cardiac bed. Reduction in salt and water intake.	same	Oxygen therapy at 1L/minute	Oxygen therapy stopped. Ambulation advised	To be discharged in 3days .

- **THANKS FOR LISTENING**