

CONSULTANT

GLASGOW ROYAL INFIRMARY

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Professor. A.R. Lorimer

ADMITTED 25.2.91	DISCHARGED 1.3.91	WARD 8	AGE 9.10.30	HOSPITAL NUMBER 910336/E
DISPOSAL Home		NAME AND ADDRESS Eileen O'Hara 56 Menzies Road Glasgow G21 3LY		
FOLLOW UP				
FINAL DIAGNOSIS AND ANY OTHER COMPLICATING ILLNESS 1. Stenosis of mitral valve prosthesis		I.S.C. CODE	DISTRIBUTION OF LETTERS Dr. Davda Springburn Health Centre 200 Springburn Way Glasgow G21 Mr. W.R. Dimitri Ward 65 G.R.I.	
2. MVR (porcine) 1985				
3. Mitral valvotomy 30 years ago			OPERATION	CODE
4. Non insulin dependent diabetes mellitus - controlled by diet			Cardiac catheterisation	1.
5.				2.
6.				3.

MM/MS/3 April 1991

HISTORY: This 60 year old lady was admitted to Ward 8 for assessment of her mitral valve prosthesis. She had recurrence of breathlessness on exertion since February 1990 and had also been orthopnoeic and had frequent episodes of paroxysmal nocturnal dyspnoea. She was also experiencing chest pain on exertion and occasional palpitations.

ON EXAMINATION: She looked well. There was no pallor, cyanosis or clubbing present. Pulse 68/min in controlled atrial fibrillation. BP 130/80. She had a raised JVP. Both heart sounds heard and she had a murmur of mitral stenosis. There was no peripheral oedema present. She has varicose veins. A few basal crepitations were present in both lung fields. Abdomen was soft. She had 3cms hepatomegaly which was slightly tender.

INVESTIGATIONS: Following admission she had catheter studies as well as transoesophageal echocardiogram. The echocardiogram showed a rigid and thickened mitral valve prosthesis with a very dilated left atrium. No thrombus was present.

Swan Ganz catheter studies: Right atrial pressure showed a mean of 4mmHg. Pulmonary artery pressure 35/10. Pulmonary capillary wedge pressure 10mmHg.

TREATMENT AND PROGRESS: She was reviewed by Mr. Dimitri who agreed that she would require valve replacement. She has been put on his waiting list for mitral valve replacement.

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MSSU on admission showed a heavy growth of E. Coli. She was started on Trimethoprim. U&Es and LFTs were normal apart from a slightly raised Gamma GT at 57 U/l. Her INR was 3.

DRUGS ON DISCHARGE: Warfarin 4mg daily, Diumide K two tablets daily, Digoxin 0.25mg daily, Enalapril 2.5mg b.d. and a further course of Trimethoprim 200mg b.d.

FOLLOW-UP: Mr. Dimitri's waiting list for MVR.

Dictated by M. Malekianpour
SENIOR HOUSE OFFICER

Approved by
CONSULTANT PHYSICIAN