

REAL-WORLD ● CLINICAL CASES

Barbici I et al. Heart Lung Vessel 2015; 7(2):143–50.

Ischaemic heart disease, dyspnoea, and susceptibility to ventricular arrhythmia

Patient:

73 years old

Suffered from **myocardial infarction** requiring **bypass surgery**

10 YEARS LATER

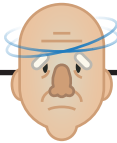
Patient had developed **paroxysmal atrial fibrillation** and **chronic heart failure** resulting in hospitalisation with **NYHA Class IIIB heart failure**

Later he was readmitted as an emergency because of **increased shortness of breath** and **abdominal distension**

- Orthopnoea
- Blood pressure 85/60 mmHg
- LVEF of 10–15%
- Mild mitral and moderate tricuspid insufficiency



IV diuretics reduced dyspnoea, but he remained dizzy with blood pressure at 80/60 mmHg



Patient prescribed levosimendan (12 µg/kg over 10 minutes followed by 0.2 µg/kg/min continuous infusion for 24 hours)

Following day:

- Blood pressure was **95/65 mmHg** and **diuresis recovered**

24 hours later:

- **Walk without dyspnoea**
- Improvement in **renal and liver function**

Patient received a **biventricular implantable cardioverter defibrillator pacemaker**

Patient's LVEF improved to 20–25% and he was still alive three years after previous hospitalisation

