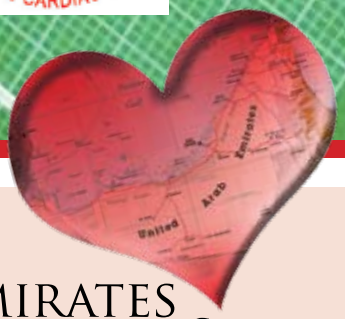
Emirates Cardiac Society

April 2008



Emirates Cardiac Society

Mission:

To educate public and medical care professionals in reducing the burden of cardiovascular disease in UAE . Emirates Cardiac Society promotes health education within the community, raising awareness of health issues among the wider population and establishes strong partnership with national and international health agencies and establishments.

Vision:

Establishment of networks for management, education, and research to improve quality of life and longevity, through better prevention, diagnosis and treatment of heart disease.

Values:

A. **Excellence**
B. **Quality**
C. **Team work**
D. **Financial effectiveness**

A - Excellence: Excellent health society, flexible, able to deal with the expectation of the members and public and even to exceed their expectations, answer their enquiries and provide solutions for their problems.

B- Quality: Complying with best standards, ensuring that the Emirates Cardiac Society wins the trust of the members and people.

C- Team Work: Complying with interaction, provision of support and advice inside and outside the society, within the spirit of one team, keeping contact channels open.

D- Financial Effectiveness: Optimal use of resources through good planning, and priority settings.

The Website and Logo

The official website for the Emirates Cardiac Society is **www.emiratescardiac.com.**

To use or to request Emirates Cardiac Society endorsements or to plan educational activities, permission should be obtained from the board.

Message

from Founding President of the Society

It is with pleasure that I write these few words on the occasion of the first printing of the newsletter of the Emirates Cardiac Society.

I have had the honour to be the Founder President of the Society and I am very proud and pleased to see that it has not only delivered on its original aims but has expanded its horizons. It has become the focus of cardiological practice and education in the Emirates.

I congratulate the current President and committee for its achievements and aspirations and vouch my continued commitment and support for the Society.

Professor J M Muscat-Baron

Emirates Cardiac Society Board

1. **Dr. Wael Almahmeed** – President
2. **Dr. Obaid Al Jassim** – Vice President
3. **Dr. Mahmood Ghanaim** – Member.
4. **Dr. Nooshin Bazargani** – Member.
5. **Dr. Nazar Al Bustani** – Member.
6. **Dr. Abdalla Shehab** – Member.
7. **Dr. Omar Hallak** – Member

The board of Emirates Cardiac Society may establish committees to attend to specific tasks. Each committee shall have a set of standing instructions as to its scope, responsibility, and internal organization.

We welcome and encourage you to become a member of the Emirates Cardiac Society and to actively join as in our effort to combat the growing threat of cardiovascular disease in UAE.

Message

from Immediate past president of the Society

Emirates Cardiac Society is a home to most of medical staff dealing with cardiac disease. I have the privilege to be one of the founders of Emirates Cardiac Society and later the President of Emirates Cardiac Society.. In the few years when I was elected to be the president, I tried my best to continue what Professor Muscat Baron began, that is establishing a strong society recognized both locally & internationally and represents all UAE cardiac doctors locally and globally. I would like to thank Prof. Muscat Baron the founder and patron for his guidance and continued support and all members of Emirates Cardiac Society. My best wishes to Dr. Wael and his team for the future and I am confident that under his leadership the society will achieve great success.

Prof. Najib Al Khaja

Message

from the President of the Society

I would like to welcome you all to read this first publication of our Emirates Cardiac Society Newsletter. Our vision is to support continuous medical education on cardiovascular disease and to promote awareness on the burden of cardiovascular disease to the public. The Emirates Cardiac Society plays a major role in bringing doctors together to discuss and exchange their experiences in cardiology. I congratulate you who have chosen to get involved in our society, and I urge others who haven't, to join in. Our success depends on your contribution, and this hopefully will lead to better patients care.

Wael Almahmeed

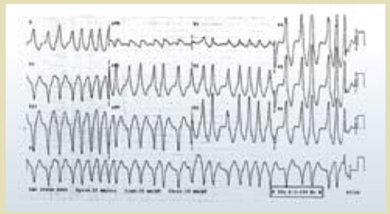
"وَمَنْ أَحْيَاهَا فَكَأَنَّمَا أَحْيَا النَّاسَ جَمِيعًا"

سورة المائدة 32

"And if any one saved a life, it would be as if he saved the life of the whole people"

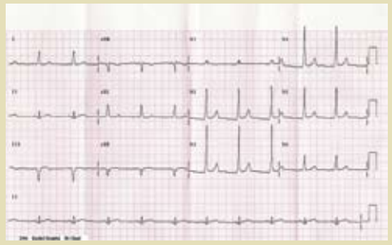
The very old friend, ECG

A 36 year old man presented to Accident and Emergency department with sudden onset of palpitation associated with chest tightness, dizziness and diaphoresis. The admission ECG is shown below



Question 1: What is the Rhythm?

His ECG after conversion to sinus rhythm



Question 2: What is the diagnosis?

Questions 3: What treatment options are available in the acute stage?

Questions 4: What is the long-term strategy in treating this condition?

Answers:

1. Atrial fibrillation with preexcitation.
2. Wolf-Parkinson-White syndrome.
3. Treatment options.
   A cute treatment depends on the clinical state of the patient

- Haemodynemically unstable:

  Requires urgent intervention with DC cardioversion

- Haemodynemically stable:

  The treatment is aimed at:

- Controlling the ventricular rate with drugs (Procainamide, Amiadarone and Sotalol).
- It is important to avoid drugs that block AV conduction (e.g., adenosine, digoxin, diltiazem, and verapamil),.
- Restoration of sinus rhythm.
- Chemical cardioversion with intravenous Procainamide amiadarone, prpafenone or flecainide
- Electrical cardioversion by synchronized DC cardioversion

Answer 4: Long term management.

- Radio frequency catheter ablation of accessory pathways according to ACC/ AHA Practice Guidelines recommended for:

1. Patients with symptomatic AV re entrant tachycardia (AVRT) that is drug resistant or the patient is drug intolerant
2. Patients with AF or other atrial tachyarrhythmia and a rapid ventricular response

- Long-term drug therapy is the mainstay of therapy in patients not undergoing RF ablation. Effective drugs are propafenone, flecainide, procainamide, sotalol and Amiodarone)
- Concerning the asymptomatic patient with preexcitation: no need for therapy except in high risk professions like pilots or bus drivers. Also no need for routine invasive EP study.

Dr Ghazi Radaideh, MD, FRCP
Consultant Cardiologist
Rashid Hospital,
Dubai. UAE

GULF HEART ASSOCIATION MEETING, 2009, DUBAI

On behalf of Dubai Health Authority and Emirates Cardiac Society, I would like to invite you to the next Gulf Heart Association Meeting in 2009 in Dubai.

Gulf Heart Association is dedicated to bringing together gulf cardiologists, cardiovascular surgeons and other related professionals in GCC states , allowing them to meet, discuss and to raise the standard of cardiac care. The main aim of Gulf Heart Association is to improve the quality of cardiac care in GCC states through its various activities.

I would like to invite you to join us for the next Gulf Heart Association Meeting in April 2009 in Dubai and let it be a learning experience as well as an important opportunity to come together to explore and share our clinical knowledge. Make sure you keep the date as we look forward for your participation at this meeting and to listen to any valuable recommendation that you may have.

Dr. Obaid Aljassim
Director - Cardiology & Cardiothoracic Center
Vice President of Emirates Cardiac Society

LEARN FROM HISTORY

Science meets the two obstacles, the deficiency of our senses to discover facts and the insufficiency of our language to describe them.

The objective of the graphic methods is to get rid of these two obstacles, to grasp fine details, which would be otherwise unobserved, to transcribe them with a clarity superior to that of our words.

Marey, 1885

MESSAGE

As a board member of the Emirates Cardiac Society, I would like to thanks all the cardiologist in UAE for their contribution in treating cardiovascular diseases in emirates and spreading the knowledge to prevent these deadly diseases. I like to invite every cardiologist in emirates to joint us in all our scientific meetings to share knowledge and experience ,so will be able to provide higher quality care to all our patients in Emirates

Omar Kamel Hallak, MD
Chief, interventional cardiology department
American hospital Dubai

Interesting Case

A young Asian lady with a murmur

A 22 year old philipino lady.

- Not known to have any chronic medical illnesses in the past.
- presented to the A /E with 3 days history of left sided chest pain radiating to the left arm more severe & associated with dyspnea on exertion .

Initial examination:-

Bp 120 /80 pulse 60 /min regular
Cvs :- audible heart sounds + ejection systolic murmur heard over the upper sternal borders &Lt upper chest radiating to the carotids
Chest was clear
No clinical signs of heart failure .

- Lab:-
  Urea electrolyte, creatinine, FBC within normal range
  CRP – ve ESR 14.
- ECG :-SR ,LVH
- ECHO :-
  (bed side) initially showed dilated LV ,EF 30%

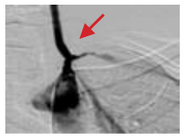
- **What is the most likely diagnosis**
  - Aortic stenosis .
  - VSD
  - PDA
  - Vasculitis

Further Detailed examination:-

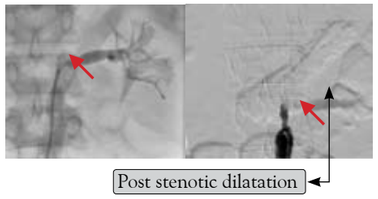
BP:- Lt 97 /68 Rt 150 /77 PULSE 66 /min regular
Chest still clear
CVS :- revealed weak brachials & radial pulses audible heart sounds
+ ejc systmurmur over the upper chest radiating to the carotids &renal bruit.
Repeated echo showed high gradient across &along segment affection
for doppler exam of Lt subclavian artery& Dilated LV with severe syst dysfunction

Decision was made to go for coronary angiogram which revealed :-

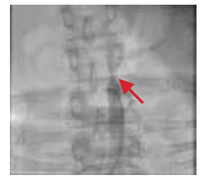
Lt sub clavian 90% stenosis at it's proximal part.



Lt renal artery 90%ostial stenosis



mid aortic stenosis>120 mmHg gradient



- **What is the most likely diagnosis**
  - Temporal arteritis with dilated cardiomyopathy
  - Takayasus arteritis with dilated cardiomyopathy
  - Fibromusular dysplasia with dilated cardiomyopathy
  - Ehlers-Danlos syndrome with dilated cardiomyopathy
- **How would you manage this patient**

  A-Steroids ,antiypertensives &antifailure
  B-Angioplasty
  C-Bypass graft
  D-A&b
  E-A&C

Answers

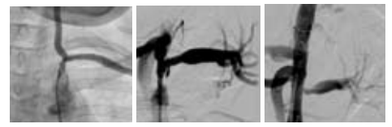
Vasculitis.

Takayasus arteritis with dilated cardiomyopathy.

Steroids + antihypertensives,antifailure& angioplasty .

Post angioplasty(stenting):-

Subclavian Lt renal artery mid aorta



Takayasu Arteritis

Is a chronic large vesseles vasculatis (inflamation) of unknown etiology.

Women are affected in 80 to 90 % of cases, with an age of onset that is usually between 10 and 40 years the greatest prevalence in Asians

Immunogenetic association HLA-Bw52 and HLA-B39.2

primarily affects the aorta and its primary branches.

The initial vascular lesions frequently occur in the left middle or proximal subclavian artery.

As the disease progresses, the left common carotid, vertebral, brachiocephalic, right middle or proximal subclavian artery, right carotid, and vertebral arteries, and aorta may also be affected.

The abdominal aorta and pulmonary arteries are involved in approximately 50 percent of patients of the different vasculitic disorders.

DIAGNOSIS

- suggestive clinical features
  - Systemic symptoms including:-(fatigue, weight loss, and low-grade fever)
  - ischemic symptoms or signs of one or more large arterial stenoses
    criteria by ACR for Takayasu's arteritis to distinguish this disorder from other forms of vasculitis

1. Age at disease onset ≤40 years
2. Claudication of the extremities
3. Decreased pulsation of one or both brachial arteries
4. Difference of at least 10 mmHg in systolic blood pressure between the arms
5. Bruit over one or both subclavian arteries or the abdominal aorta
6. Arteriographic narrowing or occlusion of the entire aorta, its primary branches, or large arteries in the proximal upper or lower extremities, not due to arteriosclerosis, fibromuscular dysplasia, or other causes

- Patients are said to have Takayasu's arteritis if at least three of the six criteria are present; this classification yields a sensitivity and specificity of 90.5 and 97.8 %, respectively
- Imaging of the arterial tree by MRI, CT, or angiography

Treatment:-

- Medical :-

The mainstay of therapy for Takayasu arteritis is glucocorticoids.

Azathoprin Methotrexate mycophenolatemofetil leflunomide AntiTNFA

- Intervensional:- (angioplasty,bypass graft)

Auther :-
DR HIND M.E ELZEIN
MBBS,MRCP (UK),MRCP (Ireland)
SP registrar(Cariology &
cardiothorahtic center Dubai hospital)

NEWS FROM YOUR ECS

The overall aim of ECS education activities to share knowledge, experience and facilitate a network health care service.

To achieve these ,we planned multiple actvities among these is the intercity meeting where cardiologist from major hospitals in UAE present and discuss the managment of day to day cases in constructive manner. our objective is simple , easy and achievable if we just focus.

for this purpose we developed a centeral educational committee(representative from all major hospitals in UAE) which oversees and coordinate all ESC educational activities with the concerned city. We will have a core and optional CME.

Other activities: workshops, conferences, heart day and puplic health awareness.

Dr Abdullah Shehab

Sharing Matters of the Heart

I would like to thank all of my colleagues in UAE who helped me to produce the first newsletter of Emirates Cardiac Society. Without your contribution, I could not achieve this goal and I hope that we continue to work together to exchange our experience in order to try to reduce the burden on cardiovascular disease in UAE.

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Cardiology & Cardiothoracic Surgery Center
Dubai Health Authority

Contribution:
All Cardiovascular Colleagues in UAE

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The newsletter is available on line at
http://www.emiratescardiac.com/

Thanks

Emirates cardiac society would like to extend its thank and appreciation to **Sheikh Hamdan Bin Rashid Al Maktoum Award for Medical Science** who has graciously offered to sponsor this newsletter.

Sheikh Hamdan Bin Rashid Al Maktoum
Award for Medical Sciences

Current Activity of ECS

Go Red for women campaign being run by World Heart Federation and Cardiology societies in our 30 countries world wide , aim to raise awareness of the disease and encourage policy makers, healthcare professionals, and women themselves to take action.

Go Red for women reaches in UAE in April with support of Dubai Health Authority and Emirates Cardiac Society and will be officially launched at Women healthcare, at the Dubai International Exhibition Center.

Visitors to women healthcare, which run alongside the bridal show will be able to visit Go Red for women stand and pick up educational leaflets and brochures.

Cardiology & Cardiothoracic Surgery Center also has organized several short and simple presentation for women education.

Cardiology & Cardiothoracic Surgery Center – Dubai Hospital.

Health is:

A state of complete physical, mental, and social well-being and not just the absence of disease.

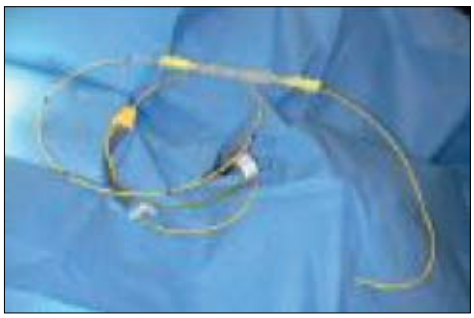
WHO

Entrapment of Pulmonary Artery Catheter by the Left Atrial Suture after Mitral Valve Repair and CABG Surgery

(A Rare Complication)

Dr. Ahmed A. Fouad Abdelwahab, MD, MRCS
Cardiothoracic surgeon, Dubai Hospital

A 53-year-old Indian male presented with a complaint of increasing shortness of breath, left sided chest pain and palpitation and was diagnosed by Echo cardiography to have poor left ventricular function (EF 20%), grade II diastolic dysfunction with a kinetic apex, anterior and posterior walls and anterior septum. The left ventricular dimension was 5.7 cm in diastole and 4.0 cm in systole. The mitral valve was myxomatous with severe prolapse of the posterior mitral leaflet, with mitral regurgitation jet going down anterior mitral leaflet then along the inter-atrial septum with evidence of rupture of the posterior mitral leaflet related papillary muscle.



Coronary angiography confirmed the previously estimated EF as well as the same degree of mitral regurgitation and showed 90% left main block, 90% LAD osteal block, 90% proximal LCX block and total proximal block of the RCA.

The patient underwent urgent CABG X 3 and Mitral Valve Repair with pre-operative intra-aortic balloon pump support and pulmonary artery catheter (Swan Ganz Catheter) was inserted for invasive monitoring.

Before sending the patient to the surgical intensive care unit, it was noticed that the Swan-Ganz catheter is stuck and cannot be withdrawn. It was decided to re-open the patient and explore the point of fixation of the Swan-Ganz. After opening the patient it was discovered that the sutures of the 2nd layer of the left atriotomy is fixing the Swan-Ganz against the lateral wall of the superior vena cava. Trials to remove the second layer of the suture line to release the catheter resulted in bleeding from the left atriotomy without releasing the catheter. Then the patient was heparinized again and connected to the heart-lung machine and sutures of the left atriotomy were removed, Swan-Ganz was withdrawn and the upper part of the left atriotomy was re-sutured on full bypass and cardioplegic arrest for 10 minutes.