

Case 6

BRIEF HISTORY

1. Mr RT, aged 46 and weighing 82 kgs, visited us on November 04, 1999 with the following medical problems :-

- (a) Unstable angina
- (b) Diabetes Mellitus
- (c) Triple Vessel Disease

2. He had been under observation and treatment at AIIMS since 1995. An angiography performed at Escorts Heart Institute in September 1995 revealed TVD. Thallium Scintigraphy carried out on 20/11/95 revealed :-

(a) STRESS STUDY : Immediate post-stress image shows diminished thallium activity in a small portion of the posterolateral region as compared to the anterior region. This region shows some redistribution.

(b) IMPRESSION : Possibility of scar/fixed lesion in posterolateral region. -ve for exercise induced ischemia.

3. Results of thallium stress tests carried out on 08/06/96 were as follows :-

Clinical information : IHD, DM, Old anteroseptal MI.

Basal BP : 120 Peak BP : 180 Basal HR : 84 Peak HR : 154

Exercise load : 75 watts Duration : 7"

End Point : THR

Maximum heart rate : 87% Double product : 27.7

Thallium Scintigraphy stress images :

Immediate post stress images in ANT view show uniform thallium distribution in all the regions. LAO45 a small area may be deficient in thallium activity in PL region as compared to AS region. No other focal lesion or any evidence EX Induced schaemia.

Redistribution Study (After 4 hrs delayed Image) :-

Wash is normal.

Impression :-

No evidence of exercise induced ischaemia.

4. He experienced an exertional angina on 17/9/99 and one episode of Post prandial angina. Admitted to AIIMS on 26/10/99 for check up and advice. Cath/angio done on the same day revealed "progression of disease as compared to previous tests. Stress thallium tests "positive" for induced ischaemia.

5. Results of the thallium scan investigation carried out on 27/09/99 are reproduced below :-

REPORT :

Basal BP	: 140/90	Peak BP	: 210/100
Basal HR	: 84/min	Peak HR	: 147/min
Duration	: 5.4 min	EP	: THR, Breathlessness
MHR	: 84/min	DP	: 30.0 x 10.3

STRESS STUDY :

Anterior View : Increased lung uptake. Diminished thallium uptake in anterolateral wall.

LA40 View : Diminished thallium uptake in septum and apex.

LA70 View : Diminished thallium uptake in anterior wall and apex.

REDISTRIBUTION STUDY :

Anterior View : Improvement seen in anterolateral wall.

LA40 View : Improvement seen in septum and apex.

LA70 View : Mild improvement seen in antero wall and apex.

IMPRESSION :

1. Anterolateral , septum and apex cal ischemia.
 2. Mixed lesion in antero wall.
 3. Evidence of exercise induced LV dysfunction.
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6. Lipid profile test done on 20/10/99 showed Triglyceride level at 246.0 mg%. Blood sugar results were 'Fasting : 160'.

7. RGC I was performed on 24/11/99. Summary/results were as follows :-

- Indications for RGC I : To detect CAD.
- Haemodynamic changes noted : Increase in RZ, SVRI & SVR. A drop in ACI, Heath.
- Catrography Profile : Is suggestive of CAD.
- Vessel status : LAD-significant disease in mid-segment suspected. LCX-mid-segment, OM2 and tip of LCX involvement is suggest-

ive of diabetes. RCA-significant disease in proximal segment.

- Coronary Reserve : Is inadequate. Myocardial oxygen demand at rest is
- ANS Predominance : Predominantly parasympathetic.
- LV Performance : Contractile power – 1.406W.
Recoil power – 1.096W.
C.O. – 4.15 Lts/min.
LVSW – 67.96 gm/m.
LVEF – see beat to beat haemodynamics.
- Myocardial Jeopardy : Global myocardial blood flow 44.76ml/min/100 gms.
Jeopardy seen in all of Topographical segments.
- **Impression** : **IHD. Significant Tripple Vessel Disease.**

8. At the time of coming to us for advice and treatment, the patient was almost totally incapable of movement and as a result was completely housebound. He was unable to walk or perform the simplest of tasks without help. Chelation therapy was commenced on 04/11/99. After 18 treatment sittings the patient was able to resume normal mobility to a limited extent. However, since glucose and triglyceride levels remained abnormal, EDTA sittings were interspersed with Plaquex infusions. ECG done on 12/04/2000 proved 'abnormal'.

9. After 35 treatment sittings, the patient regained complete mobility and was able to resume work. He had no problems in climbing four stories daily to attend office. Thereafter he resumed all activities. On 13/6/2000 results of a thallium stress test were as follows :-

CLINICAL INFORMATION :

Basal BP : 130/84

Peak BP : 190/90

Exercise Load :

STAGE-II

Basal HR : 96
5.6 MIN

Peak HR : 154

Duration :

End Point : THR, BREATHLESSNESS.

Maximum Heart Rate : 87%
29.3 x 10.3

Double product :

THALLIUM SCINTIGRAPHY STRESS IMAGES :

ANTERIOR VIEW : Shows good & uniform thallium uptake in all the regions. Significant increased lung uptake.

LAO 45 VIEW : Shows deficient thallium uptake in septum & apex.

LAO 70 VIEW : Shows deficient thallium uptake in anterior wall & apex

REST-REDISTRIBUTION IMAGES (After 4 hrs) :

ANTERIOR VIEW : Shows normal washout from all the regions.

LAO 45 VIEW : Shows significant improvement in septum & apex.

LAO 70 VIEW : Shows significant improvement in anterior wall & apex.

IMPRESSION :

Positive for stress induced ischemia in the antero-septal & apex. There is evidence of stress induced LV dysfunction.

8. Treatment continued using EDTA, Plaquex and UVBI to try and control the abnormal glucose and triglyceride levels. Unfortunately, these remain at undesirable levels and medication has been given to keep them in check. After 51 treatment sittings, the patient takes the therapy once in three months as maintenance.