

ACHD/Transplant

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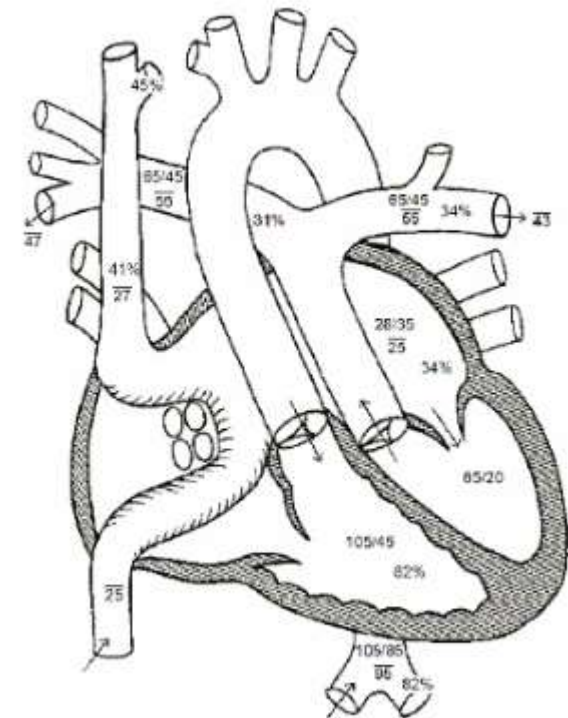
PGY-5, UNMC Cardiology

Disclosures

Nothing to disclose.

Patient History:

- 37 yo male with history of:
 - d-transposition of the great arteries s/p Mustard procedure (atrial switch) in 1987
 - 3rd degree heart block s/p epicardial system in 1999 with subsequent transvenous dual-chamber pacemaker in 2006
 - Subsegmental pulmonary embolism in 2024, incompletely took course of Xarelto
 - Obstructive Sleep Apnea
 - Hypersensitivity Pneumonitis on prednisone
 - Iron Deficiency
 - Anxiety/Depression
- Presented to UNMC with progressive weight gain, worsening SOB despite increasing PO diuresis as outpatient



Admission

- Underwent RHC showing:
 - CO 2.9 L/min; CI 1.26 L/min/m²
 - CVP 27 mmHg
 - mPAP 55 mmHg
 - RVEDP (systemic ventricle) 45 mmHg
 - LVEDP (subpulmonary ventricle) 20 mmHg
 - Severely depressed CO
 - Severe biventricular diastolic dysfunction
 - Severely elevated pulmonary arterial pressures
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- Started on inotrope-augmented diuresis with milrinone and IV diuretics while being evaluated for advanced therapies (transplant/VAD therapy)

Hospital Course

- Continued on inotrope-augmented diuresis during hospitalization
- Weight decreased 20 lbs, though was net negative 42L during hospitalization
- Repeat RHC prior to discharge showing low CO with normalization of filling pressures.
- During hospitalization, diagnosed with Type II Diabetes Mellitus and evaluated by endocrinology

Multi-Disciplinary Care Team

- Adult Congenital Heart Disease
- Advanced Heart Failure/Cardiac Transplant
- Cardiothoracic Surgery
- Dentistry
- Endocrinology
- Pediatric Cardiology (Cath)
- Psychiatry/Psychology
- Pulmonology
- Diabetes Education
- Financial Coordinator
- Nursing
- Nutrition
- Pharmacy
- Social Work
- Wound Care

Patient Selection Committee

- Anatomic Considerations
 - High risk surgical candidate for VAD therapy 2/2 systemic RV and risk for pump thrombosis
- Psychosocial Considerations
 - Patient self-discontinued Xarelto for PE against recommendations
 - Non-compliance with CPAP
 - Concerns for over-drinking surreptitiously while in the hospital due to weight and I/O balance discrepancy
- Ultimately, patient was discharged home on home inotropic therapy to try to optimize compliance for continued advanced therapy evaluation as outpatient