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PUOMC

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4/6/1995 12:00:00 AM

ACUTE MYOCARDIAL INFARCTION .

Unsigned

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Report Status :

Unsigned

ADMISSION DATE :

4/6/95

DISCHARGE DATE :

4/16/95

PRINCIPAL DIAGNOSIS :

Acute myocardial infarction .

ASSOCIATED DIAGNOSIS :

status post aortic valve replacement , status post coronary artery bypass grafting .

PRINCIPAL PROCEDURE :

Percutaneous angioplasty of the right coronary artery , 4/9/95 .

OTHER PROCEDURES :

directional angioplasty of the right coronary artery , left main and left anterior descending vessels .

4/11/95 .

DOCTORS DISCHARGE ORDERS :

Lanoxin 0.375 mg. daily .

Coumadin as adjusted by Prothrombin times , Isordil 20 mg. tid , Micronase 1.25 mg. daily , aspirin 81 mg. daily , nitroglycerin 0.3 mg. SL prn .

HISTORY OF PRESENT ILLNESS :

The patient is a seventy two year old man who a number of years ago underwent coronary bypass surgery at another institution .

This took place in 1983 .

In 1992 he underwent redo surgery and aortic valve replacement .

In April 1994 he presented with an acute inferior myocardial infarction and was given Streptokinase .

He had recurrent pain and went to the Catheter Laboratory where a proximal right coronary artery lesion was angioplastied .

A relook several days later led to a repeat percutaneous transluminal coronary angioplasty .

He has has stable , mild angina , subsequently , mostly in the setting of stress .

Slightly increased in recent months .

On the day of admission , he was involved in a minor motor vehicle accident , and there was some apparent controversy with the driver of the other vehicle , during the course of which he developed substernal chest pain radiating to the left arm and shoulder .

This waxed and waned for thirty to sixty minutes , and he took a number of nitroglycerins .

After returning home after conferring with his wife , and the pain lasted another half hour , he came to the emergency room .

His electrocardiogram showed increased T wave inversions in V3 and V4 and 1 mm .

ST segment depression in V3 through V6 .

His examination was largely benign after he was made pain free .

The pulse was 75 , blood pressure 120/80 , respirations 18 , and he was afebrile .

The jugular veins were not distended , the carotid volume was diminished .

The chest was clear and the cardiac rhythm was regular .

There were normal prothetic valves .

There was a grade II-II apical and systolic murmur .

The abdomen was negative and there was no edema of the feet .

The electrocardiogram demonstrated normal sinus rhythm with poor R wave progression , left atrial enlargement and T wave inversion in leads V 4 , 5 , and

[report_end]