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CTMC
76762757
536432
6/21/1991 12:00:00 AM
Discharge Summary
Signed
DIS
Admission Date :
06/21/1991
Report Status :
Signed
Discharge Date :
06/29/1991
DISCHARGE DIAGNOSES :
SYNCOPE .
HYPERTENSION .
INDUCIBLE COMPLETE HEART BLOCK .
HISTORY OF PRESENT ILLNESS :
The patient is an 81 year old woman with a history of hypertension , history of recurrent VPBs , admitted for investigation following a syncopal episode two weeks prior to admission .
The patient experienced a brief episode of loss of consciousness while driving her car two weeks prior to admission , at which time she collided with the car in front of her and rapidly regained consciousness .
There was no aura , no witnessed seizure activity and no post ictal symptoms .
The patient has a history of ventricular premature beats for which she was treated with Flecainide .
After the syncopal episode the patient was evaluated at a local hospital with head and abdominal CT , EEG , and EKG , all of which were normal .
Her Flecainide was discontinued and she was referred to CTMC for further evaluation .
The patient has history of VPBs as noted above , treated with Flecainide with good symptomatic response .
Following discontinuation of this drug the patient noted return of palpitations .
PAST MEDICAL HISTORY :
Left mastectomy in 1982 for breast carcinoma .
History of upper GI bleeding in 1985 while on nonsteroidal anti-inflammatory medicines .
DJD , hypertension , status post cholecystectomy , status post cataract surgery , status post herniorrhaphy .
ALLERGIES :
None known .
MEDICATIONS ON ADMIT :
Vaseretic 10 mg p.o.q.d. , Calan SR 240 mg p.o.q.d. , Motrin 600 mg p.o. prn , Cytotec prn with Motrin .
SOCIAL HISTORY :
The patient lives alone .
Her husband is in a nursing home .
She is a nonsmoker , nondrinker .
PHYSICAL EXAMINATION :
Pleasant elderly lady in no apparent distress .
Blood pressure 140/70 , heart rate 84 , with occasional premature beats , respirations 16 , afebrile .
Skin :
Showed bruises over both her knees .
HEENT :
Within normal limits .
Neck :

Supple without lympadenopathy .
No JVD .
Lungs :
Clear .
COR :
Showed no JVD .
Normal S1 and S2 without murmurs .
There was a soft right carotid and right femoral bruit .
Digital pulses were absent bilaterally .
Abdomen :
Soft , nontender , without masses .
Bowel sounds present .
CNS :
Alert and oriented .
Cranial nerves intact .
Sensory motor examination was grossly intact .
Reflexes were normal and symmetric throughout .
Extremities :
Showed nodes in both hands and crepitans of both knees .
LABORATORY EXAMINATION :
Hematocrit 44 , WBC count 4.9 thousand , BUN 15 , creatinine 0.9 thousand , pota ssium 3.6 , PT and PTT were within normal limits .
LFTs were normal .
Cholesterol 252 .
Chest x-ray normal .
EKG was within normal limits .
UA was normal .
HOSPITAL COURSE :
The patient was admitted with a history of syncope for cardiac evaluation .
She was taken to the Cardiac Catheterization Laboratory where a catheterization revealed an 80% mid-RCA stenosis , 80% mid-LAD lesion and an LVEF of approximate ly 80% .
It was felt that these lesions were unrelated to the patient 's episode , a nd were unlikely to cause her significant distress .
On the following day , she was taken to electrophysiologic study .
During the study , the right bundle branch was hit by the catheter , inducing a right bundle branch block .
Following this , upon rapid atrial pacing at a rate of 120 , there was revealed a bifascicular left block , which combined with the right bundle branch block ca used a complete heart block .
It was felt that given this rate-related block on the left , combined with the p ossibility of physiologic malfunction on the right , complete heart block as the source of the patient 's syncopal episode was quite possible and plans wer e made to insert a VVI pacer .
The pacer was inserted on the fifth hospital day without event , and the patient was discharged home on the sixth hospital day .
DISPOSITION :
Calan SR 240 mg p.o. q.d. , Vaseretic 10 mg p.o. q.d. , Ibuprofen and Cytotec pr n joint pain .
The patient is discharged home .
Followup with primary physician in one week .
Discharge condition good .
RG218/6440 TOMEDANKELL FLOWAYLES , M.D. HZ4
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Batch :
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Report :
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06/29/91
Dicatated By :
TAMYRCLEO KOTE , M.D. EV68
cc :
1. LAYMIE ASLINKE , MD LIODIMAN BASSPRINGTY HOSPITAL Plaport , Utah
[report_end]