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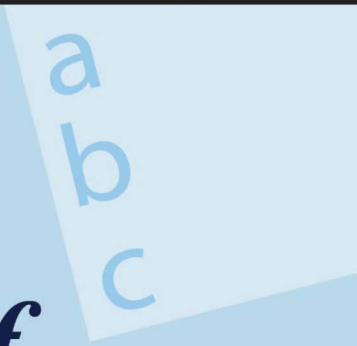

ABC *of* MEDICINE

(WITH MNEMONICS)

Sixteenth Edition

Aspi F Golwalla
Sharukh A Golwalla

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CHAPTER

2 Cardiovascular System

DYSPNEA

Physiological

Exercise, high altitude.

Pathological

Alveolar (Pulmonary): COPD, embolism
Blood disease: Anemia
Cardiovascular: IHD, cardiac failure
Diabetic acidosis (Also kidney failure)
Endocrine: Thyrotoxicosis
Fat (Obesity)
Gas (and other causes of abdominal distension)
Hysterical.

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Complications of AMI

1. Mechanical
2. Arrhythmias
3. Ischemic
4. Inflammatory
5. Embolic.

SYNCOPE

Causes: 3Cs

1. **Common faint** (vasovagal attack): Emotion, heat, carotid sinus hypersensitivity
2. **Cardiac:**
   a. Inadequate LV output: Arrhythmias, AS
   b. Inadequate LV filling: IHD, postural hypotension, cough, micturition, PPH
3. **Cerebral: H**ypoxia due to anemia.
   High altitude.
   Hypoglycemia.

RAISED JVP

Anemia
Bradycardia (marked)
Congestive heart failure
Decreased compliance (volume capacity) of RV—Pericardial effusion, constrictive pericarditis
Elevated intrathoracic pressure

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Pressure on SVC
Pleural effusion (massive)
Fluid overload (IV)
Growths (or obstructive lesions) in right heart:
Tumor or thrombus in RA
TR or TS
Hyperdynamic states (besides Anemia):
Alcohol
Beriberi
Cor pulmonale (anoxic)
Diseases of liver
Exercise
Fever
Grave's disease
Heat
Pregnancy
Paget's disease.

CYANOSIS

Decreased Hb >5 g/100 mL blood (30% of total Hb in capillaries)
Deficient oxygenation of blood in lungs, e.g. pneumonia, chronic bronchitis
Decreased O_2 transfer across alveolar-capillary membrane, e.g. fibrosing alveolitis
Decreased amount of air ventilating the lungs, e.g. poliomyelitis.

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Causes

A. **Central** (Skin, mucous membrane, limbs warm, clubbing)
   1. *Cardiac:* Cong. HD, Eisenmenger's, CHF (severe)
   2. *Respiratory:* COPD
   3. *High altitude:* Decreased O_2
   4. *Primary polycythemia:* Absolute excess of desaturated Hb.

B. **Peripheral:** (Skin only, limbs cold, no clubbing)
   Cold
   Cardiac failure
   Collapse (shock)
   Constriction (local).

Differential Cyanosis

Lower limbs only: Eisenmenger, PDA or interrupted aortic arch

Upper limbs only: Transposition of great arteries (TGA)

Left upper limb and both lower limbs: PDA with reversal of shunt in combination with pre-ductal coarctation of aorta

Intermittent: Ebstein's anomaly.

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HEART SOUNDS

1st Heart Sound

Accentuated	Decreased	Variable	Split
MS, TS	MR, AS	CHB	Electrical delay
Tachycardia	Bradycardia	AF	RBBB
Short PR	Long PR	AFl	VPCs (LV)
WPW syndrome	LBBB	Changing block	Mechanical delay
AF, AFi	Myocarditis		Ebstein's
LA myxoma	Shock	Ectopics	MS
Floppy valve		VPT	LA myxoma
		Wenckebach	

2nd Heart Sound

			Split	
Accentuated	Decreased	Wide	Fixed	Paradoxical
A_2		RV abn:	ASD	Elec. LV
Hypertension	AS, AR, LVF	RBBB	RV	delay:
Aortic dil.		ASD	disease	LBBB
Exercise		APVD	VSD	WPW
AR (some)		PS	(large)	RV pacing
P_2		RVF		PVC (RV)
Mitral dis.,	PS	LV pacing		Mech. delay:
Pul. hyper.		PVCs (LV)		

Contd...

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Contd...

			Split	
Accentuated	Decreased	Wide	Fixed	Paradoxical
LVF				AS, PDA
ASD		LV abn:		Myocardial
		VSD		disease
		MR		AR (severe)

3rd Heart Sound

Before 40: Physiological or pathological by the company it keeps.
After 40: To be considered pathological.

Left sided:	*Right sided:*
Hypertension	Massive pul. embolism
Myo. infarction	Cardiomyopathy
Cardiomyopathy	

4th Heart Sound (Atrial Gallop)

Causes

High end-diastolic pressure–Early stage of Rt. or Lt. ventricular failure
Hypertrophy (severe ventricular), e.g. AS
(Atrial contraction has to produce considerable pressure rise to augment ventricular filling).

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CARDIAC MURMURS

A. **Innocent:**
Systolic ejection
Soft
Short
Supine position best for auscultation
Supraclavicular or sternal border (Still's)
Single S_2 during expiration while standing
Satisfactory ECG and CXR.

B. **Physiological:**
Hyperkinetic:
Pregnancy
Pyrexia
Pulse pressure wide
Benign:
Pectus excavatum (severe)
Straight back syn.

C. **Relative:**
1. *Dilatational:* All 4 valve sites
2. *Flow:*

Mitral—VSD, PDA, MR Tri.—ASD, TR	Diastolic
Aortic—AR, aneurysm Pul.—Hemic, idiopathic dil. of artery	Systolic

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D. **Organic:**

1. *Systolic:*
   a. Ejection:

Obstructive	Aortic/Pulmonary
	Supravalvar
	Valvar
	Infravalvar
Increased flow	AR
	Complete heart block
Postvalvar	Systemic hypertension
	Pulmonary hypertension
	50/50 murmur
	(Atherosclerotic)

   b. Pansystolic:
   A-V valve incompetence—MR, TR
   L → R shunt—VSD, PDA
   c. Late systolic: Coarctation
   HOCM
   Mitral chorda or papillary muscle abnormality

2. *Diastolic:*

a. Obstruction at valves	MS, TS. Mid or late
b. Regurgitation across semilunar valves	AR, PR. Early
c. Increased flow across A-V valves	(Ref. functional murmurs)

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3. *Continuous:*
   a. Innocent: Venous hum
      Mammary souffle
      Uterine souffle
   b. Pathological: 5 pairs
      PDA, Aorto-pul. septal defect
      Pul. atresia, Fallot's tetral.
      Pul. AV fistula, systemic AV fistula
      Pul. arterial stenosis, coarctation
      Rupture of sinus of Valsalva into RA or RV, rupture of aortic aneurysm into rt. heart or pul. artery.

Mid-diastolic murmur: GAP

Graham Steel murmur
AR (mild)
PR (mild)

Beck's triad: 3 Ds

Decreased arterial pressure
Distended neck veins
Distant muffled heart sounds.

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THE PULSE

Types of Abnormal: ABCDJPs

Alternans: LV failure
Anacrotic: AS
Bounding: Hyperkinetic states
Bisferiens: AR (severe) with moderate AS, HOCM
Corrigan:
Physiological: Heat, pregnancy, alcohol
Hyperkinetic states: e.g. thyrotoxicosis
Cardiac: AR, PDA, VSD (large), complete heart block.
Dicrotic: Fevers (typhoid), severe CHF (usually secondary to dilated cardiomyopathy), tamponade, low output following aortic valve replacement for AR
Jerky: HOCM
Plateau: AS
Parvus et tardus: AS
Paradoxical: Pericardial effusion, constrictive pericarditis
Pulmonary asthma.

Absent Pulse

Aortitis
Block (Atherosclerotic obstruction)
Coarctation
Dissection of aorta
Embolism
E(I)njury

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CARDIAC ARRHYTHMIAS

Symptoms (Common to Many Arrhythmias)

1. **Local:** Palpitation, chest discomfort
2. **Reflex nervous:** Anxiety, sweating
3. **Cardiac:** Dyspnea, cardiac failure (occasional)
   Sinus bradycardia
   Rate <60/min. Non-cardiac or cardiac
   Sinus tachycardia
   Rate >100/min. Non-cardiac or cardiac
   Sinus arrhythmia
   Rate > with inspiration
   Premature (Ectopic) beats
   (Atrial, nodal, ventricular).

Causes

1. **Physiological:** Pregnancy.
2. **Pathological:**
   Ischemic heart disease
   Iatrogenic, e.g. digitalis
   Intoxicants: Excessive tea, coffee, tobacco, alcohol
   Irritation (Reflex), e.g. biliary or renal colic.

Diagnosis

1. Quick beat followed by long pause
2. Pulse apex deficit (<10/minute)
3. Abolished by exercise.

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Malignant Premature Beats

>5/min	Multifocal
In pairs	R on T.

ATRIAL FIBRILLATION

Causes: THRILL

Thyrotoxicosis
Hypertensive heart disease
Rheumatic heart disease (MS)
Ischemic heart disease
Lung disease
Lone.

Types: 3Ps

Paroxysmal
Persistent
Permanent.

Diagnosis

1. Irregularly irregular, more after exercise
2. Pulse apex deficit (>10)
3. Changing 1st sound
4. Presystolic accentuation in MS disappears.

ATRIAL FLUTTER

Causes

Same as AF.

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