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ESC

ESC Clinical Case Gallery

Bernard Iung



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ESC Clinical Case Gallery on escardio.org



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OUR MISSION: TO REDUCE THE BURDEN OF CARDIOVASCULAR DISEASE IN EUROPE

THE ESC

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GUIDELINES & EDUCATION

CARDIOLOGY TOPICS

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CLINICAL PRACTICE GUIDELINES

ESC Clinical Practice Guidelines list
Guidelines development
Guidelines implementation
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PRACTICE TOOLS

ACCA Toolkit
EACVI toolboxes
Guidelines into Practice Tracks
CVD prevention toolbox
Practice tools for Heart Failure patients

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Clinical cases
ESCEU, the ESC training and education platform
Resources from past courses
Webinar recordings

EDUCATION STORE

ESC textbooks
Guidelines educational derivative products
How to complete your order form

JOURNALS AND PUBLICATIONS

ESC journals family
Consensus and position documents
Recommended readings

CAREER DEVELOPMENT

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2 areas of Studies: General Cardiology & EACVI

ESC clinical case gallery

Educational clinical cases in general cardiology



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The aim of these clinical cases is to present real and typical clinical scenarios, discuss findings and management in the light of current ESC recommendations and follow the clinical course of the case.

Students, cardiologists or anyone wanting to refresh their clinical competence can test their knowledge through these cases.

The cases will usually focus on one central topic although a particular case often will touch on several fields in cardiology and illustrate a number of issues or guidelines. Since the purpose is education in general cardiology, case scenarios should not deal with very rare situations. Unusual case reports should be avoided and rather submitted to specific ESC associations or working groups.

CONTRIBUTE TO THE ESC CLINICAL CASE GALLERY

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EACVI clinical case gallery

Educational clinical cases in cardiovascular imaging



EACVI
EUROPEAN ASSOCIATION OF
CARDIOLOGISTS IN
VASCULAR
IMAGING



Non-Invasive Imaging

The aim of the new clinical case gallery is to improve knowledge sharing on cardiac imaging and to share related clinical experience.

Contribute to the EACVI Clinical Case Gallery by submitting your exciting cases! Test your knowledge through the cases and share with cardiologists around the world.

CONTRIBUTE

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CONSULT CLINICAL CASES

CONSULT EDUCAD (NUCLEAR CARDIOLOGY AND CARDIAC CT)

[EduCAD](#) - Dedicated to young physicians/doctors, EduCAD offers several clinical cases accurately selected from the EVINCI study* population for training in the appropriate use of multimodal imaging technology.

CONSULT OLD ECHOCARDIOGRAPHY CASES

[Echocardiography case portal](#)

Clinical Cases available online

ESC clinical case gallery

Educational clinical cases in general cardiology



16 cases published + 5 *in progress*

Date published	Title	
23 Nov 2015	Infective Endocarditis - when to operate? Author(s)(s): Rebekah Anstey	👁
19 Nov 2015	Calcium score of 9000: what are the chances? Author(s)(s): Iris Maria Esteve Ruiz	👁
26 Oct 2015	A Rare Manifestation of Echidococcal Infection Author(s)(s): Mohsen Neshati pir barj	👁
15 Oct 2015	A misguided lead Author(s)(s): Haran Burri	👁
14 Oct 2015	Electrocardiographic diagnosis and coronary angiography in acute infero-posterior wall ST segment elevation myocardial infarction (STEMI) and mirror image dextrocardia Author(s)(s): Shiva PONAMGI	👁
08 Oct 2015	Treatment resistant hypertension post-renal denervation: could the answer be salt restriction? Author(s)(s): Kenneth Chan	👁
14 Sep 2015	A young woman with shortness of breath Author(s)(s): Yazbanoo Moayedi	👁
09 Sep 2015	A patient with aortic stenosis and angina pectoris Author(s)(s): Renée B.A. van den Brink	👁
30 Jul 2015	Acute myocardial infarction in a young patient Author(s)(s): Hercules E. Mavrakis	👁
30 Jul 2015	Multi-imaging Modalities in Cardiac Carcinoid management Author(s)(s): Marchon E	👁

EACVI clinical case gallery

Educational clinical cases in cardiovascular imaging



12 cases published + 4 *in progress*


Date published	Title	
21 Sep 2015	Right apical mass in a patient referred for pathologic fracture of tibia Author(s)(s): Carlo Rostagno	👁
14 Aug 2015	Aberrant Origin of the Right Coronary Artery from the Ascending Aorta: MDCT coronary angiography images Author(s)(s): Amir Anwar Samaan	👁
10 Jul 2015	Ruptured Sinus of Valsalva Aneurysm Late after Ventricular Septal Defect Repair Author(s)(s): Deane Yim	👁
26 Apr 2015	Echocardiographic Diagnosis of Truncus Arteriosus associated to double aortic arch Author(s)(s): Claudia D'Andrea	👁
11 Mar 2015	Thrombus In Transit Through A Patent Foramen Ovale: Surgical Prevention Of Paradoxical Embolism. Author(s)(s): Zaher Fanari, M.D.	👁
07 Mar 2015	51-year-old woman with STEMI: first manifestation of multiple thromboembolic events Author(s)(s): Jana Ambrozic	👁
19 Feb 2015	A Left Ventricular Cyst Evaluated by Transthoracic Echocardiography Before and After Surgical Excision Author(s)(s): Yanmei Zhang	👁
17 Feb 2015	A "Floating Egg" - Giant Right Atrial Myxoma Author(s)(s): Weichien Lee	👁

Clinical Case in General Cardiology


The aim of these clinical cases is to present real and typical clinical scenarios, discuss findings and management in the light of current ESC recommendations and follow the clinical course of the case.

Clinical Case overview

Learning Objectives + reference to ESC Guidelines



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Infective Endocarditis - when to operate?

Rebekah Anstey, Oliver Ormerod, Ahsan Alvi, Rana Sayeed, Colin Forfar, Martin Thornhill, Mark Dayer

Overview

Main Contact Mark Dayer
markdayer@gmail.com

Case Authors Rebekah Anstey, Oliver Ormerod, Ahsan Alvi, Rana Sayeed, Colin Forfar, Martin Thornhill, Mark Dayer

Description A 45-year-old man who had a bicuspid aortic valve had his teeth scaled and polished in August 2013. He became unwell and visited his GP on October 3rd. He presented repeatedly to his GP before he was admitted to hospital on February 4th. He complained of breathlessness and night sweats. Examination showed aortic regurgitation with pistol shot femorals. An echocardiogram showed loss of coaptation of the aortic leaflets. He was commenced on vancomycin and gentamicin pending blood culture results. He was also referred to the cardiothoracic surgeons for consideration for urgent surgery. The surgeon on call preferred to wait for the MDT decision. He subsequently grew *Streptococcus Gordonii*. His antibiotic regime was changed to benzylpenicillin and gentamicin. Unfortunately, he arrested on February 6th. He underwent emergency surgery, but died on the table.

ESC Core Curriculum Chapter(s) 16. Infective Endocarditis

ESC Guidelines Infective Endocarditis (Guidelines on Prevention, Diagnosis and Treatment of)

Learning Objectives

1. To emphasise the need to recognise the subtle presentation of infective endocarditis.
2. To remind readers when antibiotic prophylaxis is indicated.
3. To discuss the new ESC guidance on when to operate in patients with infective endocarditis.

Next

Clinical Case overview

MCQs

Case Report

In September 2013, just one month after the dental hygienist visit, he became ill with what appeared to be influenza: a racking cough, night sweats, fever, weight loss.

He first presented to his GP practice on October 3rd. His symptoms were ascribed to the fact that he was caring for his wife who had recently undergone surgery, and he was reassured.

He returned on October 7th where he was prescribed a course of clarithromycin following increasing tiredness and a cough productive of green sputum. He was still coughing on October 20th and was prescribed Augmentin. A few days later he had an episode of atrial fibrillation, which reverted spontaneously. At this point he had some bloods taken and these showed a normal haemoglobin (14.0 g/dl), white cell count (6.83 x10⁹/l) and CRP (5.7 mg/l).

On December 8th he returned to his GP practice, with malaise and persistence of the night sweats and cough. Repeat blood tests showed a mild reduction in haemoglobin levels (12.6 g/dl), a normal white cell count (9.21 x10⁹/l) but an elevated CRP (84.4 mg/l). His symptoms settled, but around the start of the New Year, his symptoms recurred. His bloods on this occasion were markedly abnormal. He was anaemic (9.2 g/dl), with a significant rise in his CRP (152.0 mg/l). His blood film suggested myelodysplasia, and he was referred to the haematologists urgently. Before he could see them he deteriorated, and was admitted as an emergency to the John Radcliffe Hospital in Oxford on February 4th 2014.

Question 1 of 1

At what stage should the diagnosis of endocarditis have been considered?

On the first presentation to the GP practice on October 3rd?

Around the start of the New Year when his symptoms recurred and his bloods were markedly abnormal?

When he was admitted as an emergency to the John Radcliffe Hospital in Oxford on February 4th 2014?

On December 8th when he returned to his GP practice with an ongoing illness and an elevated CRP (84.4 mg/l)?


Correct Answer

On December 8th when he returned to his GP practice with an ongoing illness and an elevated CRP (84.4 mg/l)?

Discussion / Feedback

The ESC guidelines emphasise that infective endocarditis remains a diagnostic

Media




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Infective Endocarditis - when to operate?

Robabek Anisoy, Oliver Ormerod, Ahsan Akki, Rana Sayeed, Colin Forster, Martin Thornhill, Mark Dayar

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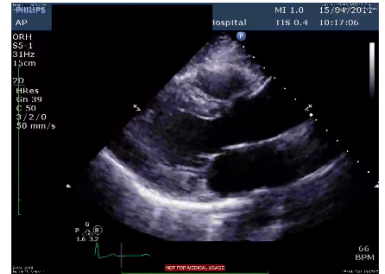
Case Report

Mr BM was a 45-year-old man who worked as a rocket scientist. He initially presented to the cardiology department at Oxford when he was 32 years old and developed paroxysmal atrial fibrillation. A murmur was noted and an echocardiogram was undertaken (see images).

This showed a bicuspid aortic valve with an offset closure line. He also had mild-moderate aortic regurgitation. There was no dilatation of his aortic root. He had 2 yearly follow-ups at Oxford, and was clinically stable.

From the outset the importance of good oral hygiene was emphasised to him. He had quite extensive work done to improve his oral hygiene. This was conducted prior to 2008 with antibiotic prophylaxis. In 2008, the National Institute of Health and Care Excellence (NICE) recommended that antibiotic prophylaxis should no longer be used.

He was careful to the point of paranoia about brushing, flossing, using interdental brushes and mouthwash. In any event, no intervention had been required since 2010, other than trips to the dental hygienist for a scale and polish. In August 2013 he went for a routine hygienist appointment for a scale and polish. It was reportedly "vigorous", and he was still spitting blood in the evening. He did not have antibiotic prophylaxis.



What's in it for your National Society?

- **Provide Educational Material to your members:** insert a link to ESC Clinical Case Gallery on your website
- **Contribute to the ESC Collection of Cases:** all cases are submitted online

Prepare your questions for the session on Day 1

**Do not miss Day 1 Demo
at 17:15**

Meeting Rooms 3, 4 & 5