SA Heart
quality cardiac care

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27 March 2023

Dr Maha Sakran
Seaford Heights Medical Centre
Shop 2/44 Robinson Road
SEAFORD HEIGHTS SA 5169

Re: Mr Scott Dennard
17 Edmonds Road
SEAFORD HEIGHTS SA 5169
Mobile: 0420273917
DOB: 02/07/1994
SA Heart: 503903

Dear Dr Sakran

Issue List	Medications
1. Recurrent pericarditis. 1.1. July 2022 (NHS), Sep 2022, Oct 2022 (code STEMI at FMC), Jan 2023. 1.2. Assessed by FMC Rheumatology team (Jan 2023). All rheumatological Ix negative. 1.3. Re-presentation with elevated CRP 48 - 98 in Mar 2023. Treated with prednisolone. 1.4. Haem consult by Dr Kalro as inpatient. No haematological causes found (-ve lymphoma screen). 1.5. Will refer to Prof Pravin Hissario (RAH immunology). 2. GORD. 3. CT chest (Sep 2022): Normal. Smoking: Current smoker; ETOH: Rare; Family history: Father (1x pericarditis). Bloods (Apr 2022): TSH 1.12.	Pantoprazole 40 mg daily Colchicine 500 mcg bd (dose increased) Prednisolone (tapering dose) Diltiazem 30 mg bd

Profile: 28 year old male, works at Audi, home by self.

I had the pleasure to look after Scott at Ashford Hospital between 24–27 March 2023 for recurrent pericarditis.

As you recall, I have been looking after Scott regarding his recurrent pericarditis since February 2023. I last saw him in Feb 2023 and organised for him to have a cardiac MRI following a -ve lymphoma screen.

Scott presented to the Flinders Medical Centre on 22 March 2023 with recurrent chest pain and elevated inflammatory markers (CRP 48→ 98) with ECG changes. He underwent an echocardiogram at the FMC, which did not demonstrate a pericardial effusion.

Scott was then transferred under my care for ongoing management.

Impression and management:

- For recurrent pericarditis, the current guidelines recommend colchicine bd and prolonged course of prednisolone. Third line agents include other immunosuppression medications. As such, I commenced him on prednisolone, which he responded to with reduction in his CRP (98 → 48).
- I also consulted Dr Kalro (haematology), who did not believe there was any haematological causes.
- If he has another recurrence on prednisolone, I will aim to refer him to OPD immunology clinic as he will likely need other immunosuppressive agents.
- Scott also describes intermittent palpitations, then I commenced him on a low-dose diltiazem.

Scott responded well to the prednisolone and diltiazem symptomatically, and he was discharged on 27 March 2023 with the following medications:

- Prednisolone 25 mg for 3 days, 12.5 mg for 3 days, 10 mg for 3 days then 5 mg thereafter (aiming for at least 6-8 weeks of prednisolone).
- Diltiazem 30 mg bd.
- Colchicine 500 mcg bd.

Follow-up:

- I will see Scott in 2-3 weeks' time to review his progression.

We will do our best to move things along as quickly as possible, but if there is a change in Scott's status, please do not hesitate to get in contact with us.

Many thanks for involving us in the care of your patient.

Yours Sincerely

DR ANTHONY (MING-YU) CHUANG

Please note this note has been prepared with front end speech recognition. I find that there are commonly errors. I apologise. I have tried to correct most. But, if there is any confusion related to this text, please do not hesitate to contact me.