

24 May 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

**Level 1**  
**118-120 Main South Road**  
**MORPHETT VALE SA 5162**

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Dear Dr Sakran

| Issue List   | Medications   |
|--|---|
| <p>1. Recurrent pericarditis.</p> <p>1.1 Hosp presentations: Jul 2022 (NHS), Sep 2022, Oct 2022 (code STEMI at FMC), Jan 2023 (FMC x2). All with ST elevation.</p> <p>1.2 Assessed by FMC Rheumatology team (Jan 2023). All rheumatological Ix negative.</p> <p>1.3 Cardiac MRI (Feb 2023): Normal LV size and function. No pericardial abnormalities. No myocardial oedema or fibrosis.</p> <p>1.4 Re-presentation with elevated CRP 48 - 98 in Mar 2023. Treated with prednisolone.</p> <p>1.5 Haem consult by Dr Kalro as inpatient. No haematological causes found (-ve lymphoma screen).</p> <p>1.6 Will refer to Prof Pravin Hissaria (RAH immunology).</p> <p>2. GORD.</p> <p>3. CT chest (Sep 2022): Normal.</p> <p>Smoking: Current smoker; ETOH: Rare; Family history: Father (1x pericarditis).</p> <p>Bloods (Apr 2022): TSH 1.12.</p> | <p>Pantoprazole 20 mg daily</p> <p>Colchicine 500 mcg bd</p> <p>Diltiazem 30 mg bd</p> <p>Ceased:</p> <p>Prednisolone (8 week course)</p> |

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

I had the pleasure to review Scott today. As you recall, I recently looked after him for recurrent pericarditis, which I started him on prednisolone on the 24<sup>th</sup> of March.

Since last review, he has been well. He has been to and from the UK. There have been no issues apart from an episode of mild discomfort in March.

On examination, his BP was 120/60. There was no pericardial rub.

ECG today demonstrated normal sinus rhythm with normal PR/QRS/ST segments.

**Impression:**

- Overall, it seems like Scott has been doing fairly well without any recurrence of pericarditis.
- We have therefore agreed to stop his prednisolone as planned (8 week course).
- I have asked him to continue his colchicine for the time being and likely will continue for another 3 to 6 months.

**Plan:**

- Cease prednisolone.

**Follow-up:**

- I will see Scott in 8 weeks with a blood test prior.

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

Copy to:

Prof. Pravin Hissaria, Royal Adelaide Hospital, Immunology Department, Port Road, ADELAIDE SA 5000

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.