

Dr Anthony (Ming-Yu) Chuang

MBBS MMed FRACP FACC Intervention, Structural and CT Cardiologist 461613DT

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

> > **Ph/Fax:** (08) 8293 9360 **Mobile**: 0430 092 007

HealthLink: ashfordh **Argus:** argusreports@sahc.com.au

Consulting Rooms
Ashford
Morphett Vale
Mount Barker
Norwood

ABN: 34 613 600 595

Stirling

30 January 2024

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

Phone: 0420273917 DOB: 02/07/1994 SA Heart: 503903

Dear Dr Sakran

Issue List			Medications
1.	Recu	ırrent pericarditis.	Pantoprazole 20 mg daily
	1.1	Hosp presentations: Jul 2022 (NHS), Sep 2022, Oct 2022	Colchicine 500 mcg daily
		(code STEMI at FMC), Jan 2023 (FMC x2). All with ST	Diltiazem 30 mg bd
		elevation.	Anakinra (since Sep 23)
	1.2	Assessed by FMC Rheumatology team (Jan 2023). All	
		rheumatological Ix negative.	Ceased:
	1.3	Cardiac MRI (Feb 2023): Normal LV size and function. No	Prednisolone (8 week
		pericardial abnormalities. No myocardial oedema or fibrosis.	course)
	1.4	Re-presentation with elevated CRP 48 - 98 in Mar 2023.	
		Treated with prednisolone.	
	1.5	Haem consult by Dr Kalro as inpatient. No haematological	
		causes found (-ve lymphoma screen).	
	1.6	Referred to Prof Pravin Hissaria (RAH immunology).	
	1.7	On Anakinra via FMC Rheum (Sep 2023).	
2.	GORD.		
3.	CT c	hest (Sep 2022): Normal.	
Smoking: Current smoker; ETOH: Rare; Family history: Father (1x			
	pericarditis).		
В	Bloods (Apr 2022): TSH 1.12.		

Patient Name: Dennard, Scott DOB: 02/07/1994

Profile: 29 year old male, works at Aldi, home by self.

I had the pleasure to review Scott today. As you recall, I have been looking after his recurrent pericarditis. He has been on Anakinra since September 2023.

He has been good. He has not had any recurrent chest pain or pericarditis.

He has stopped smoking but has been vaping a little.

He has not been exercising but his job is quite busy.

On examination, his BP was 120/60. His cardiac examination was normal.

His ECG showed normal sinus rhythm with normal ST segments.

Impression:

- Overall, I am extremely happy that he has not had any recurrence on the current therapy.
- I will aim to continue colchicine for at least another year.
- I think Anakinra should also be continued for another 1-2 years, but not much longer than that.
- Lastly, I will arrange for him to have a repeat echo next year to ensure he does not develop constrictive pericardial disease.

Plan:

Echo next year.

Follow-up:

I will see Scott in 1 year with a blood test and echo 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

cc. Dr Pravin Hissaria Royal Adelaide Hospital Immunology Department Port Road ADELAIDE SA 5000

Dr Akash Kalro Royal Adelaide Hospital Haematology Department Port Road ADELAIDE SA 5000

Please note correspondence may have been prepared with voice recognition software and may contain transcription errors. If you are concerned that information in this entry appears unusual or incorrect, please contact SA Heart.