

12 April 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
<ol style="list-style-type: none"> <li>Recurrent pericarditis. <ol style="list-style-type: none"> <li>Hosp presentations: Jul 2022 (NHS), Sep 2022 , Oct 2022 (code STEMI at FMC), Jan 2023 (FMC x2). All with ST elevation</li> <li>Assessed by FMC Rheumatology team (Jan 2023). All rheumatological Ix negative.</li> <li>Cardiac MRI (Feb 2023): Normal LV size and function. No pericardial abnormalities. No myocardial oedema or fibrosis.</li> <li>Re-presentation with elevated CRP 48 - 98 in Mar 2023. Treated with prednisolone.</li> <li>Haem consult by Dr Kalro as inpatient. No haematological causes found (-ve lymphoma screen).</li> <li>Will refer to Prof Pravin Hissario (RAH immunology).</li> </ol> </li> <li>GORD.</li> <li>CT chest (Sep 2022): Normal.</li> </ol> <p>Smoking: Current smoker; ETOH: Rare; Family history: Father (1x pericarditis). Bloods (Apr 2022): TSH 1.12</p>	<p>Pantoprazole 20 mg daily Colchicine 500 mcg bd Prednisolone 5 mg (Started on 24 Mar 2023) Diltiazem 30 mg bd</p>

**Profile:** 28 year old male, works at Audi, 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 discharge, he has been well. He has not had recurrence of chest pain.

He is tolerating prednisolone and colchicine, although he has occasional loose bowel motions.

On examination, his BP was 125/70. There is no pericardial rub on examination.

His ECG today showed: Normal SR with normal PR /QRS/ST segments.

**Impression:**

- Overall, Scott seems to be doing fairly well without pericarditis recurrence.
- As such, I will continue his prednisolone for a total of 8 weeks as planned (and as per guidelines).
- I discussed Scott's case with one my colleagues, Dr D Ooi. We agreed that given Scott has had at least 4 recurrent episodes of pericarditis that required hospitalisation with no rheumatological and hematological causes found, an immunology opinion may be helpful. As such, I have taken the liberty to refer him to see Prof Pravin Hissario (RAH Immunology).

**Plan:**

- Continue prednisolone for a total of 8 weeks.
- Prof Pravin Hissario referral (RAH Immunology; **this letter serves as a referral**).

**Follow-up:**

- I will see Scott at the end of May with bloods 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:

Dr Daryl Ooi, SA Heart at Ashford, 57-59 Anzac Highway, ASHFORD SA 5035

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

Dear Prof. Hissaria,

Thank you for seeing Mr Scott Dennard for assessment as above.

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.