Discharge Summary

9 Dec 2021

Mr Adam **SIWEK**

DoB 21 Sep 1984 (37y) SEX Male IHI 8003 6011 4246 6510 MRN D5514292

START OF DOCUMENT

Sir Charles Gairdner Hospital

Address Hospital Avenue, NEDLANDS, WA, 6009, Australia
Phone 08 6457 3333 (Workplace)
FAX 08 6457 2534 (Workplace)

Consultant Wen-loong YEOW
Department Cardiology

Admitted 6 Dec 2021
Separated 9 Dec 2021
LOS 4 day(s)

Discharge To Home/Other (usual residence)
Discharge From G42

Event

Problems/Diagnoses This Visit

Date Identified	Type	Description [Side]	Comments
	Principal Diagnosis	Myocarditis	

Clinical Synopsis

Clinical Synopsis Information

PRESENTING HISTORY:
37M presenting with acute-onset, severe, central chest pain radiating to the left shoulder, with assoc diaphoresis. This is on the context of second-dose Pfizer vaccine on the 15th of October.

CLINICAL FINDINGS:
Obs stable, afebrile.
Examination unremarkable.

MANAGEMENT / PROGRESS:
Pt admitted under Dr Yeow for management of the following issues:

1. Myocarditis
- trop rise to 1000s, ECG T wave inversion leads V2-V3
- initially commenced medical management for NSTEMI, required GTN, heparin and fentanyl on admission
- underwent CT aortogram due to ongoing pain, dissection excluded
- coronary angiogram unremarkable, echo inferior apical hypokinesis (report attached)
- Cardiac MRI: Myocarditis, no regional contraction abnormality
- Ceased antiplatelets, commenced high-dose NSAID and colchicine for myocarditis

Discharge plan:

1. You have been referred to the Vaccine-Safety Clinic for review
2. Continue anti-inflammatory medication and avoid strenuous exercise until your pain is resolved
3. Continue colchicine for 3-months
4. You will be contacted for a repeat Echo in 3 months time, with outpatient SCGH Cardiology clinic appointment thereafter

ALLIED HEALTH / NURSING:
Will be referred to RPH Cardiac Rehabilitation Service when discharged from SCGH for risk factor modification and exercise advice Julie Prout, Cardiac Rehab CNS, ph. 6457 4302

Diagnostic Investigations

Diagnostic Investigation

Interpreted Summary of Results

* Bloods *

FBC Hb 160 WCC 11 Plt 284

UEC Creat 97

Lipids: Total Chol 7.2 HDL 1.6 LDL 4.2 Triglyceride 3

Hba1c 5.2

* Imaging *

CARDIAC MRI:

CLINICAL DETAILS:
Troponin rise to 1,180 with chest pain and new T-wave inversion. Coronary angiogram NAD. CT aortogram NAD. Ongoing chest pain. SCAD? Myocarditis?

FINDINGS:
There is normal cardiac chamber size and morphology. No intracardiac filling defects are identified.
There is no regional or global contraction abnormality.
Circumferentially normal myocardial thickness, and normal trabeculation.
Background myocardial signal is grossly normal.
There is subtle multifocal subepicardial late Gallium enhancement demonstrated of the septal wall, most pronounced at the anterior septal, basal LV and inferior septal apical LV.
Normal flow is demonstrated across the aortic valve.
There is no pleural or pericardial effusion.
Dependent changes noted at the lower lobes.

VOLUMETRIC ANALYSIS:
LV EF 59%
LV EDV 188ml
LV ESV 77ml
LV SV 111ml

COMMENT:
Subtle multifocal subepicardial late Gallium enhancement involving the septal wall is suggestive of myocarditis in the given clinical setting. No significant resultant functional impairment.

CT THORACIC ANGIOGRAM

INDICATION:
37-year-old male NSTEMI. No CV risk factors. Ongoing chest pain, ECG changes despite heparin infusion, GTN infusion and IV fentanyl. BG AVM. ? Dissection

FINDINGS:
No intramural haematoma. No thoracic aortic dissection.
Conventional origin of the coronary arteries. No coronary artery occlusion. Irregularity is noted of the proximal segment of the D1 branch (key image). No intracardiac filling defect. No pulmonary embolism. Bi-basal atelectasis. No pulmonary nodules. The central tracheobronchial tree is patent. No pleural effusion. No thoracic lymphadenopathy. Triangular fatty tissue in the anterior mediastinum likely thymic remnant.

Conventional branching of the abdominal aorta. No abdominal aortic aneurysm. Normal appearances of the common, internal and external iliacs and their branches. Unremarkable appearance of the liver, gallbladder, pancreas, spleen, adrenals and kidneys. No intra-abdominal free fluid. The unprepared bowel is unremarkable. No intra-abdominal lymphadenopathy.

No destructive osseous lesion.

CONCLUSION:
1.No aortic dissection.
2.No coronary artery occlusion visualised. Irregularity noted in the proximal segment of D1.

X-RAY CHEST (AP ERECT):

INDICATION:
Chest pain, chest wall tenderness. ? Fracture or consolidation.

COMPARISON:
X-ray dated 01.01.2013.

The lungs and pleura are clear.
AP projection precludes assessment of cardiac and mediastinal contours. No pneumothorax or pneumomediastinum.
No fracture identified.

Echocardiogram (7/12/21)

1. Normal left ventricular size with appearance of inferio apical akinesis and lateral apical hypokinesis with preserved systolic function.

* Intervention *

CORONARY ANGIOGRAM

INDICATION: 37 year old man ?NSTEMI

BACKGROUND:

Access: RRA, 6F Sheath
Catheters: Tig, JR4 and pigtail
Closure: TR band

FINDINGS:
Left Main Coronary Artery -normal
Left Anterior Descending Coronary Artery -normal
Left Circumflex Coronary Artery -thready distal terminal OM ?SCAD
Right Coronary Artery - dominant, catheter-tip spasm proximally.
Left Ventriculogram -normal.

CONCLUSION:
No obvious explanation found, SCAD?? (but does not c/w ECG changes and no associated wall motion abnormality).

RECOMMENDATION:
Consider cardiac MRI

Medical History

Problems/Diagnoses

Date Identified	Problem / Diagnosis [Side]	Comments
	Arteriovenous malformation	Diagnosed by NIISWA 2021 - High flow vein of Galen aneurysmal malformation (VGAM).

Health Profile

Adverse Reactions

None known

Medications

Current Medications On Discharge

Item	Status	Change Reason	Reason(s) for	Duration	Flag
Colchicine 500microgram Tablet	New		Prophylaxis Myocarditis		Confirmed

Directions
- Take 1 tablet in the morning and 1 tablet in the evening.

Detail	Instruction
Specific Timing	• [Duration of Treatment]: 3 MONTHS;

Morning	Midday	Evening	Bedtime
1		1	

Item	Status	Change Reason	Reason(s) for	Duration	Flag
Ibuprofen 200mg Tablet	New		Myocarditis		Confirmed

Directions
- Take 2 tablets in the morning, 2 tablets at midday and 2 tablets in the evening.

Detail	Instruction
Specific Timing	• [Duration of Treatment]: 2 WEEKS;
Additional Instruction	Until pain resolves / is controlled with paracetamol. Minimum 2 weeks.

Morning	Midday	Evening	Bedtime
3	3	3	

Item	Status	Change Reason	Reason(s) for	Duration	Flag
Pantoprazole 20mg Tablet: EC	New		Prophylaxis		Confirmed

Directions
- Take 1 tablet in the morning. Swallow tablet whole.

Morning	Midday	Evening	Bedtime
1			

Item	Status	Change Reason	Reason(s) for	Duration	Flag
Paracetamol 500mg Tablet	New		Prophylaxis Myocarditis		Confirmed

Directions
- Take 2 tablets 4 times a day for relief from pain. (Maximum of 2 tablets/capsules containing paracetamol at once or 8 in 24 hours)

Morning	Midday	Evening	Bedtime
2	2	2	2

Item	Status	Change Reason	Reason(s) for	Duration	Flag
Rosuvastatin 10mg Tablet	New		Prophylaxis		Confirmed

Directions
- Take 1 tablet in the morning.

Detail	Instruction
Additional Instruction	With view to increase to 40mg as required

Morning	Midday	Evening	Bedtime
1			

Ceased Medications

None known

Plan

Record of Recommendations and Information Provided

Recommendation / Information Provided to Nominated Primary Healthcare Provider (GP)

Advice to Nominated Primary Healthcare Provider (GP)

Patient copy of Discharge Summary provided.

Discharge plan:

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4. You will be contacted for a repeat Echo in 3 months time, with outpatient SCGH Cardiology clinic appointment thereafter

Administrative Observations

ADMINISTRATIVE DETAILS

Patient		***Clinical Document Details***	
Name	Mr Adam Michael SIWEK	Created/Attested	9 Dec 2021 08:46+0800
Indigenous Status	Neither Aboriginal nor Torres Strait Islander origin	Document ID	68D50876-5889-11EC-9C89-005056937C48
Home Address	18 Turtledove Way, BENNETT SPRINGS, WA, 6063, Australia	Document Set ID	68D50EB6-5889-11EC-9C89-005056937C48
Phone	0424153345 (Home) 0424153345 (Home)	Document Version	1
Email	adam@purelyelectrics.com.au (Home)	Completion Code	Final

Author

Name: Jason CONNELL (Health Professionals nfd)

Signature

[Electronically Signed]

Primary Recipients

Name	Contact	Address	Organisation
Dr Gary STURDY	**Phone:** 0893094211 (Workplace) **Facsimile machine:** 0893094215 (Workplace) **Email:** reception@woodvaleparkmedicalcentre.com.au (Workplace)	**Work Place:** 2/3 Trappers Dr, WOODVALE, WA, 6026, Australia	Woodvale Park Medical Centre [Preferred Delivery Method - Secure Electronic]

END OF DOCUMENT

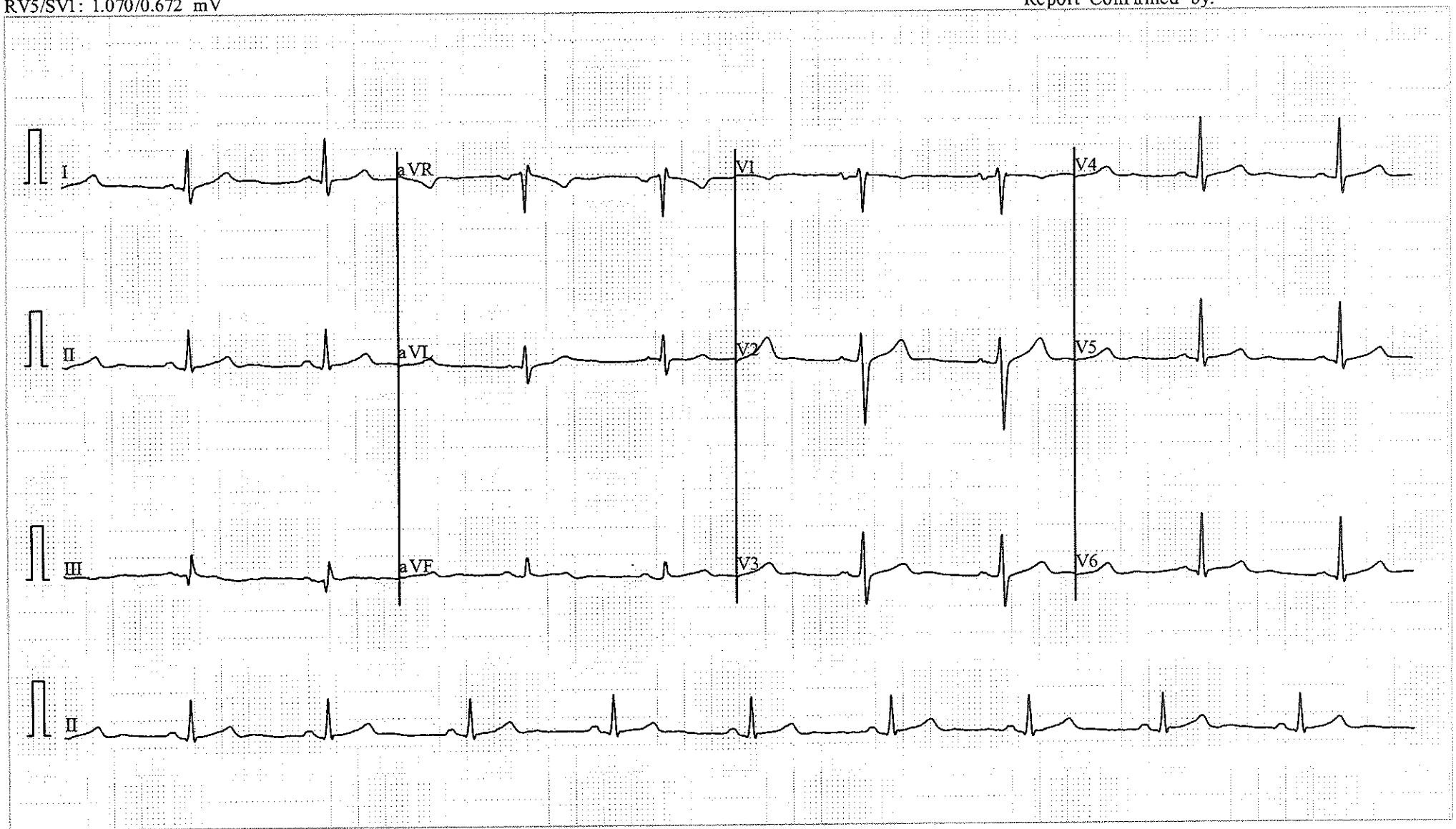
Woodvale Park Medical Centre ECG REPORT

ID : 1 adam siwek 37Years Male cm 85kg

HR : 58 bpm
P : 103 ms
PR : 150 ms
QRS : 87 ms
QT/QTc : 411/405 ms
P/QRS/T : 55/52/34 °
RV5/SV1 : 1.070/0.672 mV

Diagnosis Information:
Sinus Bradycardia

Report Confirmed by:



0.32~35Hz AC50 25mm/s 10mm/mV 4*2.5s+1r ♥58 SE-601 1.02 SEMIP 1.7

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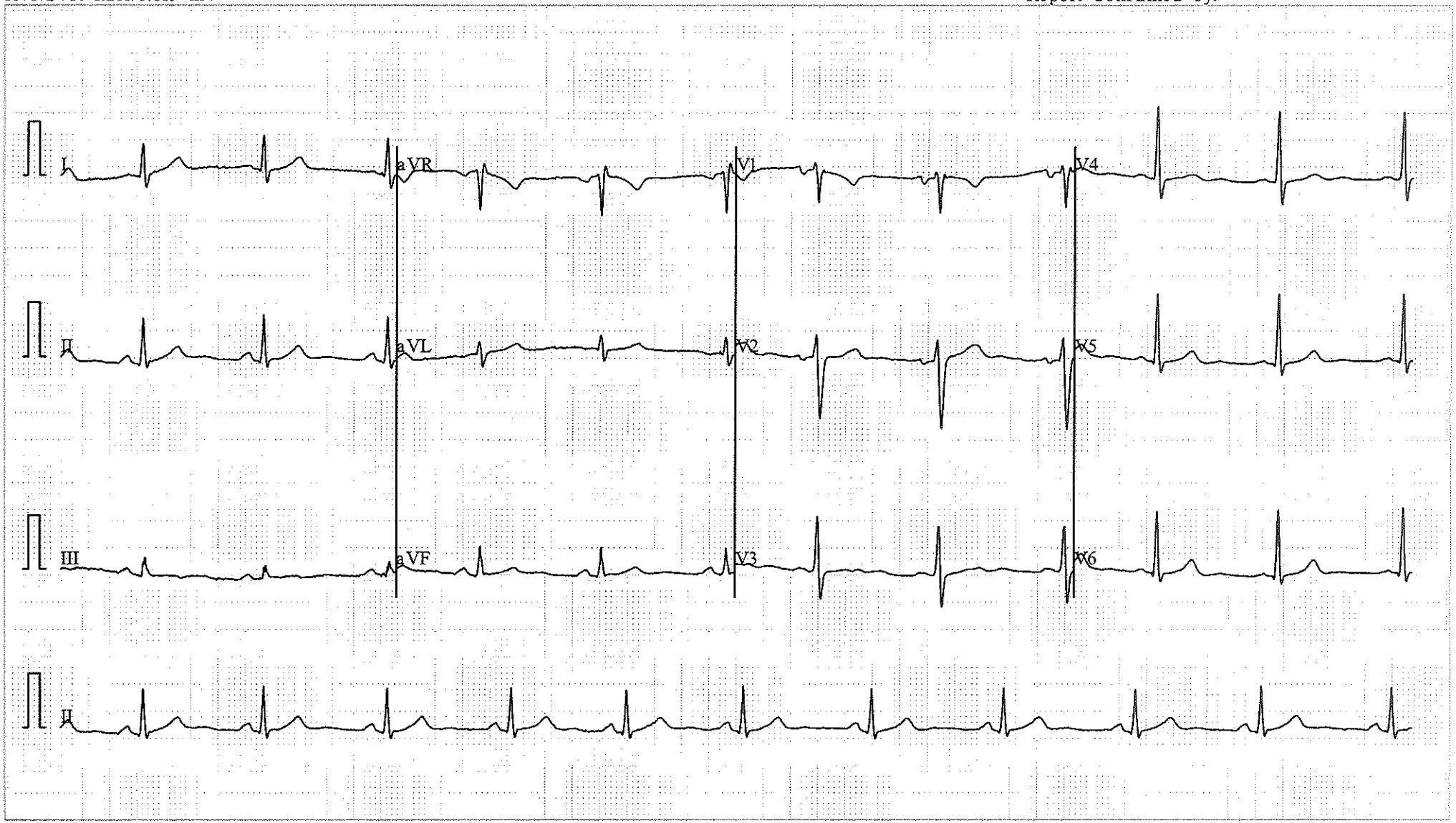
Woodvale Park Medical Centre ECG REPORT

ID : 0 adam siwek Years Male cm kg

HR : 65 bpm
P : 109 ms
PR : 144 ms
QRS : 86 ms
QT/QTc : 392/408 ms
P/QRS/T : 74/62/40 °
RV5/SV1 : 1.211/0.619 mV

Diagnosis Information:
Sinus Rhythm
Normal ECG

Report Confirmed by:



0.32~35Hz AC50 25mm/s 10mm/mV 4*2.5s+1r ♥65 SE-601 1.02 SEMIP 1.7

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