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Monday, 26th February 2024

Dr Garfield Wright
MedCentres Pacific Pines
Pacific Pines Town Centre, Shop 8, 1
Pitcairn Way
PACIFIC PINES QLD 4211 Fax: 0755968499

Dear Garfield,

**RE: Ms Angela Argyrou DOB 10/12/1974 UR**
33 Palladium Blvd, HOPE ISLAND QLD 4212 MC no. 4220 79141 7/1 Mob. 0416292202

**PROBLEMS**

Myopericarditis
- Severe chronic/intermittent pericarditis with regular flares
- Myocarditis subsequently diagnosed on CMR
- Brighton Collaboration Level 2 myopericarditis
- Awarded WorkCover as workplace injury
- Seen by multiple Cardiologists, Rheumatologists

Mild coronary artery disease
- Small branch disease noted on CTCA

Mast Cell Activation Syndrome (MCAS)
- Seen by Immunologists (Dr Susan Peril, Greenslopes) and Haematologists (Dr Rene Squires)
- Excess IgG4 sub-fraction ?auto-immunity

Postural Orthostatic Tachycardia Syndrome (POTS)
Severe palpitations and ventricular ectopy
Gastroeosophageal reflux disease (GORD)
Left shoulder injury with subluxed AC joint, which is now stable
- S/B Orthopaedic Surgeon and PT; steroid injections

***Vaccination History***
- Pfizer Covid-19 23 Aug 21; Pfizer Covid-19 dose 2 on 14 Sept 21, associated with tachycardia. Initial golf-ball size swelling under arm — persistent, but no biopsy; Moderna Covid-19 Booster on 14/1/22

**MEDICATIONS**

Bisoprolol 2.5mg daily
Pantoprazole 40mg bd
Famotidine 20mg bd
Telfast tablet daily
Vit D 4000 IU/K2
CoEnzyme Q10
Magnesium
Melatonin
N-acetylcysteine (NAC)
Calcium
Multi-Vitamin
Taurine 1000mg bd
Beetroot extract powder
Low dose Naltrexone (LDN) 4.5mg daily
Fish oils supplementation every few days
*Weening* Prednisolone 6.25mg (1/4 tablet) daily

*Yet to be initiated*
- Hydroxychloroquine 200mg bd
- Ivabradine 5mg bd (?to replace beta-blocker)

***Allergies or Adverse Drug Reactions (ADRs)***
- Self reported sensitivity to Penicillin, Sulphur, Doxycycline, Droperidol, Cyclazine, Morphine, Rifaximin
- Colchicine a/w abdominal cramping; Curcumin irritates gut

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It was my pleasure to consult with Angela, a 49-year-old Marketing and Communications expert, who is currently struggling with significant health challenges. Angela was diagnosed with myopericarditis in early 2022, but unfortunately this has been severe and quite refractory; she happens to be battling with a major flare at the present time, for which she is on weening prednisolone, for about the 3rd or 4th time. The myocarditis component was confirmed via cardiac MRI. Angela successfully argued her case that the myopericarditis was a workplace injury, with the support of several specialist opinions, and is thus able to access treatment funds from WorkCover. Her symptoms severely impact her quality of life, leading to significant physical limitations and an almost housebound status. Angela's exercise is currently limited to gentle yoga and minimal strength training. However, she is able to drive for a short distance.

Two years of persistent symptoms despite treatment suggestions by specialists, have prompted self-management behaviours and

various supplements, as can be seen above. From the point of view of pericardial pain, it is unfortunate that she does not tolerate 1st line therapy, colchicine. Her GORD seems quite severe and is in fact something of a confounder, as both pains can be central. I concur with the suggestion, made by one of her other specialists, of introducing HCQ, as a steroid sparing agent, which is usually well tolerated and safe in a low dose. She is of the opinion that she should let a chest infection settle down a little more, as she weens Prednisolone, before introducing HCQ.

Unfortunately, Angela also has received a diagnosis of Postural  POTS, which contributes to severe fatigue, shortness of breath (SOB) lightheadedness and tachycardia. Interestingly a trial of IV fluids temporarily reduced symptoms. In addition to liberal oral hydration, the use of stockings is generally recommended and is worth a try. Therapeutic compression would generally supply 15-20mmHg of pressure support and she will check out options; active wear pants can be helpful, be generally provide a lesser pressure support, of about 10mmHg. Obviously heart rate control has been instituted and a low dose beta-blocker has been some help. On the other hand, she plans to swap this to Ivabradine, as prescribed by a colleague. I think this is reasonable, but she is waiting until her pericarditis flare settles a little.

Because of an earlier finding of distal coronary disease on a CTCA, she is appropriately seeking clarification of this risk. She was previously reassured regarding the low risk of this, but on the other hand, the heart rate at the time of the CT may have degraded the image quality and this the ability to rule out disease. I think the previous suggestion of a stress echo is a good suggestion and have thus provided a request form for this. I also not that she is not on any primary prevention and we will need to revisit this. I will review her in a few weeks, when I hope her flare has settled.

Kind Regards

Dr Christopher Neil

cc:
Ms Angela Argyrou, 33 Palladium Blvd, HOPE ISLAND QLD 4212