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Monday, 4th March 2024

Dr Antonia Turnbull
38 The Parade
NORWOOD SA 5067 Fax:

Dear Antonia,

RE: Ms Irena Zdziarski DOB 28/03/1985 UR
4 Nukuna Crt, PARA HILLS SA 5096 MC no. 5081 21634 8/4 Mob. 0401872557

PROBLEMS

Chest pain and tachycardia since 2023
- Emergency visit at Calvary Hospital on 1/02/2023 due to elevated pulse and chest pain; all tests normal
- S/B Dr Straznicky: angiogram and CT scan; NAD
- Chest pain worse since unexpected death of best friend

Symptom Review
- Reports: brain fog, excess sweating, frequent urination, fever, feet swelling, and elevated pulse, fatigue

Other
- Pinched ulna nerve in both hands
- Insulin Resistance (GTT positive) on low carb diet
- Colonoscopy (2022): polyp with "nuclear mutation"
- Benign tumour removal from thumb
- E/o anal skin tag
- Claustrophobia
- Dermatitis

Family History
- Father is pre-diabetic with bouts of hypertension
- Mother has beginning stages of lupus and Hashimoto's

MEDICATIONS AND LIFESTYLE

- Ferric derisomaltose 1000mg/10mL (Monofer) - Injectable Solution - Intravenous one 1000mg dose IV once
- Prednisolone 25mg - Oral Tablet - Oral one bd
- Colchicine 500mcg - Oral Tablet - Oral 500cmg bd

Alcohol and Smoking
- Alcohol consumption 1-2 times per month
- Non-smoker

Exercise
- Ballet stretching and basic exercises every second day
- Long walks or hikes once a week

Allergies and sensitivities
- Feels sensitive to all medications and supplements
- Yellow Fever Vaccine (30/10/2018): hypothermia 3 weeks
- Tetanus vaccine (09/08/2000): adverse reaction a day later
- Severe reaction to HBV vaccination
- Severe reaction to MMR vaccination as infant
- Allergic to egg, wheat, and oats

I was pleased to catch up with Irena again. Since your referral, we have been mainly dealing with the problem of chest pains, which have a character compatible with pericarditis, but which worsened after a bereavement. These pains have continued since early 2023 with a similar character; although they evaded diagnosis at that time, CAD was excluded.

I performed a transthoracic echocardiogram the other week and to my and her amazement found a pericardial effusion (~1cm diameter fluid). I think therefore that she has had chronic effusive pericarditis, but with worsening as a result of the severe stress she suffered with the loss of her close friend.

I arranged a number of blood tests as well, and the most remarkable findings were absolute iron deficiency with a ferritin level of 14, as well as high cortisol levels.

She also experiences tachycardias and lightheadedness, with a previous diagnostic suggestion of POTS (Postural Orthostatic Tachycardia Syndrome). It would certainly be beneficial to correct the iron deficiency before formalising this diagnosis. Nevertheless,

we covered the basics in terms of compression and hydration. Not infrequently, POTS patients do have high cortisol levels and a high burden of ventricular ectopy, which she also has.

In summary,

1. As with pericarditis, POTS is usually post-infectious, but a candidate infection is difficult to identify in Irena. I'll continue to monitor her clinically, especially as she has now commenced colchicine at a very low dose.
2. I would like her to try to find the maximum tolerated dose of colchicine, up to 500 micrograms BD, which is the evidence-based dose for pericarditis.
3. I also prescribed a bottle of prednisolone tablets (25mg daily) *should she require this for another bout of chest pain*, now that we know it is pericardial.
4. I've prescribed IV iron (ferric derisomaltose), which I think she needs, but she will need to find an appropriate practice to administer this.

Kind Regards

Dr Christopher Neil

cc: Dr Stephen Hadges, North Adelaide Health Care, North Adelaide , 202 Melbourne Street, NORTH ADELAIDE SA 5006 Ms Irena Zdziarski, 4 Nukuna Crt, PARA HILLS SA 5096