

日期

2010年11月6日

內容摘要：

- (填寫說明：1. 如有附件請註明，如簡報檔、全文檔等
2. 需有問題與討論：請註明姓名並包含醫學倫理及 EBM 之應用
3. 需有總結，請註明做結論者【主持人】姓名
4. 請自行編排頁碼)

Topic: case discussion.

Speaker: Intern 陳榮哲

Supervisor: VS 吳柏衡

Q1: shortness of breath 分類, history 要問什麼
CR3) 紀文

A1: orthopnea, Dyspnea on exertion, onset, Associate
R2 謝銘賢 chest pain?, change in urine, cough, sputum
fever, relieving factor.

Q2: Dyspnea on exertion, intermittent?
CR3) 紀文

A2: Anemia, Reduced cardiac output.
R2 林建宇

Q3: orthopnea 的 PDX?
CR3) 紀文

A3: congestive heart failure, importantly respiratory
R2 謝銘賢. distress, partial airway obstruction

Q4: low voltage EKG criteria?
CR3) 紀文

A4: limb < 5mm, precordial < 10mm.
R2 林建宇

內容摘要 (續):

Q5: low voltage EKG DDX

CR 診斷

A5: subcutaneous, pericardial effusion, COPD, obesity

R2 診斷 Large AMI, dilated cardiomyopathy, myocarditis.

Q6: orthostatic hypotension 意義?

CR 診斷

A7: $\Delta HR > 20$ BPM, $\Delta BP > 20$ mmHg, orthostatic dizzy.

R2 診斷

Q7: chest pain 的處理?

CR 診斷

A7: primary survey + secondary risk stratify.

R2 診斷

Q8: CXR sign of heart failure 順序?

CR 診斷

A8: cephalization, interstitial infiltration \rightarrow trunk congestion

R2 診斷

\rightarrow edema \rightarrow Kerly lines

Q9: CK, CK-MB 目前用途?

CR 診斷

A9: to detect post AMI, Reperfusion

R2 診斷

Q10: myocarditis 的診斷?

CR 診斷

A10: Biopsy.

R2 診斷

內容摘要 (續):

EBM evidence point.

- AMI: myonecrosis + EKG / symptoms.
(TnI)

- Current Recommendation for cardiac marker
TnI / TnT or CK-MB.

VS comment:

VS 鉴别诊断. (1) low voltage 的 DDX 要熟悉
(2) orthostatic hypotension. 要注意
hypovolemia 可能.

Take home message,

(1) use of cardiac marker

(2) DDX of SOB in young patient

Record by CR 3/2/15