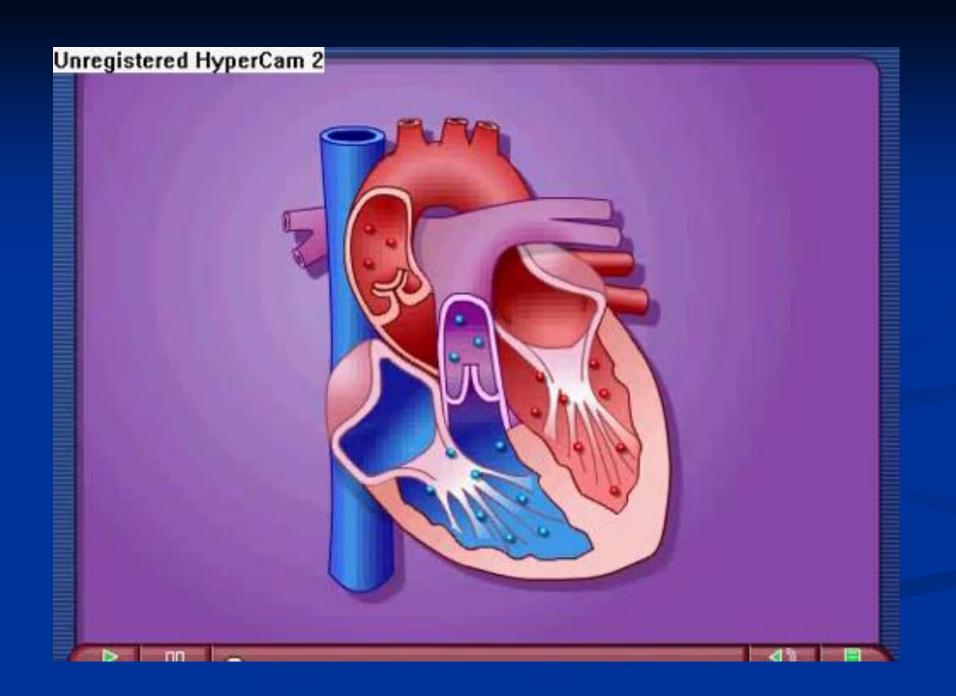
Cardiac symptoms

By

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Interior View of the Heart Orifices of Coronary Arteries Aorta Pulmonary Trunk Left Atrium Superior Vena -Cava Mitral Valve Aortic Valve Right Atrium Left Ventricle Tricuspid Valve -Inferior Vena Cava Papillary Muscles Pulmonary Valve



Symptoms of CVS

Three main symptoms:

1-Pulmonary Congestive Symptoms:

- A-Dyspnea.
- B- Orthopnea.
- C- Paroxysmal Nocturnal Dyepnea (PND).
- D- Cough with or without sputum.
- E- Cardiac Asthma (Wheezes).
- F- Pulmonary Edema: Scanty, whitish frothy sputum.

Symptoms of CVS

2-Systemic Congestive Symptoms:

- A-Congested Neck Veins (JVP).
- C- Congested Liver: RT Hypochondrium pain.
- D- Abdominal Swelling.
- E- Bilateral Lower Limb Swelling.

Symptoms of CVS

3-Low Output Symptoms:

A- To Brain: Guideness, Dizziness, Fainting Attacks and Syncopal Attacks.

B-To Heart: Chest pain, Easy Fatigability and Intermittent Claudication.

* Palpitation: Awareness of Heart beat.

Dyspnoea (breathlessness)

- an awareness of increased drive to breathe.
- Normal on exercise.
- It is pathological if it occurs at a significantly lower threshold than expected.
- Breathlessness is a non-specific symptom and may be caused by cardiac, respiratory, neuromuscular and metabolic conditions, or by toxins or anxiety

Grades of dyspnea

Grade 1 on mild Exertion.

Grade 2 on moderate Exertion.

Grade 3 on severe Exertion.

Grade 4 at Rest.

Causes of dyspnea

Cardiac:

- Left ventricular failure
- Mitral valve disease
- Cardiomyopathy
- Constrictive pericarditis
- Pericardial effusion

Causes of dyspnea

Respiratory:

Airways

- Laryngeal tumour
- Foreign body
- Asthma
- COPD
- Bronchiectasis
- Lung cancer
- Bronchiolitis
- Cystic fibrosis

Parenchyma

- Pulmonary fibrosis
- Alveolitis
- Sarcoidosis
- Tuberculosis
- Pneumonia
- Diffuse infections, e.g.

Pneumocystis jiroveci pneumonia

Tumour (metastatic,lymphangitis)

Pulmonary circulation •

- Pulmonary thromboembolism
- Pulmonary vasculitis
- Primary pulmonary hypertension

Pleural

- Pneumothorax
- Effusion
- Diffuse pleural fibrosis

Chest wall

Kyphoscoliosis

Neuromuscular

Ankylosing spondylitis

- Myasthenia gravis
- Neuropathies
- Muscular dystrophies
- Guillain–Barré syndrome

Causes of dyspnea

Non-cardiorespiratory:

- Anaemia.
- Metabolic acidosis e.g. DKA ,renal failure.
- Obesity.
- Psychogenic.
- Neurogenic.

Orthopnoea:

- Breathlessness when lying flat.
- Usually associated with left ventricular failure.
- It can also be a feature of respiratory muscle weakness, large pleural effusion, massive ascites, morbid obesity or any severe lung disease.

Paroxysmal nocturnal dyspnea(PND)

- Breathlessness that wakes the patient from sleep is typical of asthma and left ventricular failure.
- Patients with asthma typically wake between 3 and 5 a.m. and have associated wheezing.
- Breathlessness worse on waking is more typical of COPD and may improve after coughing up sputum.

Platypnoea

- Breathlessness on sitting up with relief on lying down is rare
- due to right-to-left shunting through a patent foramen ovale, atrial septal defect or a large intrapulmonary shunt.

Trepopnoea

- Breathlessness when lying on one side.
- due to unilateral lung disease (patient prefers the healthy lung down), dilated cardiomyopathy (patient prefers right side down) or tumours compressing central airways and major blood vessels.

Differences between Cardiac & Chest Dyspnea

The state of the s	Cardiac	Bronchial
Age	usually old	usually young
History	Cardiac disease	Chest disease
Timing	usually 2h after sleep	usually in early morning
Duration	Minutes	Up to hours
Sputum	Minimal pink frothy	Viscid mucoid
O/E	± Valve lesion	Wheezes
	Fine basal crepitations	May be Silent chest
	± Wheezes	

