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Case study on pulmonary arterial hypertension (PAH)

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Pulmonary arterial hypertension (PAH) is a type of high blood pressure that occurs in the right side of the heart and in the arteries that supply blood to the lungs. In the present study, a 48year old female patient presented to the emergency with complaints of severe cough, palpitations, generalised weakness and difficulty in breathing during household work. She has a history of right Sided congestive heart failure with complete hoarsening of voice from past 10 years. The patient is on medication Viagra 50mg tid, Lasix 40mg od, aldactone 25mg od, warf 2mg od, pantodac 40mg od etc. She was advised to avoid strenuous activity. On examination, the blood pressure was 130/80 mm of hg, Glucometer measured RBS and FBS were normal. To eliminate possibility of infection, the patient was subjected to CBP, CUE, ESR which came back normal. 2d-Echo and ECG reports suggested right sided cardiomegaly with severe pulmonary arterial hypertension and RV dysfunction. Spirometry test showed severe obstruction and restriction. CT pulmonary angiography revealed dilation of pulmonary trunk, left and right pulmonary artery and reflux of contrast into IVC and hepatic veins. Ultrasound of abdomen showed cardiomegaly and mild hepatomegaly. Based on the above investigations, she was diagnosed with SeverePulmonary arterial hypertension and right-sided heart failure. The patient was kept on oxygen mask for 4-5 days and the previous medications were continued. Pulmonxt 5mg was added to the therapy and Viagra 50mg tid was replaced with assurance 20 mg tid. The patient was discharged with the above medication. Few days later, the patient observed prominent veins on the extremities and occasional pitting type of edema, for which drug Tolvaska 2.5mg S.O.S was added to the regimen. The patient was explained that the better prognosis could be achieved with Heart and Lung transplantation.

Biography

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