

8. COMPREHENSIVE EVALUATION OF PATIENT WITH HEART FAILURE DUE TO ISCHEMIC HEART DISEASE



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Introduction. Heart failure is one of the critical and challenging conditions in the medical field, which is a leading cause of mortality and morbidity. It's a widespread notable issue in public health. Ischemic heart disease can lead to heart failure. This clinical case study aims to provide information about the evolution of the disease and effectiveness of the adjusted treatment.

Case statement. Case presentation. A 64-year-old male patient was admitted to the Institute of Cardiology with complaints of severe chest pain, dyspnea with slight limitation of physical activity, orthopnea, and severe headache. His condition worsened for about one week. He has a long history of dyslipidemia and hypertension with peak blood pressure of 230/120 mmHg. Moderate edema of the legs was noted during physical examination, and lung auscultation revealed the presence of rales. On paraclinical examination, blood test shows elevated level of NT-proBNP which is 600ng/ml and increased level of troponin. ECG shows the presence of an inferior myocardial infarction with ST elevation in leads II, III and AVF and echocardiography shows a preserved ejection fraction along with mild mitral regurgitation. Acute coronary syndrome was established, and he underwent right coronary artery stenting. This patient's diagnosis is Heart failure due to ischemic heart disease, NYHA class III. After discharge, he was advised to continue treatment with dapagliflozin, angiotensin II receptor blockers, beta-blockers and mineralocorticoid receptor antagonists, dual antiplatelets, and a statin. After 12 weeks of follow-up, the patient's condition was improved and stable

Discussions. In the presented case, the cause of heart failure with preserved EF is due to ischemic heart disease. The comprehensive approach to this patient involves ongoing medication follow-up and regular monitoring.

Conclusion. Certain risk factors are the main cause of acute coronary syndrome and heart failure, so to prevent this, we need to maintain an appropriate lifestyle modification, dietary control and adjusted medical treatment so that we can improve the quality of life of the patient and reduce hospitalizations.