

## Second opinion case report

Patient name:	<information removed>
Patient case number:	<information removed>
Consultant(s) involved in report:	<information removed>

### Medical details

Suspected diagnosis	Sinus arrest, atrial fibrillation (paroxysmal), atrial premature contractions (frequent) paroxysmal atrial flutter
Therapy	<information removed>
Pathology (if applicable)	
Additional information	Patient was admitted for the reason of “paroxysmal palpitation for over two days”

### Patient query

General nature of the problem	48 years old man underwent pericardiectomy in May 2013 following a diagnosis of constrictive pericarditis. Current symptoms: palpitation with the holter evidence of paroxysmal atrial tachyarrhythmia followed by prolonged sinus pause upon termination of tachycardia.
Questions for consultant	<ul style="list-style-type: none"> <li>• Regarding to the information provided, would the current medication be sufficient?</li> <li>• Is there any additional or supplemental treatment required for his condition?</li> <li>• Could you please advise on the treatment regime? Could be medication or surgery procedure to achieve remission?</li> <li>• Is there any other suggestion for this patient’s care plan?</li> </ul>

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## Findings, discussion and answers to questions

Thank you for asking me to provide a second opinion of this 48 years old gentleman who underwent pericardiectomy in May 2013 following a diagnosis of constrictive pericarditis. I understand his current symptom is of palpitation with the holter evidence of paroxysmal atrial tachyarrhythmia followed by prolonged sinus pause upon termination of tachycardia.

The only medication that he is taking at the moment is Trimetazidine 20 mg tds.

His symptom related to cardiac arrhythmia is rather difficult to treat by medication alone as antiarrhythmic drug will potentially further accentuate the pause upon the tachycardia termination. Catheter ablation in obliterating the tachycardia is perhaps the preferred treatment option. A pacemaker implantation may be necessary following the catheter ablation. Disappointingly the patient did not experience a clinical benefit from the pericardiectomy in 2013.

To assess the cardiac physiology further perhaps he ought to have a transthoracic echocardiogram in expert centre with or without left and right heart catheterization

1. Regarding to the information provided, would the current medication be sufficient?

Treating his condition with medication is very difficult because of the fact that further escalation in drug therapy may cause even slower heart rate at times which would make him feel worse.

2. Is there any additional or supplemental treatment required for his condition?

I would strongly suggest for him to have electrophysiological study with a view of catheter ablation. Following this procedure a pacemaker may be required.

3. Could you please advise on the treatment regime? Could be medication or surgery procedure to achieve remission.

I would strongly suggest for him to have electrophysiological study with a view of catheter ablation. Following this procedure a pacemaker may be required.

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4. Is there any other suggestion for this patient's care plan?

I do not have any further comments about the patient's care plan apart from the fact that we have to address his symptom from the arrhythmia as suggested above.

### **Recommendations**

I would recommend that the patient seeks to assess the cardiac physiology further.

I would strongly suggest for him to have electrophysiological study with a view of potentially treating with a catheter ablation.

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