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Silent ischemic heart disease: An ignored problem?

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Objectives: The most important objectives of this presentation are to find answers about a few important questions? How early start the ischemic heart disease? We really know? When the typical symptom-chest pain-appears is early or is late? We make enough efforts in our medical practice to diagnose silent ischemic heart disease or this is a random discovery? We perform enough ECG in asymptomatic patients? Represent silent ischemic heart disease an alarm sign for an important issue?

Material & Methods: Present the situation of a patient 48 years old, smoker, who came at the consultation for a routine control when changed his work place. He was asymptomatic. The value of BP=140/80 mmHg, HR=86 beats/min rhythmic, auscultation of the heart normal, vesicular sound normal and BMI=normal. However the EKG showed inverted T wave in anterior leads V1-V4 so, the ischemic changes. The results of blood tests put in evidence the level of cholesterol=218 mg, HDL cholesterol=40 mg/dl, LDL cholesterol=38 mg/dl, triglycerides=260 g/dl glycemia=110 mg/dl, glycosylated hemoglobin=5%. The patient was advised to start therapy with beta-blocker, aspirin, nitrate, statin, but because was asymptomatic he refused. After six months he came at control. The EKG showed now accented ischemic changes but he was asymptomatic as well, but now he accepted the therapy with beta blocker, aspirin, nitrate, statin. After two months under therapy, the EKG showed amelioration of ischemic changes.

Results & Discussion: Indifferent if the patient is asymptomatic, the presence of the ischemic or ischemic-lesion changes on EKG, must to take into account and to be start the correct therapeutic scheme for prevention of heart attack. We should not ignore silent ischemic heart disease. Also we must to check routinely EKG at all the diabetics' patients because they can present silent ischemic heart disease due to autonomic neuropathy.

Conclusions: Silent ischemic heart disease should be treated as early as possible. Routine EKG should be performing at the asymptomatic patients. The presence of ischemic changes or ischemic lesion changes on EKG at asymptomatic patients must to be taking serious into account and the patient to follow the correct protocol management therapy. The ischemic heart disease start more early than the moment when appears typical chest pain.

Biography

Manuela Stoicescu, Consultant Internal Medicine, Doctor (PhD in Internal Medicine), is Assistant Professor of Medical Disciplines Department, University of Oradea, Faculty of Medicine and Pharmacy, Romania, Internal Medicine Hospital and Office. She is Member of Romanian Society of Internal Medicine, Member of Romanian Society of Cardiology, Chemistry, Biochemistry and Member of Balcanic Society of Medicine. She was invited as a speaker at 24 International Conferences. She is Editorial Board Member of three ISSN prestigious journals in USA and has published 12 articles in prestigious ISSN journals in USA. She published four books: two books for students in English and Romanian language: "*Clinical cases for students of the Faculty of Medicine*", one book in English language on Amazon at International Editor – Lambert Publishing Academic House in Germany- "*Side Effects of Antiviral Hepatitis Treatment*", one monograph in Romanian language "*High blood pressure in the young: a ignored problem!*" two chapter books – Cardiovascular disease: Causes, Risks, Management CVD1- Causes of Cardiovascular Disease 1.5,1.6, USA on Amazon.

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