ST. MICHAEL'S
UNITY HEALTH TORONTO

Questions & Answers with Dr. Yin Ge

Show and tell: clinical vignettes (primary PCI, PCI vs CABG, TAVI)

1. Are troponins always recommended in the office work up of chest pain? (specifically, in patients who are not sent to ER)

    - **Answer: Generally no. If troponins are being sent explicitly to rule in / out ACS, then the patient should be referred to the ER. Case 1 was a patient seen in the ER (should have clarified that in presentation).**

2. Why was stress test done on this man with atypical CP, Normal ECG and almost normal exam

    - **Answer: As I clarified in response above, this patient was seen in the ER, which by virtue of self-selection, is higher risk compared to patients in the office. By age and symptoms, he would be considered at intermediate risk of CAD (see updated Diamond Forrester chart below from CCS) and hence testing is reasonable. He could have, however, started with a simple exercise treadmill test.**

Age, Years	Chest Pain Criteria 1. Substernal chest discomfort with characteristic quality and duration 2. Provoked by exertion or emotional stress 3. Relieved promptly by rest or nitroglycerin					
	Nonanginal Chest Pain 1 of 3 Criteria		Atypical Angina 2 of 3 Criteria		Typical Angina 3 of 3 Criteria	
	Male	Female	Male	Female	Male	Female
30 – 39	4%	2%	34%	12%	76%	26%
40 - 49	13%	3%	51%	22%	87%	55%
50 - 59	20%	7%	65%	33%	93%	73%
60 - 69	27%	14%	72%	51%	94%	86%

3. I hope while the mitral valve patient was in hospital her DM management got improved!!

    - **Answer: Thank you for this comment pointing out that her diabetes regimen was suboptimal according to current standards of practice.**

4. She's on pioglitazone, wouldn't that be contributing to her CHF!!

    - **Answer: This is an interesting point and certainly possible that this medication contributed to her symptoms.**

5. Was the LVOT obstruction in case 3 predicted prior to intervention. Did she have a CT for pre-procedure planning?

    - **Answer: A cardiac CT is performed prior to every intervention for planning purposes. In this case, the cardiac CT simulated a neo-LVOT area of <2cm2, suggesting potential for obstruction. The deployment of the valve, however, was far more apical compared to the simulation, hence resulting in severe obstruction.**

6. I asked earlier about how to manage an asymptomatic patient with normal stress test but CT chest showed severe coronary atherosclerosis

    - **Answer: In the absence of symptoms, medical management with aggressive risk factor control would be the most evidence-based approach.**