

In Cardiology

Heart Failure with reduced Ejection Fraction (HFrEF) is defined as heart failure with a Left ventricular ejection fraction of $\leq 40\%$. The four pillars in the management of HFrEF are ARNI (angiotensin receptor blocker + neprilysin inhibitor), Betablocker (bisoprolol, metoprolol or carvedilol), Mineralocorticoid receptor antagonist (spironolactone or eplerenone) and Sodium Glucose Cotransporter 2 inhibitor (SGLT2i). The number needed to treat to save one life is just 4 when all all four drugs are used for two years. Early introduction of all four drugs within one month of diagnosis has additive effect rather than titrating the dose of one drug to maximum tolerated dose and then starting the next drug. Diuretics have no mortality benefit and are useful only when there is congestion.

Dr. D.Prabhakar, DM, FACC, Chennai

The carbohydrate antigen (CA) 125, a well-established and very well accepted marker of ovarian cancer, of many decades now indicates prognosis due to its long half-life and a guide in titration of decongestion therapy for patients with HF on Diuretics, beyond classical biomarkers in HF, specifically NT-proBNP. Moreover, CA125 is not influenced by anthropometric factors, viz, age, weight or renal dysfunction. Low cost CA125 biomarker is readily measured in most clinical centres and hospitals worldwide. There is yet lack of knowledge of its molecular state. There is also lack of definite data of large multicentre studies, its progression, cutoff value, represent the main limitation of its utility. So, it requires further studies.

American Heart Association

Dr. R. Rajasekar, Kumbakonam

Diagonal earlobe creases in adults are an acquired phenomenon and a significant independent variable for coronary artery disease. Hair in the external ear canal also seems to be associated with coronary artery disease.

The alternation of strong and weak arterial pulses despite regular rate and rhythm (pulsus alternans) indicates severe left ventricular dysfunction, with worse ejection fraction and higher pulmonary capillary pressure. Hence, it is often associated with an S3 gallop.

Visible neck veins in the upright position indicate a central venous pressure >7 cmH₂O and thus are pathologic.

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Cardiology

Clinical evaluation of left-sided Chest pain can be challenging even for a cardiologist in the casualty. Left-sided costochondritis and Tietze syndrome need to be ruled out. Tietze syndrome is an inflammation of the costochondral cartilages of the front of the chest that involves swelling of the joint. Costochondritis is not associated with swelling, as opposed to Tietze syndrome, where swelling is characteristic.

Prof. Dr. Meenakshi Bhattacharya, Aurangabad