



## *The Medical* **Bulletin**

### In Cardiology

- Noninvasive stress testing has the best predictive value for detecting coronary artery disease (CAD) in patients with an intermediate (30–80%) pretest likelihood of CAD and is of limited value in patients with very low (<30%) or very high (>80%) likelihood of CAD.
- Routine use of daily low-dose aspirin (81–325 mg) can reduce the likelihood of cardiovascular disease in high-risk patients with known CAD, diabetes, stroke, or peripheral or carotid vascular disease.
- Routine daily low-dose aspirin use is associated with an increased risk of gastrointestinal bleeding, which can be reduced through the use of proton pump inhibitors.
- Right ventricular infarction should also be considered in any patient with signs and symptoms of inferior wall myocardial infarction.
- Diabetes is considered an equivalent of known CAD, and treatment and prevention guidelines for diabetic patients are similar to those for patients with CAD.
- Patients with congestive heart failure (CHF) and left ventricular ejection fraction (LVEF) < 35% with class II or III New York Heart Association (NYHA) symptoms should be considered for implantable cardiac defibrillator.
- Consider aortic dissection in the differential diagnosis of all patients presenting with acute chest or upper back pain.
- Increasing size of an abdominal aortic aneurysm (AAA) increases the risk of rupture. Patients with AAA greater than 5 cm or aneurysmal symptoms should have endovascular or surgical repair. Smaller aneurysms should be followed closely every 6 to 12 months by computed tomography (CT) scan.
- Patients presenting with pulselessness, pallor, pain, paralysis, and paresthesia of a limb likely have acute limb ischemia due to an embolus and require emergent evaluation for thrombolytic therapy or revascularization.
- Patients with symptoms of transient ischemic attack are at high risk of stroke and require urgent evaluation for carotid artery disease and treatment that may include antiplatelet agents, carotid endarterectomy, statin drugs, antihypertensive agents, and anticoagulation.
- All patients with peripheral arterial disease and cerebrovascular disease should stop smoking.

*Dr. Subrahmanyam Karuturi,  
MD, FRCP (London), FACP (USA), Rajahmundry*