

17th International Conference on
Dermatology and Cosmetic Medicine
3rd Global Summit on **Heart Congress**
6th International Conference on
Plastic Surgery and Aesthetic Practices

Niraj Khatri Sapkota, J Dermatol Dis 2022, Volume 09

A case of undiagnosed global LV hypokinesia in pneumonic patient

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Case Report: Patient of age 20 years old visited medicine OPD complaining of dyspnoea and dysphagia, diaphoresis with sign of, tachypnea (21 breathe per minute) and tachycardia of 150 bpm with blood pressure 90/60 mm of Hg, he has history of 12 years pneumonia repeated treatment with recent diagnosis of tuberculosis, treated by anti-tuberculosis medication before 6 months, his weight was 25 kg at the moment of visit, in his previous visit to different clinician, suspected to have cancer due to his reduced weight indication, due to dyspnoea symptoms, prescribed asthmatic medication which he undergone for 15 days for example salmeterol, ipratropium, emsolone, fluticasone before the visit to our OPD, during this course of medication his shortness of breath exacerbated and along with difficulty in swallowing hence he forced to come to visit us.

During our OPD visit of his examination - He was suspected to suffer from multiple organ problem due to demonstrated symptomatic status like as tachycardia (heartbeat of 150), dyspnoea, dysphagia (unable to swallow) and more focused symptom was critical reduction in weight 25 kg in 10 years of time, hence he was referred to Cardiology department, for further examination expecting that there must be involved of cardiac problem if not we will rule out it.

On visit to cardiology department, Echo test was said to perform, not performed till his this age of 20 years, before visit to us. Test performed for the diagnosis in our Hospital, Blood test, LFT, ECG, ECHO.

Test Result: Upon admission at our institution, Chitwan Medical College Teaching 1, Nepal. He denied angina or recent heart failure symptoms. He underwent transthoracic echocardiography that revealed an EF of 36% with severe global left ventricular (LV) hypokinesia. His echo impression revealed Global LV hypokinesia.

On the basis of echo test result he was prescribed spironolactone, metoprolol, and one antibiotic to prevent from infection improve and strengthens the muscle of heart so that his prognosis of symptoms be amended in assumption to remodel the cardiac system and to enhance easier life survivality.

Conclusion: This is clear undiagnosed case of long term pneumonia treated Global left ventricular hypokinesia,

Discussion: Sometime physician and clinician only concentrate on the symptomatic feature focussed to that organ problem, and they get confused on the exact organ failure or association of the concerned part that leads to undiagnosed the case and finally worst outcome, finally death. Diagnosed diabetes by Debix, a proprietary Ayurvedic or in alternative medicine manufactured by Sandu pharmaceutical Pvt.Ltd without any report of side effects under continuous supervision, at least for four months to fully manage the case.

August 08, 2022

Zürich, Switzerland

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Recent Publications

1. Sapkota NK (2017). Effect of phototherapy in ionized Magnesium and bilirubin level in hyperbilirubinemic neonates. *Innovare Journal of Medical Sciences*. 5(1):10-11.
2. Sapkota NK (2017). Pre-hypertension independent deleterious effect in body system. *Innovare journal of Medical Sciences*. 2(4):1-2.
3. Sapkota NK, Swain KC (2017). Obesity, type 2 Diabetes mellitus and its management. *Innovare Journal of Health Sciences*. 5(1):17-20.
4. Ram Lochan Yadav, Khadka R, Agrawal K, Thakur D, Sharma D, Shah DK, Yadav PK, Sapkota NK, et al (2016). Analysis of cardiac autonomic modulation in normotensive obese and eutrophic adults of Nepal. *International journal of research in Medical Sciences*. 4 (1):105-110.
5. Sharma D, Paudel BH, Khadka R, Thakur D, Sapkota NK et al (2015). Time domain and frequency domain analysis of heart rate variability in elite Nepalese football players. *International Journal of Biomedical Research*. 6(09): 641-646

Biography

Niraj Khatri Sapkota has completed his PhD in Molecular Physiology applications to Cardiovascular Pharmacology at the age of 32 years from Zhejiang University, China, World top 70th academically ranked University in 2019, as well one of the Thomson Reuters and Elsevier best ranked university of the world, he is now working as an Associate Professor in the Department of Physiology in Chitwan Medical College affiliated to Tribhuvan University, Nepal. Expertise subjects Physiology and Pharmacology solving problem on research oriented case study. He is also an organizing committee member of international conference in cardiovascular research and clinical cardiology Valencia, Spain 2020, and presented his paper in international conference in London, UK in 2017 and has even published clinical case report in PubMed indexed Journal along with, is a writer of the review book, is also in Author Aid.

Received: July 15, 2022; **Accepted:** July 17, 2022; **Published:** August 08, 2022
