

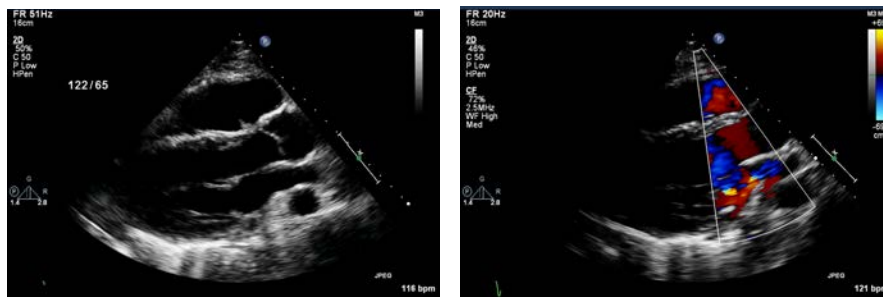
### Case Presentation

- 39 yo male admitted to trauma service after MVA with chest trauma
- Intubated and hypotensive

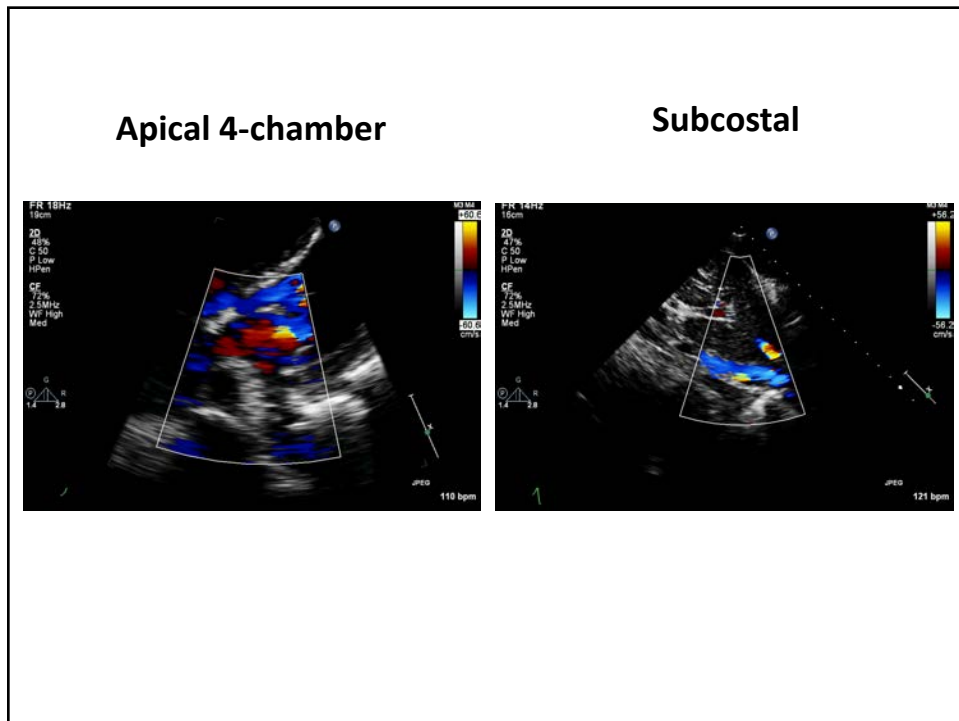
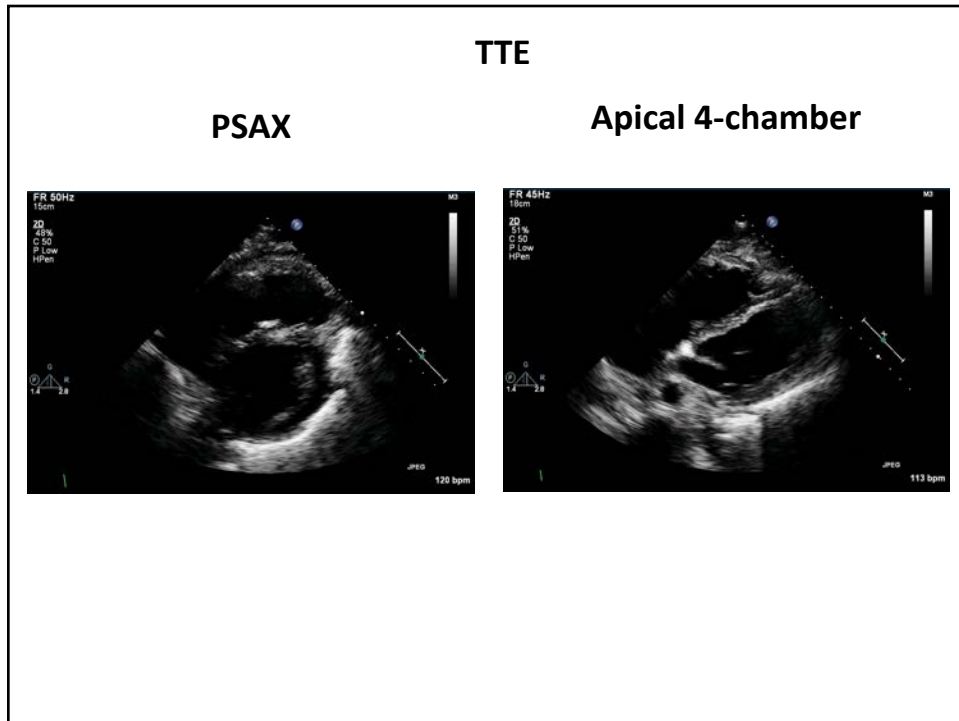


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### TTE- PLAX



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**Which of the following does this patient have?**

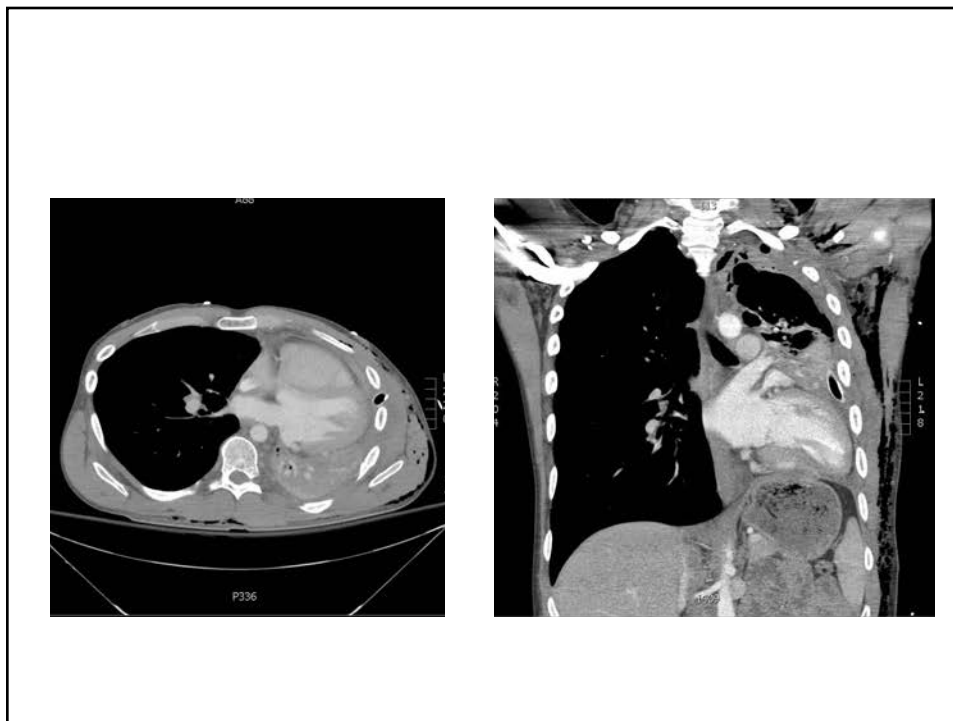
- A. RV contusion
- B. Aorta-LA fistula
- C. Mitral valve avulsion
- D. Cardiac subluxation
- E. Valvular chupacabra

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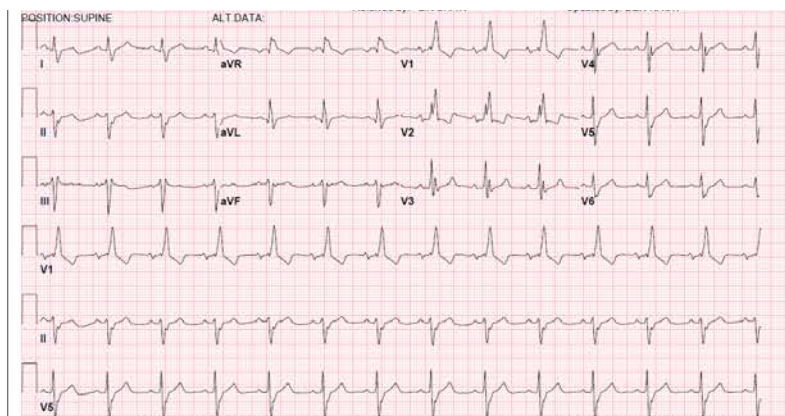
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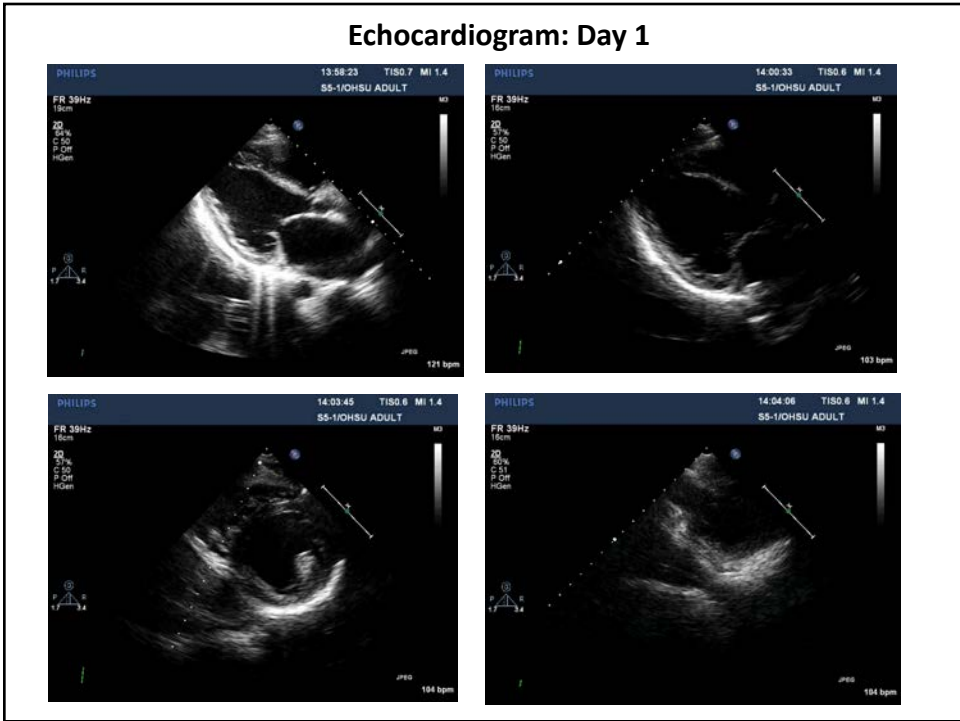
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- 20 yo male who is 7 yrs s/p OHT for non-ischemic CM
- Recurrent episodes of dizziness, presyncope, and syncope
- Has history of SCD after OHT; ICD placed 2 yrs ago



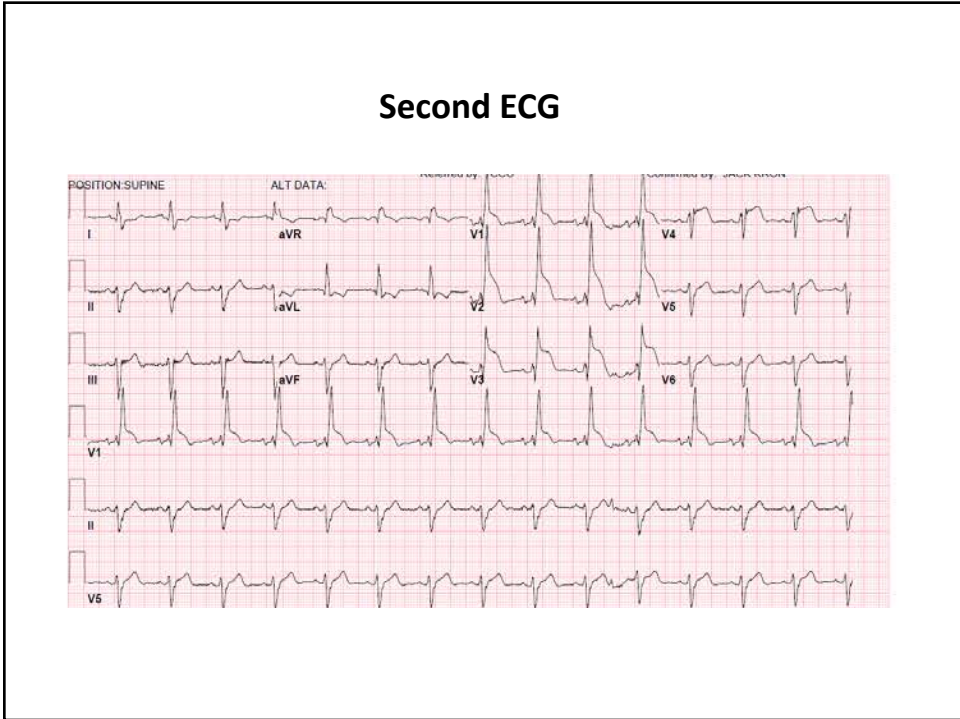
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### Echocardiogram: Day 1



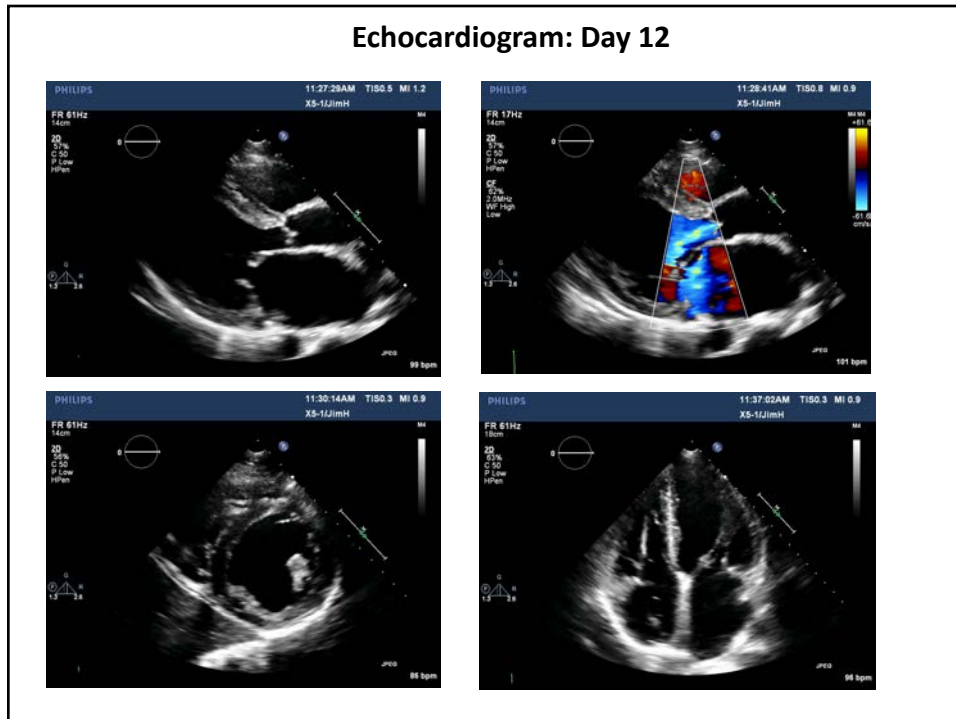
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### Second ECG



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### Echocardiogram: Day 12



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#### The echocardiograms suggest the following:

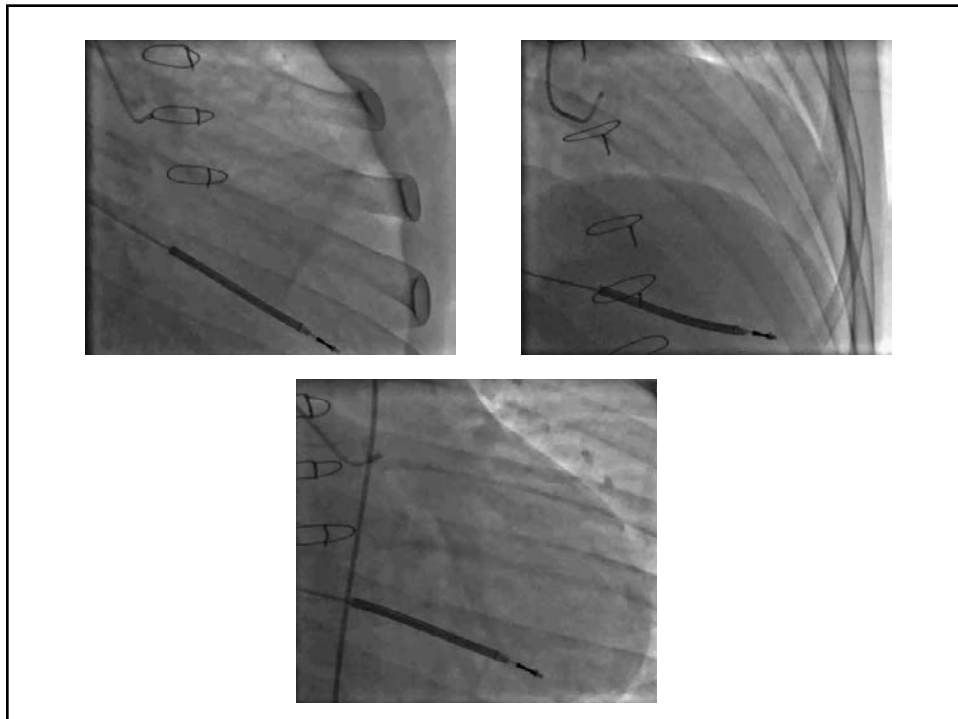
1. Allograft vascular spasm
2. Acute rejection
3. Allograft vasculopathy
4. Toxicity from mycophenolate
5. Allograft viral myocarditis

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**The echocardiograms suggest the following:**

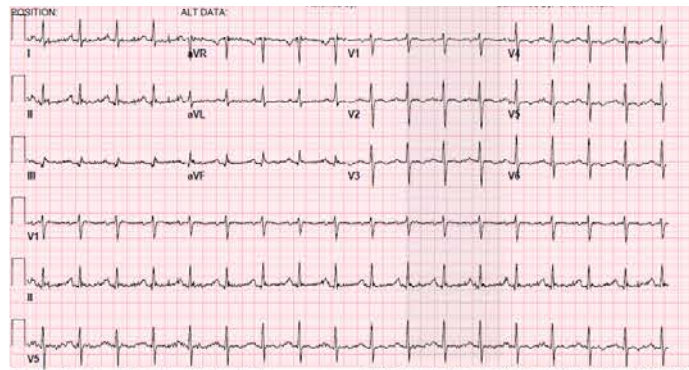
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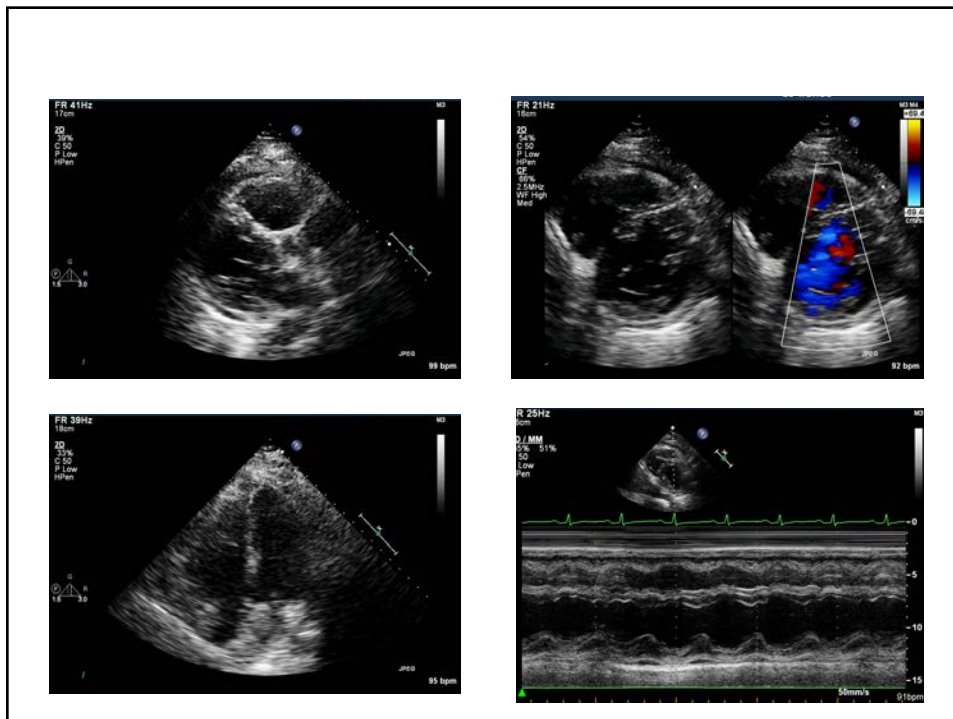


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- 37 yo female with CML refractory to multiple TKIs
- Underwent sibling allogeneic BMT 3 yrs prior to presentation
- Presents with sharp, pleuritic CP similar to sx with PE last yr but with nausea, diarrhea and abdominal pain
- Exam unremarkable except for tachycardia, possible S3; and sclerodermatous skin

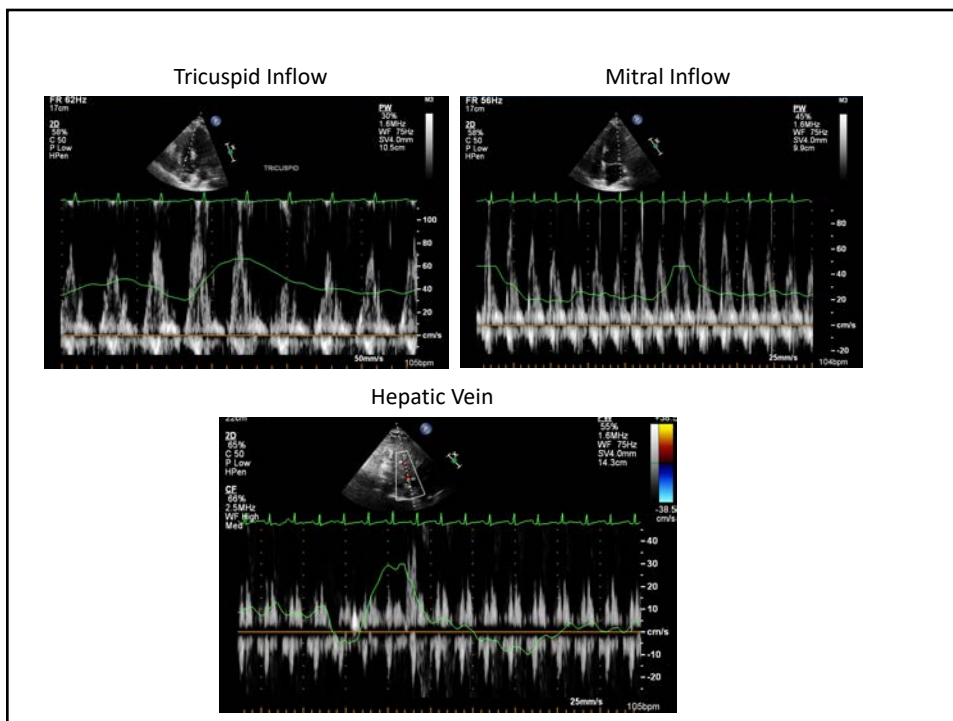


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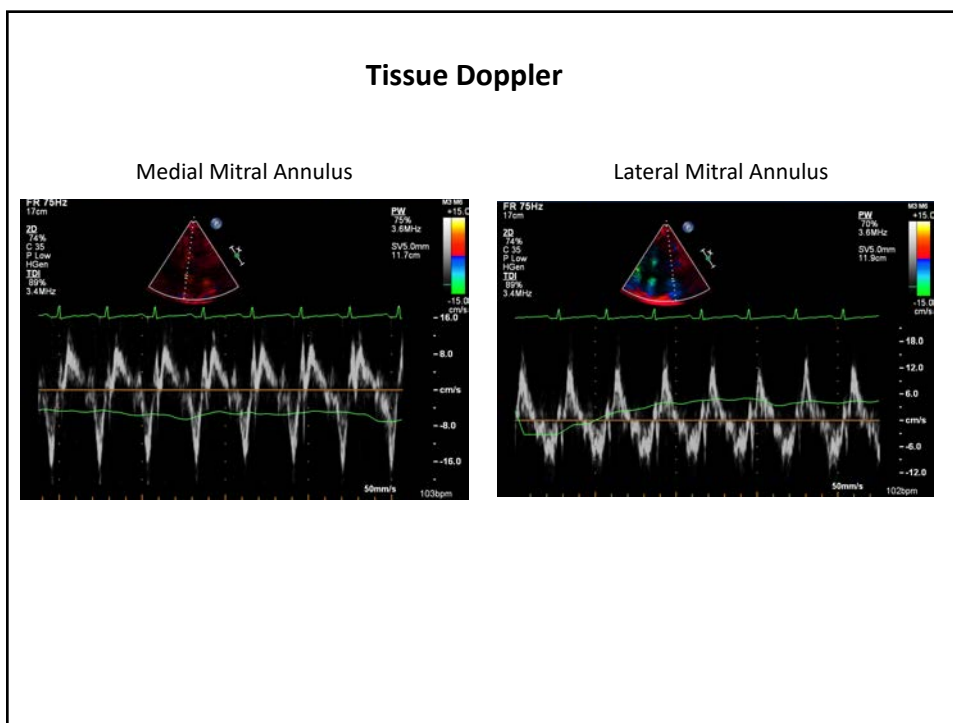


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**Based on the echocardiogram and clinical presentation, this patient most likely has:**

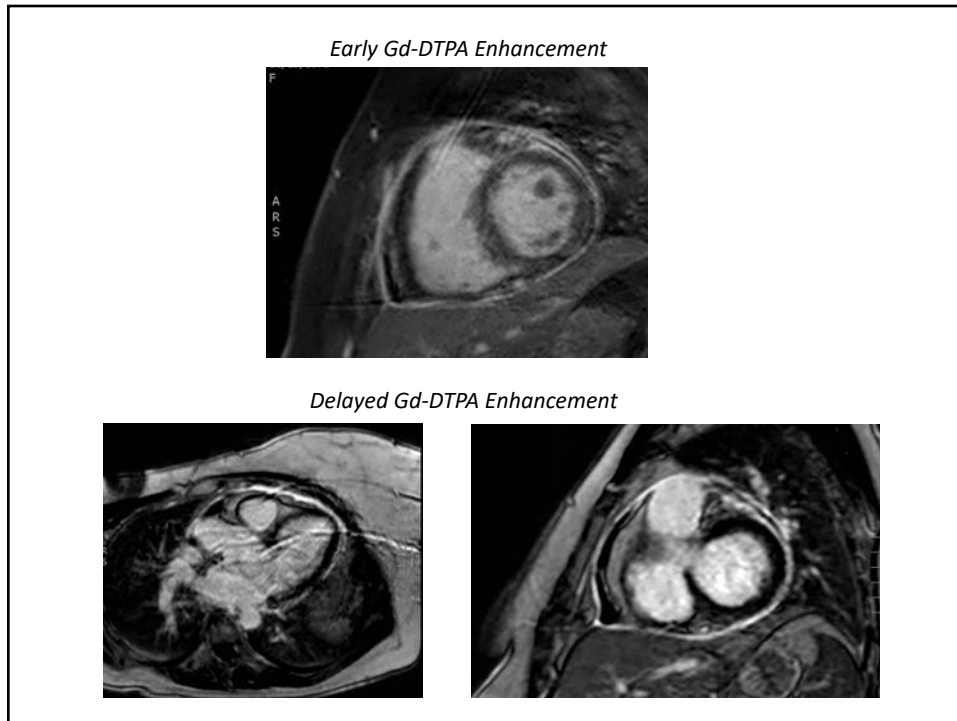
1. Recurrent pulmonary embolism
2. Restrictive cardiomyopathy due to TKI
3. Graft versus host disease
4. Amyloidosis
5. Lymphomatous conversion with cardiac involvement

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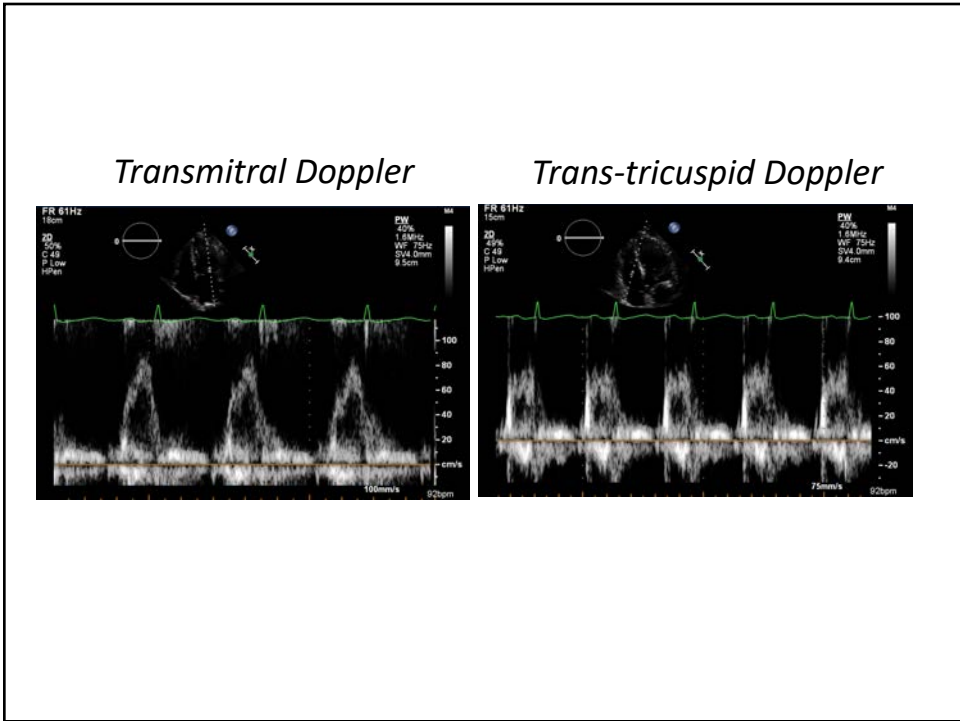
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