

# Puzzling Cases in Cardiac Function: Read with the Experts

**Sharon L. McCartney, MD, FASE**

**Assistant Professor of Anesthesiology**

**Duke University**

**Divisions of Cardiothoracic and Critical Care Anesthesiology**



## **29yo female with DM1, asthma. Found to be COVID+**

- **COVID day 3: admitted to hospital with nausea, diarrhea, decreased appetite.**
- **COVID day 5: increasing dyspnea**
- **COVID day 8: intubated**
- **COVID day 9: Echo**

**Day 9**

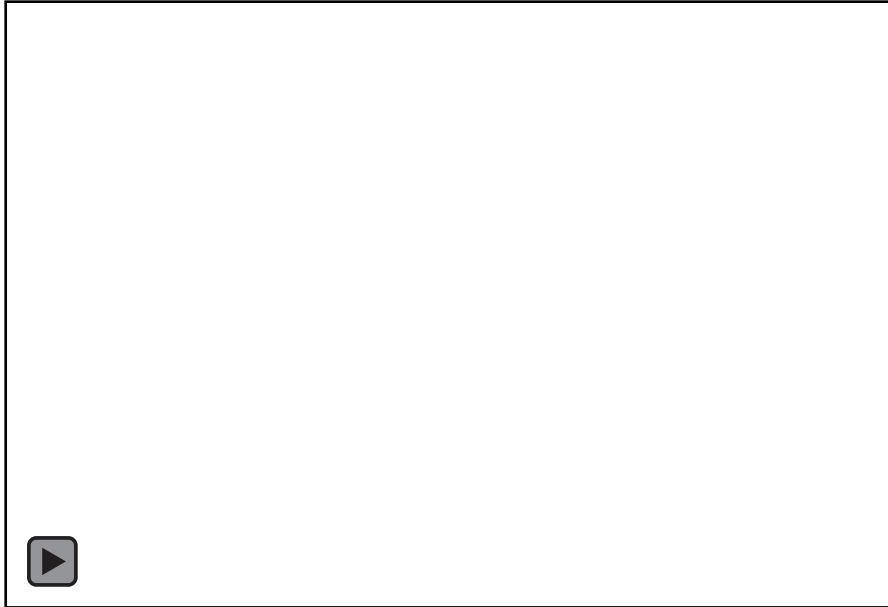


- **COVID day 15: Hypoxic cardiac arrest, prone**
- **COVID day 21: VV-ECMO deployed**
- **COVID days 21-37: stable ventilator and ECMO settings, failed sweep trials**
- **COVID day 37: Acute Hypotension and Echo**

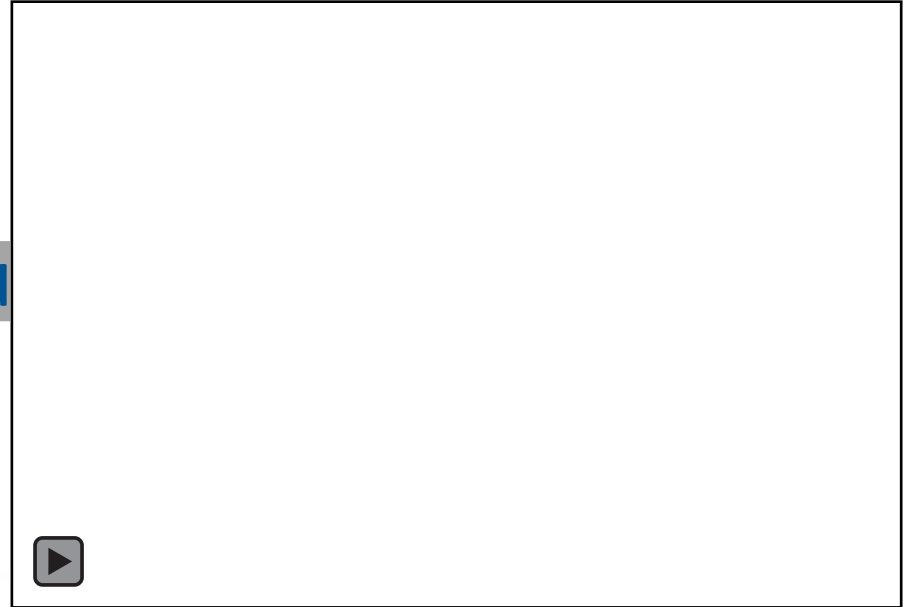
**Day 37**

- **Epinephrine and iNO started for acute right heart failure**
- **CT PE protocol: No pulmonary embolism**

- **Current Status at COVID day 65:**
  - **RV dysfunction managed with iNO, Dopamine, Norepinephrine**
  - **RHC: RA 24 mmHg, PA 62/14, PCWP 15 mmHg, PVR 1 Woods Unit. CO 4.7Lpm, CI 2.9 Lpm**



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## Key Points

- **Isolated RV dysfunction can occur in up to 39% of patients**
- **Bedside echocardiography can be beneficial in patients with hemodynamic instability and can change management in 30-40% of patients.**