

Toelichting bij de nieuwe casus OOK en de Witte Raven 'Op één Lijn' nummer 63 (april 2019)

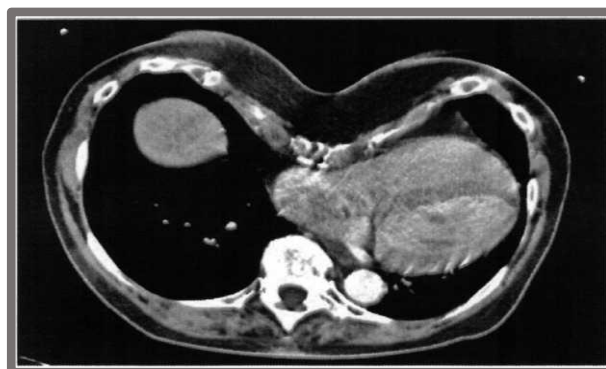
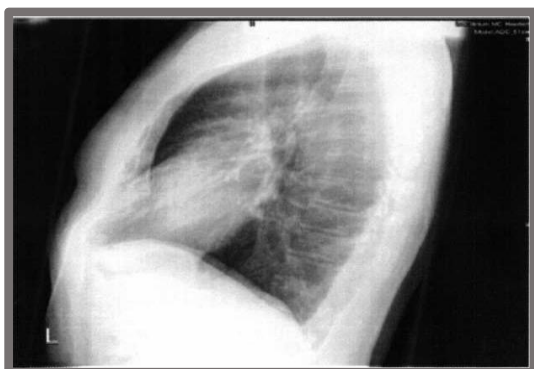
Passage uit leerboek, betreft patiënt uit de regio

"A previously healthy 59-year-old male patient complained of progressive heart palpitations, fatigue and postural dyspnoea; bending over caused a clear increase of dyspnoea. At repeated examinations no overt abnormality or explanation was found, except a supraventricular arrhythmia and a nodal tachycardia. Drug treatment with sotalol and verapamil and an ablation had only temporary effects. In the 8 years to follow, the symptoms increased and led to considerable physical impairments and orthopnoe. He tried to cope with his impairments by a series of measures such as eating smaller amounts of food, reducing exercise, etc. Climbing stairs without resting became impossible.

The dissatisfactory diagnosis was: ventricular extra-systoles, nodal tachycardia, and congestive heart failure of unknown origin. Meanwhile, the patient himself noticed that dyspnoea not only occurred after exercise but also postprandially, and depended on posture (bending over, in particular).

In a desperate attempt to seek relief of discomfort, the patient started using glyceryl trinitrate (GTN, nitroglycerine), resulting in a dramatic but unfortunately only temporary improvement. Angiography was completely normal, the effect of the GTN could not be explained.

So, 8 years after the first onset of symptoms, an explanation for the patient's condition was still lacking."



Man, aged 65. Lateral Xray chest and transverse CT thorax (2005) described as 'normal'