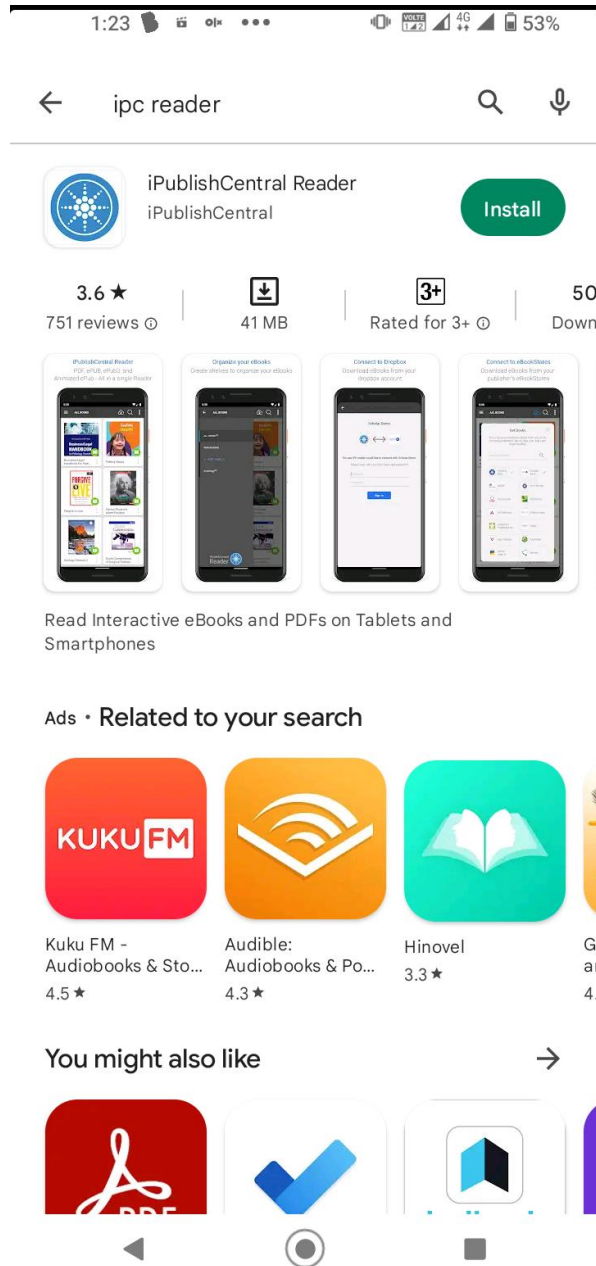
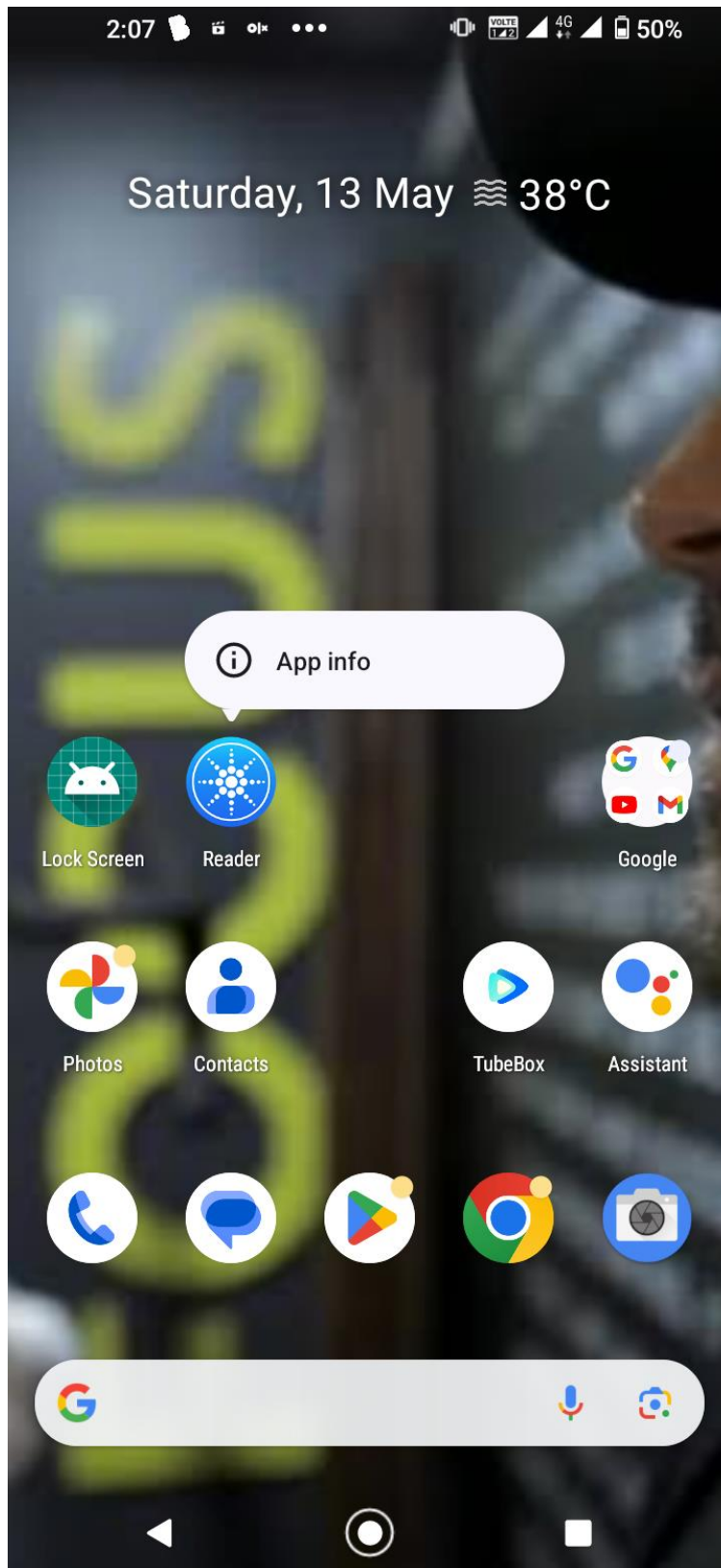


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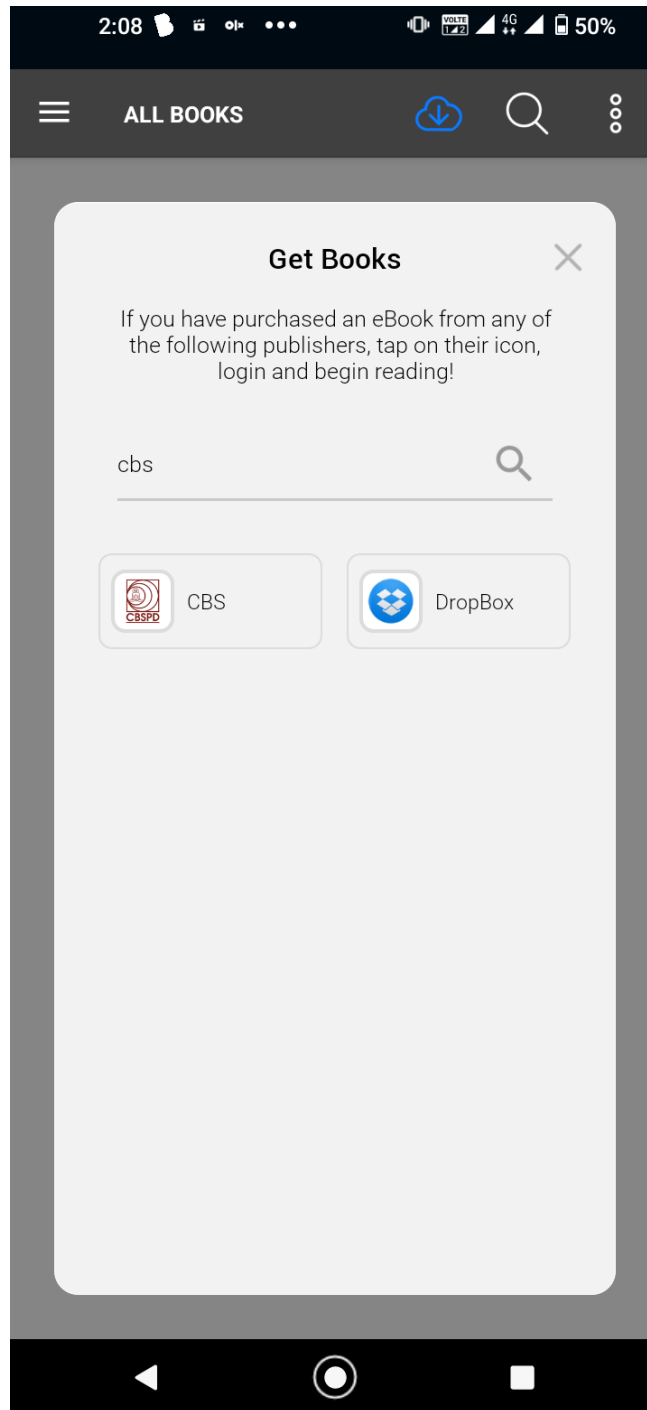
1. Go to "Play Store" Then write "IPC Reader" and search.



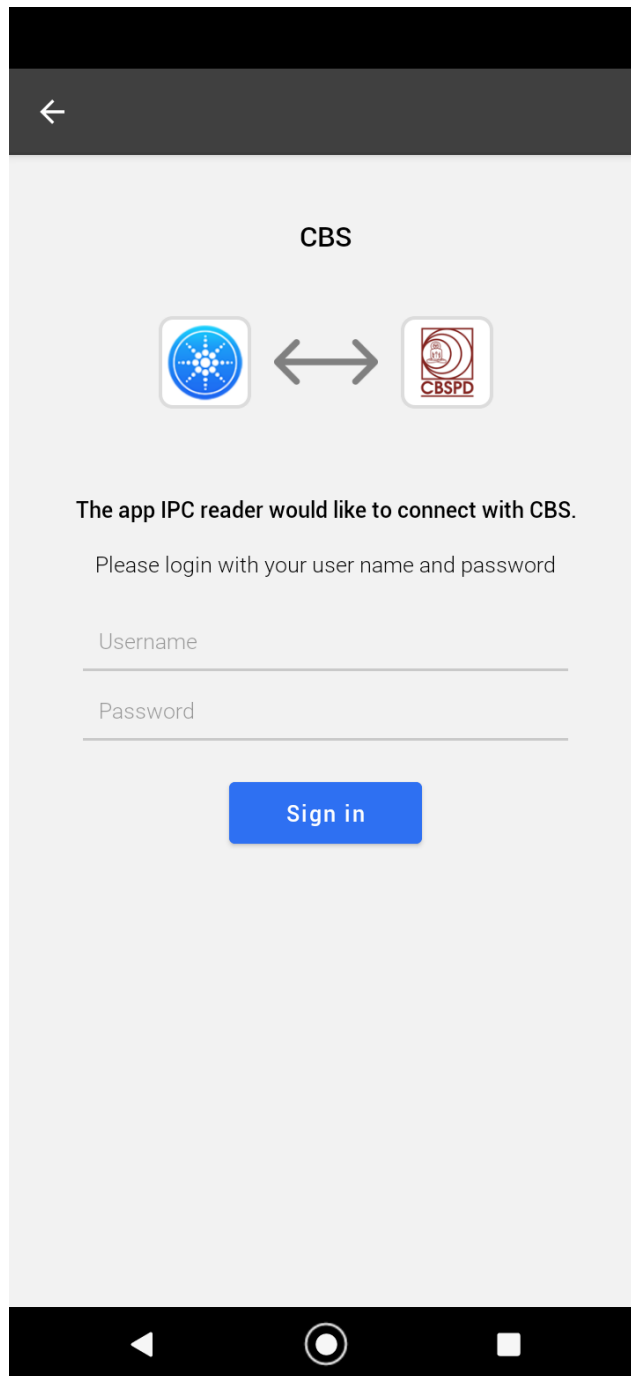
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The app IPC reader would like to connect with CBS.

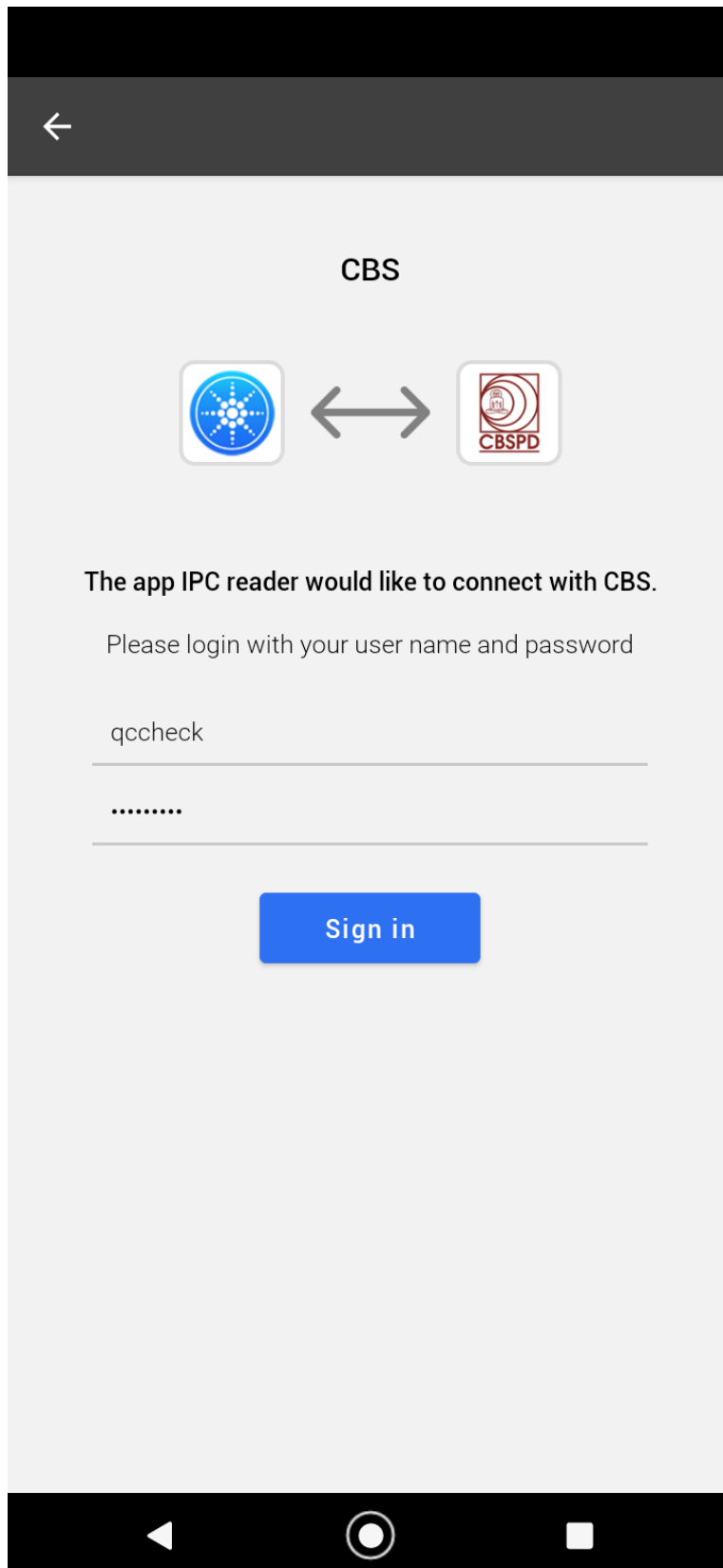
Please login with your user name and password

Username

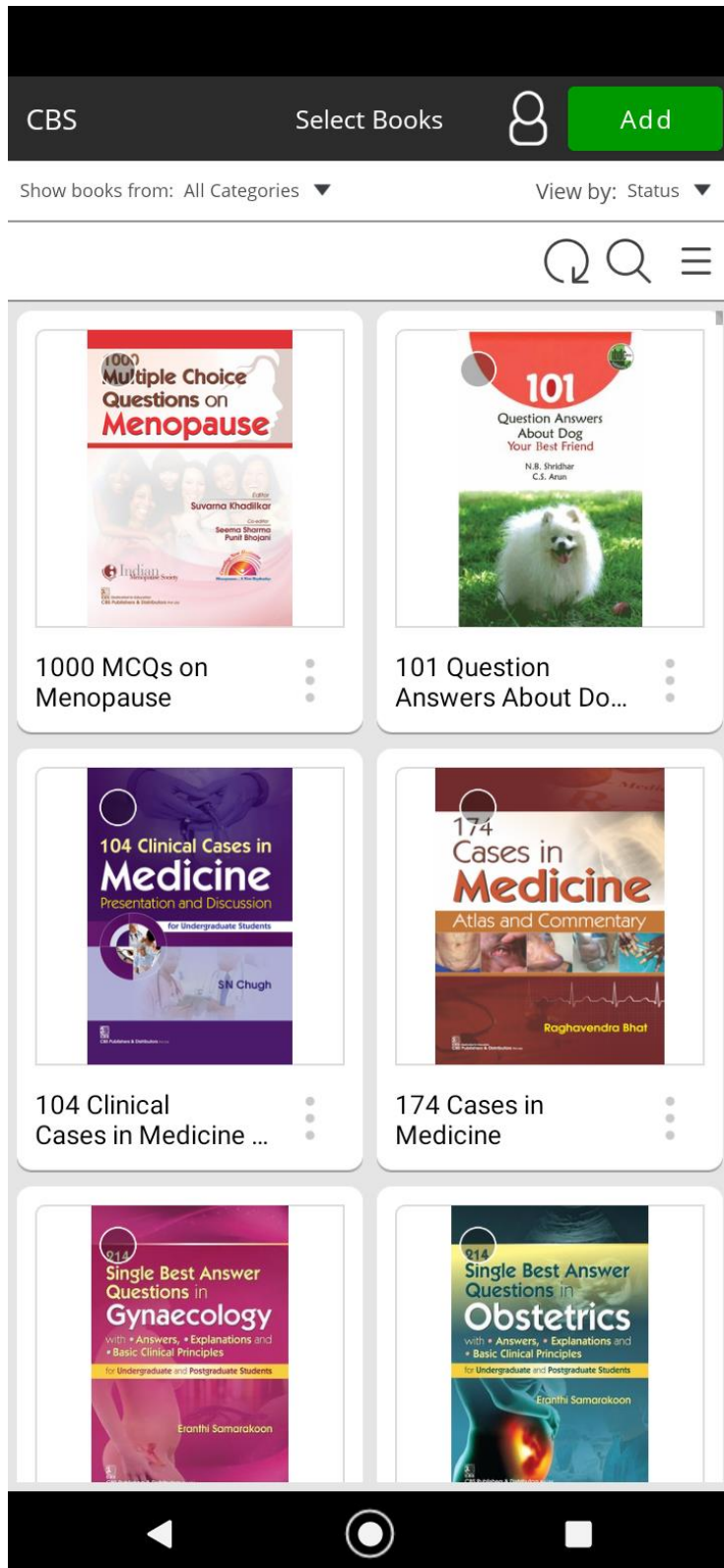
Password

Sign in

5. After filling the Username and Password, now click on “Sign In”



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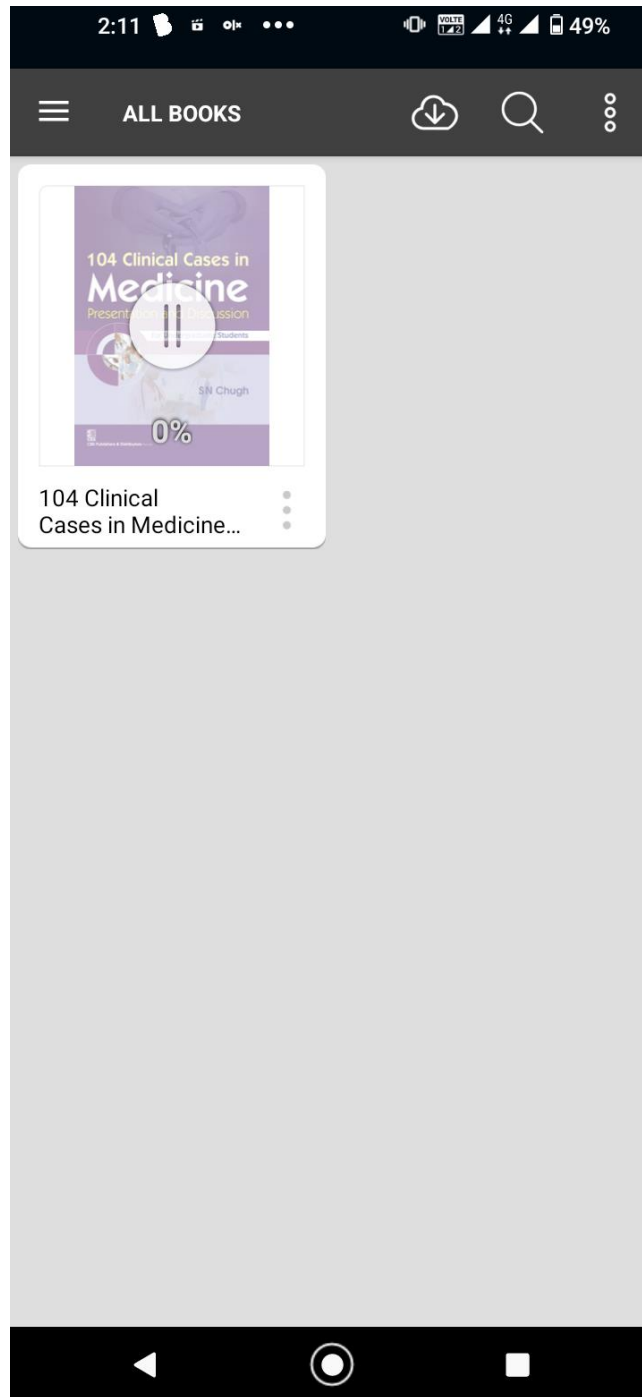
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174 Cases in Medicine Atlas and Commentary

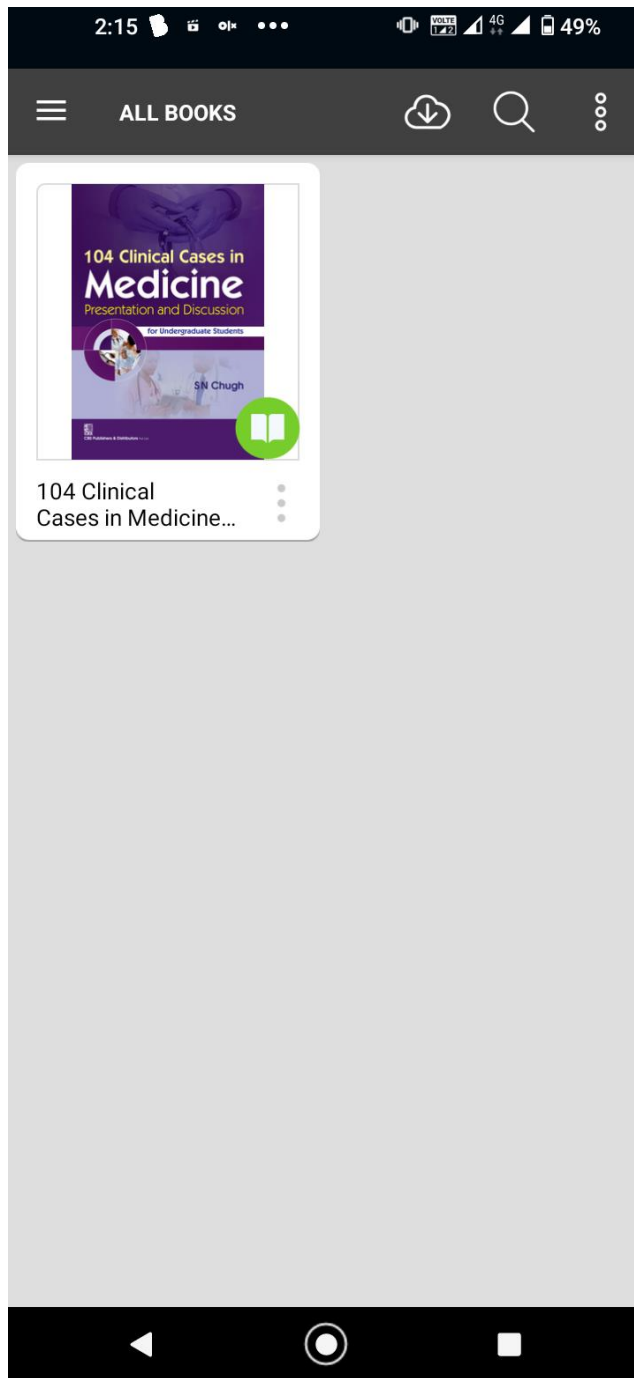
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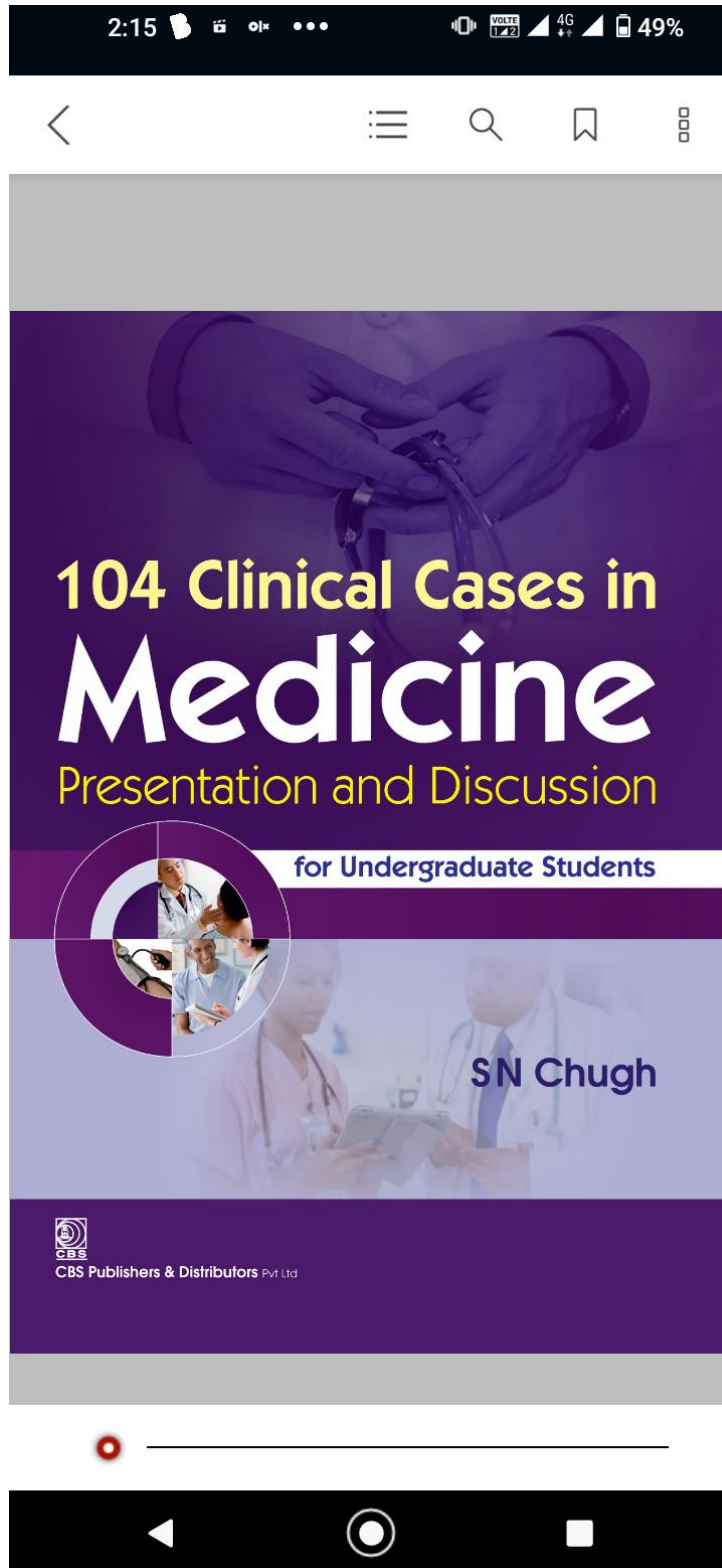
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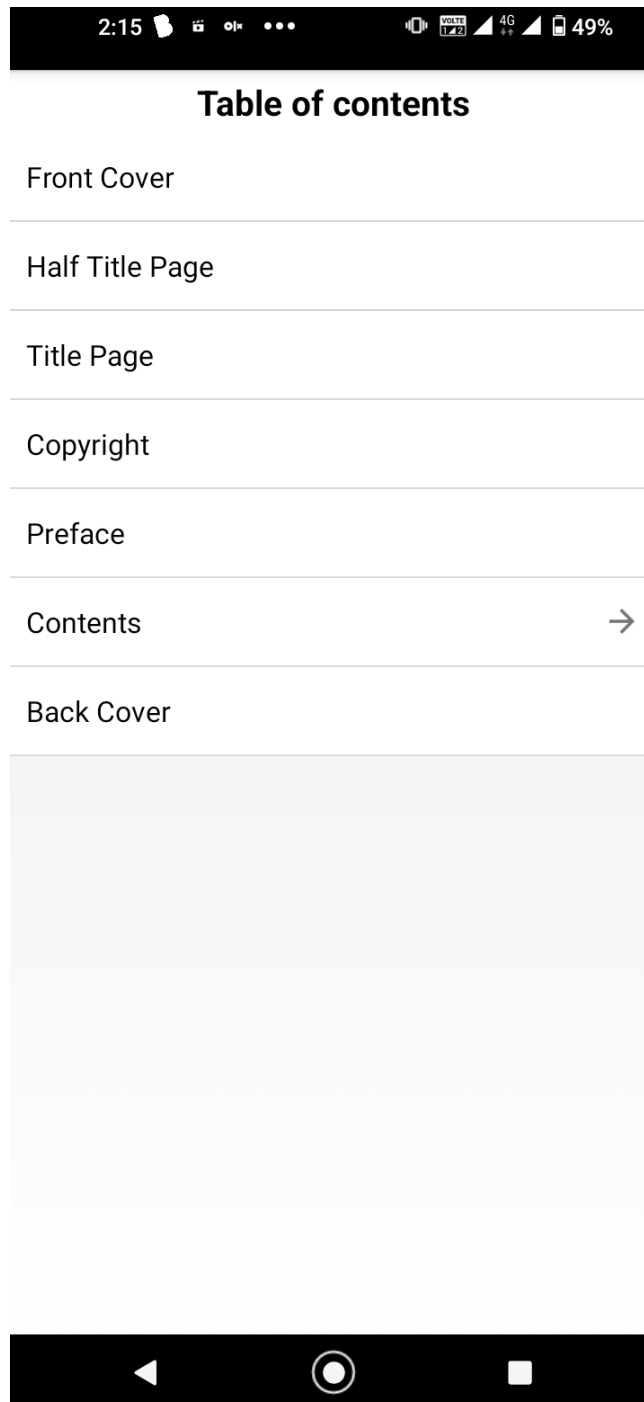
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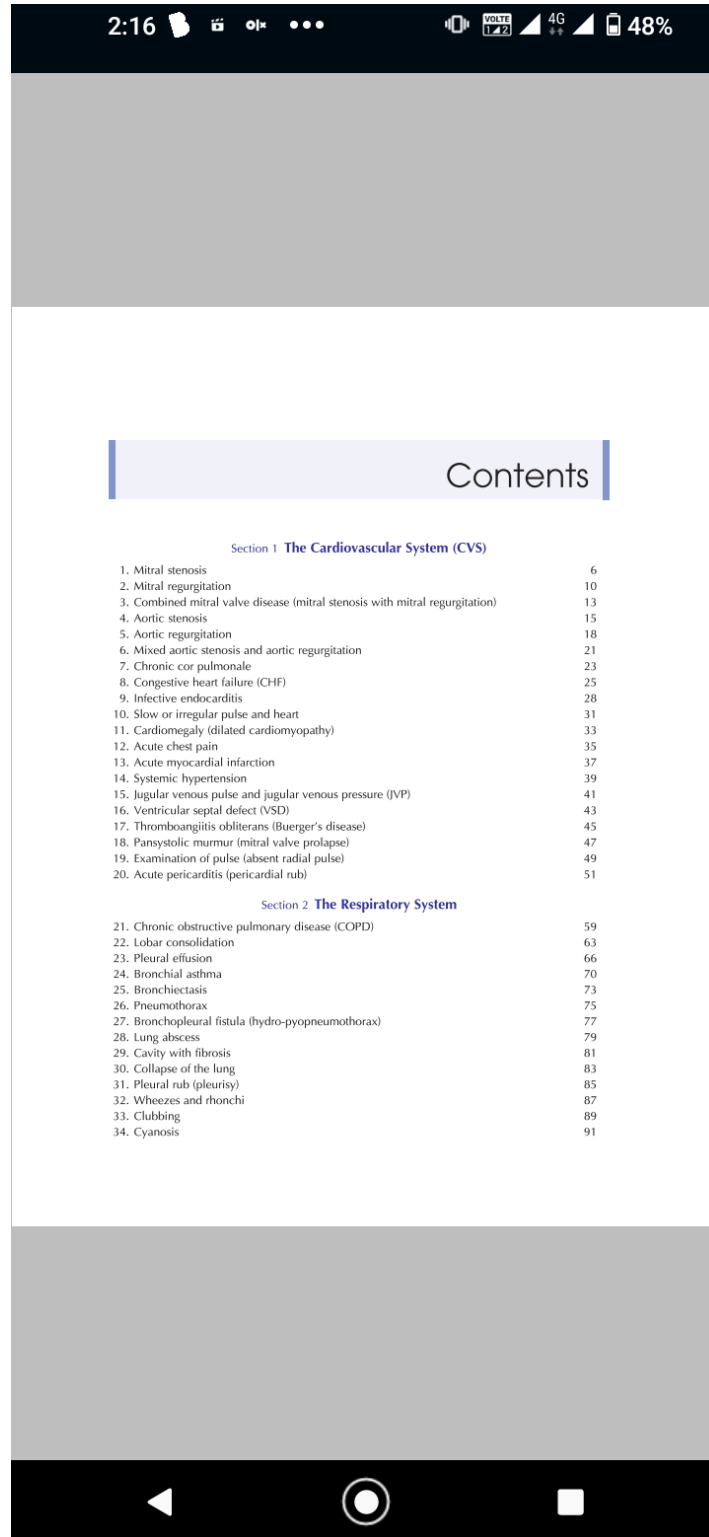
10. Now we can "Open" the E-textbook.



11. By clicking on the “☰” we can see the “Contents” page.



12. By Clicking on **Contents** we are able to see “**Contents Page**”. All **Chapters** have **hyperlink** for easy access of E-textbooks.



2:16 48%

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13. Now once we Click on the “Chapters Hyperlink” we are able to see the Chapter.

2:16 48%

3 Combined Mitral Valve Disease (Mitral Stenosis with Mitral Regurgitation)

INSTRUCTION
Examine the cardiovascular system.

CHIEF COMPLAINT
Breathlessness, cough, palpitation, edema feet.

HISTORY
Present History
Ask for the following

- History of dyspnea, orthopnea, PND
- History of cough, sputum mostly on winter seasons
- History of swelling legs, pain abdomen (hepatomegaly) and distension of abdomen (ascites)
- History of fever, focal neurological deficit, flank pain (hematuria) for infective endocarditis
- History of mitral valvotomy

Past History
Past history of acute rheumatic fever

EXAMINATION
General Physical Examination

- It is same as discussed in case discussion on MS and MR
- Look at the extremities for cyanosis, edema, coldness, tender spots and gangrenous fingers.
- Look always for the peripheral signs of infective endocarditis and rheumatic activity.

Cardiovascular Examination

- On examination, patient will have signs of mitral stenosis (mid-diastolic murmur) and signs of mitral regurgitation (a pansystolic murmur). The other signs depend on the dominance of the lesion (Fig. 3.1)
- Always look for scar of mitral valvotomy under the left nipple (remember, the scar can be missed in females with pendulous breast)
- Hear always for the cardiac signs of infective endocarditis (read infective endocarditis as a case)

Other Systems

- **Respiratory system examination** for basal crackles for LHF
- **Abdominal examination** for tender hepatomegaly and ascites (CHF)

WHAT IS YOUR PROVISIONAL DIAGNOSIS?
The provisional diagnosis is combined mitral stenosis and mitral regurgitation (lesion) due to rheumatic heart disease (etiology). Patient has congestive cardiac failure, sinus rhythm without infective endocarditis, and without any acute rheumatic activity.

QUESTIONS AND ANSWERS
Q. Which is the dominant lesion out of the two?
Ans: The dominant lesion is mitral regurgitation. The points in favor are:
1. Cardiomegaly (apex beat is down and outside the midclavicular line)
2. Heaving apex beat

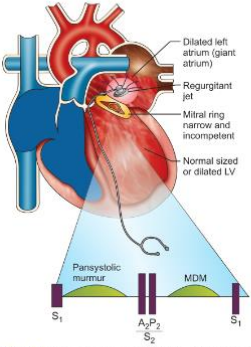


Fig. 3.1: Mitral stenosis with mitral regurgitation. Hemodynamic effects and auscultatory findings. S₃: Third heart sound not shown was present in this case

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