Infective Endocarditis

Causative organisms

> Staph. aureus, group D strep, enterococci, HACEKs

Organism in IVDA

> Staph. aureus (tricuspid valve*)

Organisms prosthetic valve endocarditis

> Staph, gram-, fungi (first 2 months) and staph/strep after that

Regurgant valve defect

> Seen in most endocarditis pts, makes them more susceptible

How infections occur

> Direct intravascular contamination or from bacteremia from surgeries

Classic features

> Osler nodes, Janewar lesions, Roth spots, petechiae, splinter hemorrhages

Duke Criteria

> Used to establish diagnosis

Treatment

> Vancomycin + Ceftriaxone

Indications for Abx Prophylaxis

> If pts. with prosthetic valves, congenital heart disease, valve disorder, transplants are going to get dental work or surgery

Prophylactic abx

> Amoxicillin

Aortic Aneurysms

Definition	Weakness and subsequent dilation of the vessel wall, usually from a genetic defect or atherosclerotic damage to the intima
Most common cause	Atherosclerosis (can see in Marfan's or Ehlers-Danlos though)
Classic clinical scenario	Elderly male smoker with CAD, emphysema, and renal impairment
Where are they found	90% abdominal, 10% thoracic
Clinical features	Pulsatile abdominal mass +/- abdominal or back pain
Symptoms of AAA rupture	Severe back, abdominal, or flank pain. Hypotension + shock
Lab Studies	Abdominal U/S followed by CT w/ contrast
Treatment	Endovascular or open surgical repair

Giant Cell Arteritis

Definition

> Systemic inflammatory condition of medium & large vessels, pts. >50yo, often coexists with PMR

Most commonly-affected arteries

> Temporal artery

Consequence of not treating aggressively

> Blindness

Clinical Features

> Headache, scalp tenderness, jaw claudication, throat pain, visual abnormalities

Lab Studies

> ESR + CRP both elevated

Definitive diagnostic

> Temporal artery bx

Treatment

> High-dose prednisone x few months + ASA

Rheumatic Heart Disease

Rheumatic Fever

> A systemic immune response occurring 2-3 weeks after a Beta-hemolytic strep. pharyngitis

Valve most commonly involved

> Mitral valve (75-80%), then aortic valve (30%)

Jones Criteria

> Diagnostic criteria to establish diagnosis

Treatment

> Bedrest, salicylates, IM penicillin, and early treatment of strep pharyngitis for prevention*

By **ksellybelly**
cheatography.com/ksellybelly/

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PVD--Chronic Venous Insufficiency

Definition

Loss of wall tension in veins, resulting ins tasks of venous blood and often assoc. with a hx of DVT, leg injury, or varicose veins

Clinical Features

Progressive edema starting at ankle, skin changes, itching, dull pain with standing and ulceration, skin is shiny/thin/atrophic with dark pigmentary change and subcutaneous induration, stasis ulcers above ankle

General Treatment

General: leg elevation, avoidance of sitting/standing, compression hose.

Treatment for Stasis Dermatitis

Wet compresses, HC cream, Zinc oxide, anti fungal cream (ulcerations may need graft)

PVD--Varicose veins

Etiology

Superficial venous insufficiency and valvular incompetance

Clinical features

Dilated, tortuous veins, esp. long saphenous vein

Treatment

Compression stockings, leg elevation, exercise, laser ablation, endovenous radiofrequency, compression sclerotherapy

PVD--Peripheral arterial disease

Etiology

Atherosclerosis or thromboembolism (trauma, hyper coagulable states, etc.)

Clinical features

lower leg pain with exercise which is relieved by rest (AKA intermittent claudication), progresses later to pain at rest, numbness, tingling, ischemic ulcerations, gangrene

The "Ps" of extremity occlusion

Pain, pallor, pulselessness, paresthesias, paralysis, poikilothermia

Lab studies/diagnostics

Doppler flow studies, ABI,

Treatment

Cilostazol + antiplatelet rx + lifestyle (NO smoking, more exercise), surgery and revascularization

PVD--Thrombophlebitis & DVT

Thrombophlebitis

Involves occlusion of a vein + inflammatory changes

Virchow's Triad

Stasis + vascular injury + hyper-coagulability (predispose veins)

Most common place to find a DVT

Lower extremities and pelvis

Risk factors for DVT

Major surgery (total hip), long plane ride, hormone/contraceptive therapy, prolonged bed rest

PVD--Thrombophlebitis & DVT (cont)

Features of superficial thrombophlebitis

Dull pain, erythema, tenderness, induration. Most common in long saphenous vein.

Class findings of DVT

Swelling of the involved area and redness

Diagnostic Studies

Duplex U/S

D-Dimer

Highly sensitive, if <500 then negative, can r/o DVT

Treatment

Anticoagulation with LMWH (Lovenox), or heparin then warfarin

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