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Anamnesis, the most important part of an interview

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Background & Aim: 76 years old female, with arterial hypertension, auricular fibrillation (treated with acenocumarol) comes to Primary Consult Office because one month ago she started with a progressive dyspnea that has become to moderate efforts during last days. Those symptoms started also with episodes of interscapular pain, that stops with supine position. The patient refers also edema increase in both inferior members. She also denots that she has lost 7 kgs in the last month, being more nervous and with tremblings. She refers no changes in her diet. The cardiologist stopped 20 days ago the treatment with amiodarona, because she had sinusal rhythm.

Method:

Exploration: Cardiac auscultation: aortic systolic murmur. Normal pulmonar auscultation. The rest of the exploration was normal. -Blood test: TSH 0.01 T3 6.41 T4 5.20.-EKG: sinusal rhythm 75 heartbeats per minute.-Rx Torax: interstitial infiltrate bilateral that do not appear in previous.

Results: Interstitial pulmonar disease and hyperthyroidism due to amiodarona.

Conclusions: The case consists on a woman with multifactorial dyspnea because of her hypotiroidism and interstitial pulmonar disease with peripheral radiologic pattern, atypical for suspecting cardiac descompensation. After stopping amiodarona, antithyroid (carbimazol) and prednisona, she startted feeling better. A new blood test showed a descense of thyroid hormone.