



14th ECHO HONG KONG

Mastering the All-Time Clinical Tool

23 - 26 November 2023
Hong Kong Convention and Exhibition Centre

Workshop II with Hands-on Demonstration

Station G

Use of Hand-held Ultrasound for Clinical Care

Friday 24 November 2023

09:30 – 12:15

Room S422



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23-26 November 2023

Case G1A - WKL

- M/72
- CHF in China in 4/2023
- ECG: AF
- Echo found MR, TR, normal EF
- C/C: SOB & bilateral ankle oedema



Case G1B - ASW

- 63/M
- Long standing history of heart murmur but no regular FU
- Present with palpitation and high blood pressure
- Otherwise asymptomatic. ECG: SR with occ PACs, no AF



Case G1B - ASW (con't)

- TTE:
 - Normal LV size & systolic function EF 60% with no RWMA
 - Normal chamber sizes
 - Mild MR & MS with estimated MVA $\sim 2.7\text{cm}^2$ (by PHT) and $\sim 2.1\text{cm}^2$ (by Planimetry), meanPG $\sim 4\text{mmHg}$
 - Mild AR & AS with estimated AVA $\sim 1.5\text{cm}^2$ (by continuity equation) and $\sim 1.7\text{cm}^2$ (by Planimetry) with maxPG $\sim 29\text{mmHg}$ & meanPG $\sim 16\text{mmHg}$
 - Mild TR with RVSP of $\sim 32\text{mmHg}$



Case G2A - CMP

- M/29
- Thalassemia intermedia with hemolysis and iron overload
- Presented with shortness of breath
- Echo suspected severe pulmonary hypertension
- RHC: mPAP 47, PVR 5.9, PCWP 3, CO 5.6 L/min
- Started on transfusion program, sildenafil and macitentan, and iron chelators



Case G2A – CMP (con't)

- Echo 9/2023
 - In sinus rhythm
 - Mild TR
 - Dilated RA (RAESA 38 cm²), dilated RV
 - RVSP 45+10 = 55 mmHg
 - Improved RV systolic function compared with before
 - S' 9.2 cm/s, TAPSE 1.9 RVEF 33%



Case G2B - CLC

- Male / 58
- Ex-smoker, ex-drinker
- PMHx: Fatty liver
- Presented with anterior STEMI while in mainland China in 2019, given thrombolysis then LMWH + DAPT
- Subsequent PCI to mLAD and dRCA done in private in 2019



Case G2B - CLC (con't)

- Echocardiogram in 2022:
 - Impaired LV systolic function, EF ~35% with hypokinesia over anteroseptal, anterior and apical regions
 - Dilated LA with mild MR
 - Trivial PR
 - Mild TR with RVSP of ~32mmHg



Case G3A - LKW

- 71/M Active smoker
- PMH:
Hyperlipidemia;HTN
 - STEMI with PCI to LAD in June 2005
 - Echo: LVEF 25% AK at sept/ ant / lat



Case G3A - LKW (con't)

- Latest echo July 2023
 - LVEF remained 25%; AK over anteroseptum; HK over mid to apical LV and apex
- Regular swimming sessions weekly; no palpitation or LOC
 - treadmill March 2023: negative at 6 METs
- Learning point
 - Proper Echo assessment of LVEF to guide Heart failure therapy



Case G3B - TKC

- M/71
- IHD with old MI with impaired LVEF ~40%, distal anterior & apical akinesis
- with suspicion of apical clot & spontaneous echo contrast noted