

CSI KERALA PRESENTS

# HEART SHORTS

A WEBINAR OF DILEMMAS, CAVEATS & CONTROVERSIES

RELEASING ON  
**MAY 23<sup>RD</sup> SUNDAY, 2021**

JOHNY JOSEPH  
PRESIDENT

ZULFIKAR AHAMED M  
VICE PRESIDENT

KARUNADAS CP  
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A story should have  
**A BEGINNING, A MIDDLE  
& AN END**  
but not necessarily in that order.



Jean Luc Godard - French Director

Dear Friends,

These months have been the 'cruellest' ones due to Covid and we had to postpone the 'live' summer conference envisaged. So, we planned to have a short scientific webinar related to Dilemmas, Caveats and Controversies in Cardiology on May 23<sup>rd</sup> Sunday, 2021 from 10 AM to 12.30 PM, followed by a GBM. 'Heart Shorts', as we call it, is structured as a ten-piece anthology, dealing with practical issues in cardiovascular management in adults as well as in children.

We anticipate an interesting and invigorating academic event where both the young and the seasoned campaigners will be addressing certain vexing issues in cardiology.

Your proactive 'presence' and participation is solicited.

Warm regards



**Johny Joseph**  
President



**Zulfikar Ahamed M**  
Vice President



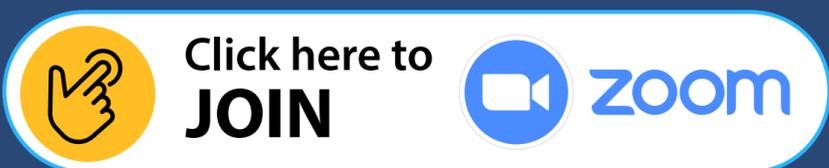
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| Time             | Event  |  |  |
|------------------|--|--|--|
| 09.50 AM         | <b>The Stage is set.</b><br>Welcome: Johny Joseph, President - CSIK  |  |  |
| 09.55 AM         | <b>The Stories unfold.</b><br>Theme: Zulfikar Ahamed M, Chairman - Scientific Programme  |  |  |
| 10.00 – 10.55 AM | <b>Anthology Section 1: Dilemmas</b>   |  | <b>The Protagonist</b>   |
|                  | <b>1. Should I routinely advise TMT for all my diabetic patients?</b><br><br><i>Script: 62 year old gentleman. Retired bank manager. Diabetic – 14 years. On metformin, vildagliptin, statin. No antiplatelet. Ex-smoker. Active. Planning to go abroad for daughter's delivery. Has come for 'Cardiac check up' prior to the trip.</i>  |  | <br>James Thomas          |
|                  | <b>2. Should I routinely Post-dilate or not during my Primary PCI cases?</b><br><br><i>Script: 40 year old gentleman. Smoker. STEMI-IWMI. RVMI. AV block. CAG – Two vessel disease; Mid RCA total occlusion (culprit), LAD 80% stenosis. TPI, Thrombus aspiration → 1 long DES at nominal pressure → Rhythm normal, BP stabilised. TIMI 3 flow. 1 AM.</i>  |  | <br>Paul Thomas          |
|                  | <b>3. Should I withhold Beta blocker initially in my ADHF patient?</b><br><br><i>Script: 70 year old lady. CAD, previous AWM, recurrent ACS, Severe LV dysfunction (EF – 30%), Moderate MR, CAG – Diabetic triple vessel CAD, advised medical management. Admitted with worsening dyspnea, orthopnea. Day 1 in CCU. Pulmonary edema → IV Frusemide. Intermittent NIV. H.R – 116/min. Sinus rhythm. BP – 110/70 mm Hg. BNP elevated. Troponin – Negative. Mild worsening of renal function, K 5.5 mmol/L. Was on Carvedilol 3.125 mg BID.</i> |  | <br>Rajesh Muralidharan |
|                  | <b>4. When and How should I start Statin in Pediatric Dyslipidemia?</b><br><br><i>Script: A 14 year old boy is obese with a BMI of 24.5. Both his parents have diabetes. His BP is 130 /74 mm Hg. Had a lipid profile done: T. Cholesterol 227 mg/dl. HDL –C 35 mg/ dl. LDL –C 160 mg /dl.TG 160 mg/dl.</i>  |  | <br>Renu P Kurup        |
| 11.00 – 11.40 AM | <b>Anthology Section 2: Caveats</b>  |  | <b>Director's Cut</b>  |
|                  | <b>5. How long should I really continue DAPT after PCI?</b><br><br><i>Script: 63 year old gentleman. Diabetic. PCI done with 2 overlapping DES to RCA 12 months ago (CAG done following a 'positive' TMT). Mild disease in LAD, LCX. On Aspirin 150 mg OD, Clopidogrel 75 mg OD. No bleeding. No GI symptoms. Normal renal function. Hb – normal. Patient has come for the auspicious 'one year completed' review.</i>   |  | <br>Manjuran RJ         |
|                  | <b>6. Which among my HCM patients should receive ICD for Primary prevention of SCD?</b><br><br><i>Script: 30 year old gentleman. Software engineer. Asymptomatic. 'Abnormal' ECG → Cardiology consult. Echo – HOCM (Gradient 50 mm Hg). No known family history of HCM/SCD. Anxious after 'google search' on HCM.</i>  |  | <br>Venugopal K         |
|                  | <b>7. ICR in TOF – Does everyone live happily ever after?</b><br><br><i>Script: A 16 year old girl. Had TOF repaired in 2007. On follow up. Appears asymptomatic. Saturation: 97 %. ECG: RAD. RBBB with QRS duration in V1 135 msec. Echo reveals normal LV function and dilated RV. No residual VSD or RVOTO. Has however moderate PR on Echo.</i>  |  | <br>Krishnakumar R      |

| Time                                     | Event  | The Protagonist   | Director's Cut  |
|--|--|---|---|
| 11.45 AM– 12.25 PM                       | <b>Anthology Section 3: Controversies</b>  |   |   |
|  | <p><b>8. What dietary advice do I really need to offer to my CAD patients?</b></p> <p><i>Script: 39 year old doctor. ACS-AWMI-Mild LV dysfunction, Primary PCI done. Non-obstructive disease of RCA and LCX. Dyslipidemia. No diabetes, but family history of diabetes in father and mother. 'Not fat, just well covered'. Sedentary usually, now started walking after the MI. Prefers non-vegetarian diet. Has a fondness for sweets. Renal function – normal.</i></p>       |  <p>Vinod Manikantan</p> |  <p>Geevar Zachariah</p>   |
|  | <p><b>9. How long should I anticoagulate my DVT/PE patient?</b></p> <p><i>Script: 52 year old lady. DVT and Acute 'submassive' pulmonary embolism 6 months ago – thrombolysed with Tenecteplase . No definite history of immobilisation. Thrombophilia evaluation – negative. On Rivaroxaban 20 mg OD for last 6 months. Asymptomatic now. Mild swelling of lower limb. Echo – normal. Follow up Venous Doppler – 'residual chronic thrombus, partial recanalisation'.</i></p> |  <p>Krishnakumar P</p>  |  <p>Ashokan Nambiar C</p> |
|  | <p><b>10. Should I treat 'Subclinical, Device detected AF'?</b></p> <p><i>Script: 75 year old lady. Hypertension. Occasional 'giddiness'. No palpitations. ECG – Sinus rhythm. Echo – LVH. LA mildly dilated. Holter report – Sinus rhythm. Intermittent sinus bradycardia. 6 short runs of AF with FVR. Hb, creatinine, TSH – normal.</i></p>   |  <p>Abhilash SP</p>    |  <p>Tharakan JM</p>      |
| 12.30 – 1.30 PM                          | <p><b>*CSI-K General Body Meeting<br/>&amp;<br/>Getting to Know the Young Jedi Knights of CSI-K</b></p>  |   |   |
|  | <p>Welcome to New Members</p>  |  <p>Abdul khadar</p>   |   |
|  | <p>Message to New Members</p>  |  <p>Mohanan PP</p>     |   |
| <p><b>Followed by Lunch at Home!</b></p> |  |   |   |



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