



Case Report on Life Style Modification Coronary Artery Disease- Triple Vessel Disease

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Introduction:

Heart-related disorders Coronary artery disease is characterized by a narrowing of the coronary arteries that limits the amount of blood that can reach the heart muscle. Usually brought on by atherosclerosis, it can advance to the point where a shortage of blood damages the heart muscle. Heart failure, arrhythmias, and infarction may arise from such injury¹

In the industrialized world, coronary artery disease (CAD) accounts for approximately 1 in 5 deaths, making it the leading cause of death. The urgency of accurately diagnosing coronary artery disease and managing it economically is paramount due to its high morbidity, death, and socioeconomic significance.²

Present Complaint and Information:-

The clinical and disgostic charateristics by 55 yrs old male admitted in AVBR Hospital with diagnosed Coronary Artery disease triple vessel disease since 1 month, he take treatment of Tab. Ecosprin gold 10mg, Tab. Met xl 25mg, Tab. Sorbitate 5 mg, Tab. Pan 40 mg, Tab. Alprox0.25 mg and Syp. Duphalac 15ml with body mass index (BMI) 24.60 Kg / m² visited our hospital

Past history:-

Not reported

Main symptoms and significant finding:-

On general examination patient was conscious, oriented and there were no associated high-risk factors. On per chest examination palpitation, chest pains, shortness of breath Weakness or numbness in arms, wrist & hands, fatigue and weakness abnormal heart rate or rhythm, low blood pressure and abnormal heart sound. His Electrocardiogram shows ST elevation, Echocardiogram shows blockage in the heart's arteries, CK MB, Troponin-I, Lipid profile value are abnormal and Complete blood investigation, chest x ray, BT,CT, APTT, Liver function test, kidney function test, Blood sugar random value are normal.

The primary diagnosis therapeutic intervention and outcome:-

In the present case study he received Tab Ecosprin gold 10mg, Tab. Met xl 25mg, Tab. Sorbitate 5 mg, Tab. Pan 40 mg, Tab. Alprox0.25 mg and Syp. Duphalac. Electrocardiogram, Echocardiogram Complete blood investigation, Chest x ray, CK MB, BT,CT, APTT, Troponin-I, Lipid profile, Liver function test, kidney function test, blood sugar random done for Coronary Artery bypass graft (CABG) surgery. His Coronary Artery bypass graft (CABG) surgery done

Conclusion:-

In present study, emphasis on significance of recording Electrocardiogram even in asymptomatic diabetic patients during frequent intervals irrespective of the presence of symptoms related to coronary artery disease is established. It is observed that Electrocardiogram changes usually do not match with clinical symptoms & silent coronary artery disease is common in diabetics

References:-

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