

# CLINICAL CASES IN PHARMACOLOGY

## CASE 1 : CHRONIC HEART FAILURE

A 69-YEAR-OLD WOMAN SUFFERING FROM CHRONIC HEART FAILURE IS TREATED WITH 0.25 MG DIGOXIN DAILY FOR 3 MONTHS. HEART FAILURE IS NOT CONTROLLED ADEQUATELY. WHAT WILL BE THE TREATMENT TO CONTROL HEART FAILURE ADEQUATELY?

### *Presenting features:*

Inadequate treatment of congestive heart failure.

### *Relevant information:*

a 69-year-old woman suffering from chronic heart failure is treated with 0.25 mg digoxin daily for 3 months.

### *Inference:*

As CHF is not controlled adequately by digoxin 0.25 mg daily alone, she needs additional treatment.

### *Treatment:*

Rest: physical rest is absolutely essential.

Moderate salt restriction: 2-3 g/day

Digoxin 0.25 mg /day to be continued

[Digitalised muscle→ Digoxin withdrawn→ precipitates atrial fibrillation]

To start FURSEMITIDE @ 20-80 mg/day

To start ENALAPRIL low dose @ 2.5 mg/day for 1-2 days after stopping diuretic

If there is no hypotension, dose of ENALAPRIL is increased gradually over 3-4 days depending on the response.

Cause of heart failure is to be investigated and treated if possible.

Serum Potassium level to be monitored and treated accordingly.

[Hypokalaemia→ Arrhythmia, Constipation; Hyperkalaemia→ Arrhythmia]

## CASE 2 : ACUTE GLAUCOMA

A MIDDLE-AGED PERSON WHILE WATCHING TV IN DARK SUDDENLY DEVELOPS SEVERE PAIN IN RIGHT EYE, VOMITING AND BLURRING OF VISION. ON EXAMINATION, RIGHT PUPIL IS DILATED, SLUGGISHLY REACTIVE TO LIGHT, RAISED INTRA-OCULAR PRESSURE. THE CASE WAS DIAGNOSED AS ACUTE CONGESTIVE GLAUCOMA. DESCRIBE THE MEDICAL MANAGEMENT OF THIS PATIENT.

### *Presenting features:*

Dilated Right pupil, sluggishly reactive to light, raised intra-ocular pressure.

### *Relevant information:*

Middle-aged person watching TV in dark suddenly develops severe pain in right eye, vomiting and blurring of vision.

### *Inference:*

Patient has developed acute congestive glaucoma and needs immediate treatment.

### *Treatment:*

Treatment of choice: LASER Iridectomy/ trabeculectomy

Before surgical procedure IOP has to be reduced by drug therapy.

Acetazolamide injection 500 mg IV followed by Acetazolamide tablet 250 mg each QID.

If not managed,

1. 20% Mannitol (1.5-2 mg/kg) to be given by rapid IV infusion over a period of 30-60 min.
2. Pilocarpine Nitrate (2%) 2 drops to be instilled in right eye every 10 min for 1<sup>st</sup> hour and thereafter at 30 min interval till desired IOP is achieved.  
[if IOP is high, a miotic is ineffective due to pressure induced ischemic paralysis of sphincter pupillae muscle]
3. Timolol maleate (0.25-0.5%) 2 drops to be instilled in right eye every 6 hours.

# Pharmacology Clinical Cases Manual Questions

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