



# Differenzialdiagnose Innere Medizin

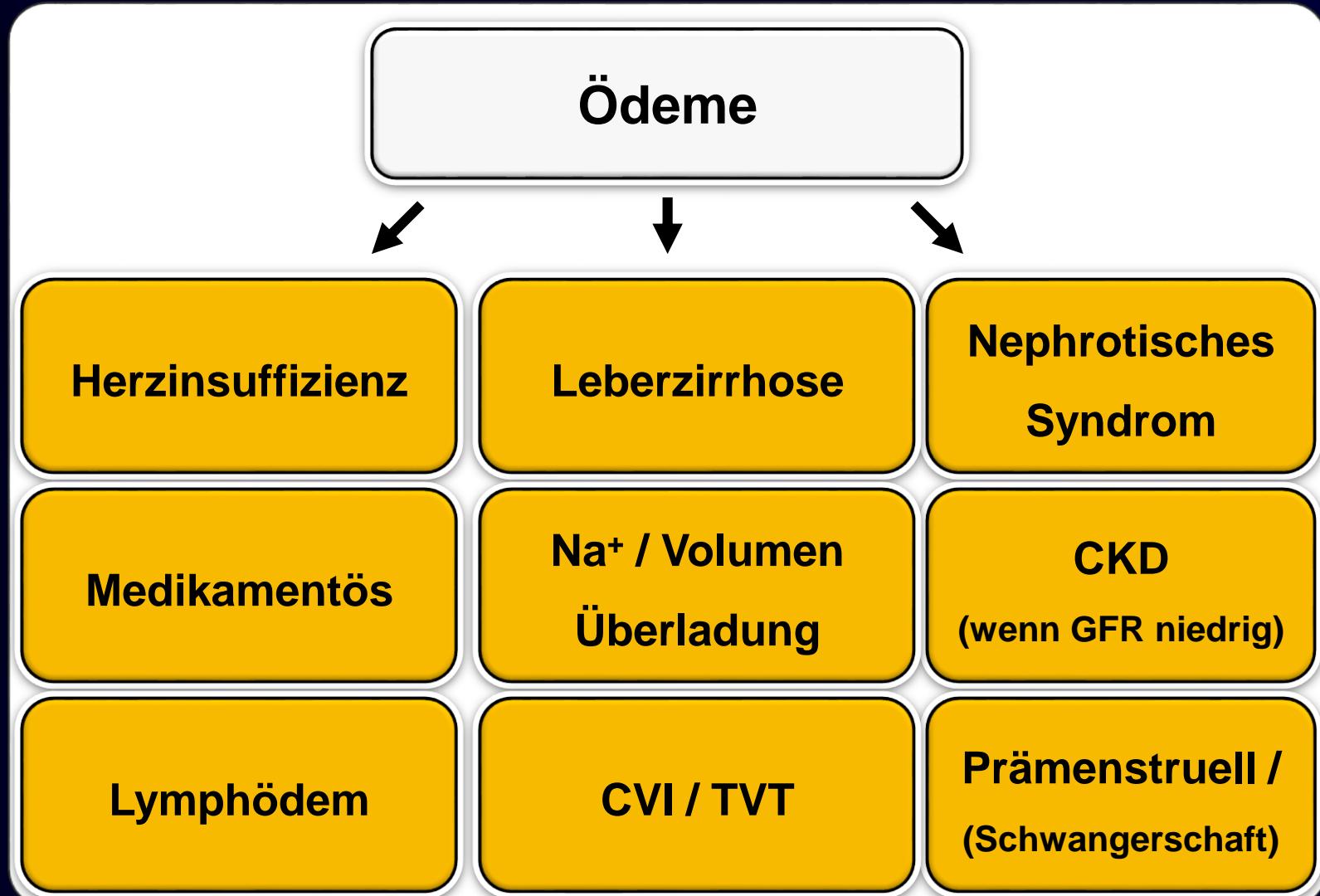
Fall 2 - 15.11.2016

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UKS



# Ödeme

## Differenzialdiagnostik



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## Differenzialdiagnostik

### Ödeme



#### Anamnese

Dauer der Symptome?  
Medikamente?  
Co-Morbidität?

#### Untersuchung

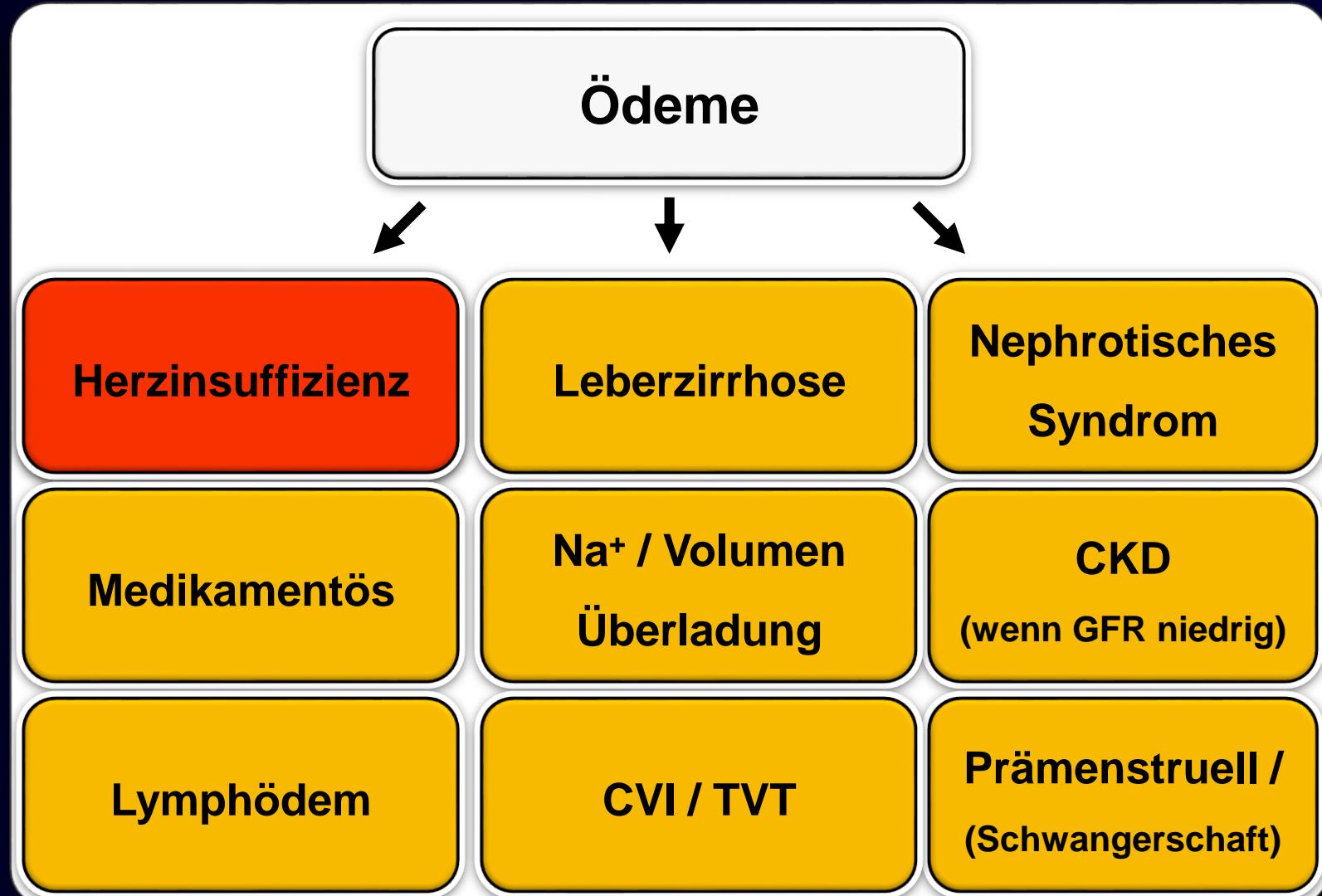
Beidseitigkeit?  
Eindellbarkeit?  
Haut-Temperatur, -  
Textur / -Farbe?  
Stemmer Zeichen?  
Hinweis auf syst.  
Ursache?

#### Labor

Blutbild  
Urinanalyse  
Elektrolyte  
Kreatinin  
Glukose  
TSH  
Albumin

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## Differenzialdiagnostik





# ESC Heart Failure Guidelines 2016

## Definition of Heart Failure

### Heart failure - Definition

HF is a **clinical syndrome**

characterized by typical **symptoms**

(e.g. breathlessness, ankle swelling and fatigue)

that may be accompanied by **signs**

(e.g. elevated JVP, pulmonary crackles and peripheral oedema)

caused by structural  $\pm$  functional **cardiac abnormality**,

resulting in a reduced **cardiac output  $\pm$  elevated**

**intracardiac pressures** at rest or during stress.



# ESC Heart Failure Guidelines 2016

## Classification of Heart Failure

### NYHA (ACCF AHA) Stages

#### Heart failure - Classification

**HFrEF**

Symptoms±Signs

AND

EF < 40 %

**HFmrEF**

Symptoms±Signs

AND

EF 40 - 49 %

AND

Natriuretic peptides ↑  
LVH / LA Enlargement  
/ Diastolic Dysfunction

**HFpEF**

Symptoms±Signs

AND

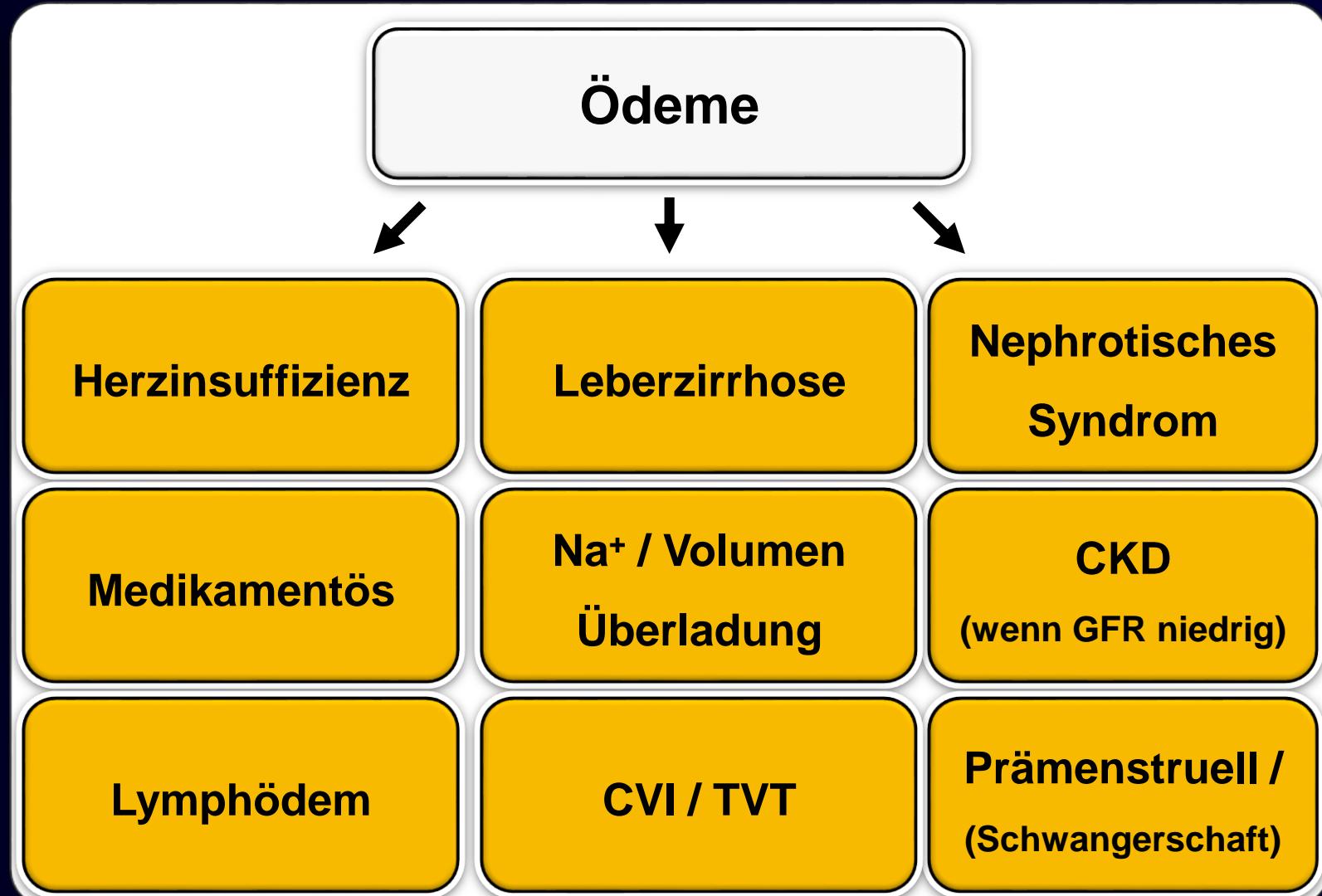
EF ≥ 50 %

AND

Natriuretic peptides ↑  
LVH / LA Enlargement  
/ Diastolic Dysfunction

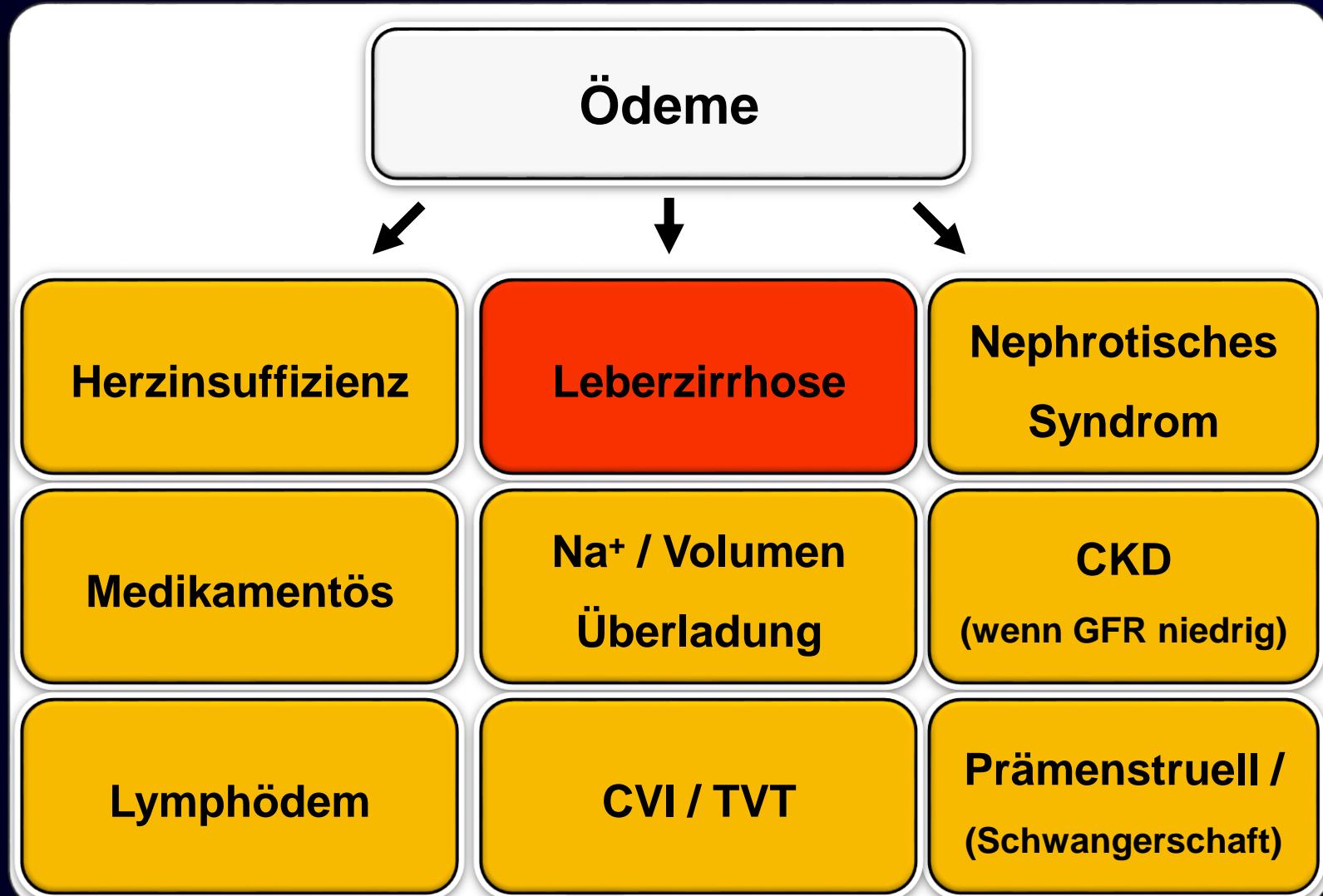
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Does this patient have liver cirrhosis? J Udell et al JAMA 2012

## Signs + symptoms

PL > 4: distended abdominal veins,  
encephalopathy, ascites, spider nevi

### AST:platelet ratio index (APRI)<sup>71</sup>

$$(\text{AST}/\text{upper limit of normal AST}) \times (100/\text{platelet count} [\times 10^3/\mu\text{L}])$$

Higher values of the APRI increase the likelihood of cirrhosis and lower values decrease the likelihood of cirrhosis.

### Bonacini cirrhosis discriminant score (CDS)<sup>94</sup>

$$\text{Platelet score} + \text{ALT:AST ratio score} + \text{INR score}$$

Score	Platelets ( $\times 10^3/\mu\text{L}$ )	ALT:AST ratio	INR
0	>340	>1.7	<1.1
1	280-340	1.2-1.7	1.1-1.4
2	220-279	0.6-1.19	>1.4
3	160-219	<0.6	
4	100-159		
5	40-99		
6	<40		

The modified Bonacini CDS has a range of possible values from 0 to 11; higher scores identify patients with higher likelihood of cirrhosis and lower scores identify patients with lower likelihood of cirrhosis.

### Lok index<sup>114</sup>

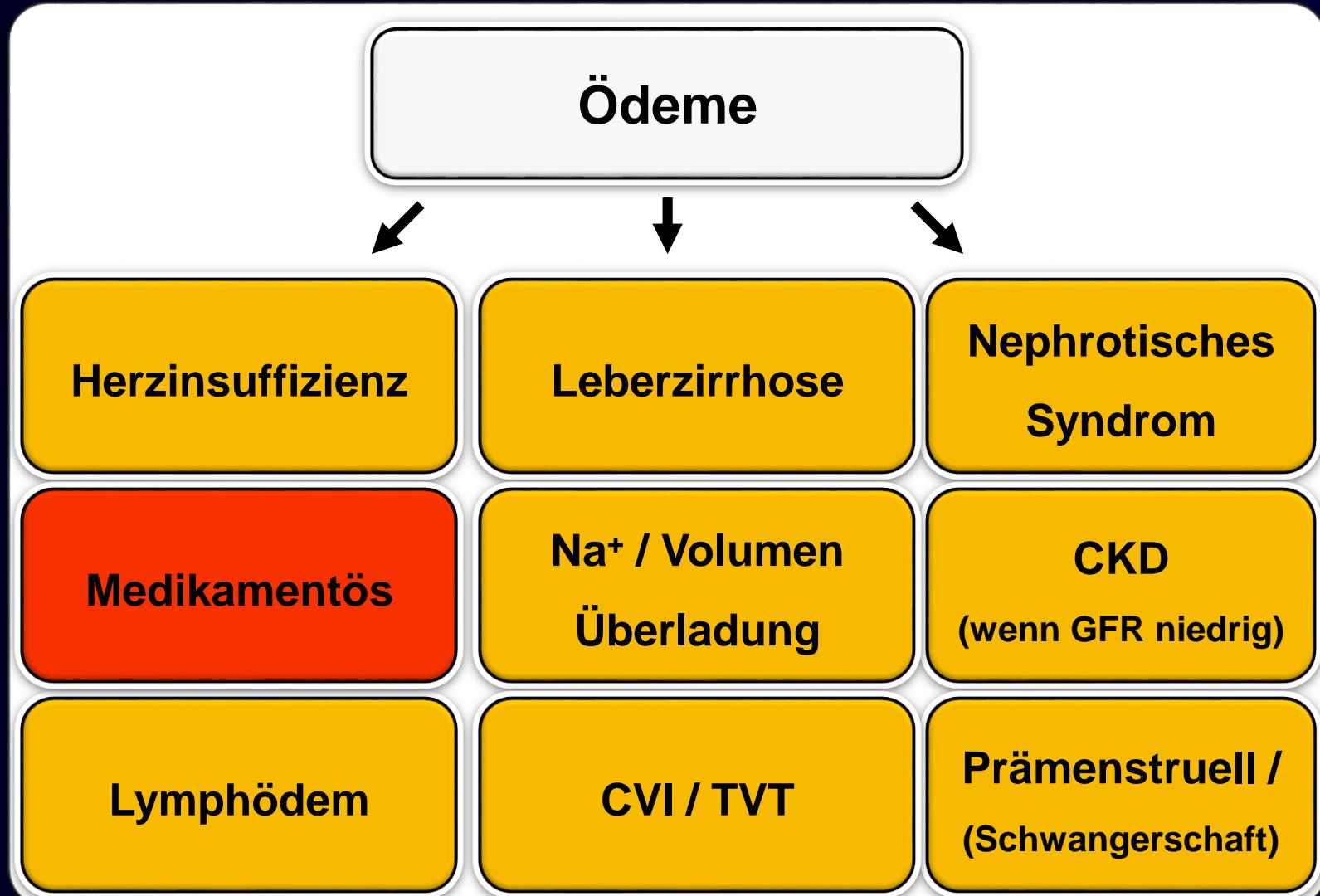
$$\exp(\text{logodds}) / [1 + \exp(\text{logodds})]$$

$$\text{logodds} = -5.56 - (0.0089 \times \text{Platelet count} [\times 10^3/\mu\text{L}]) + (1.26 \times \text{AST:ALT ratio}) + (5.27 \times \text{INR})$$

The Lok index is an odds ratio normalized to possible values between 0 and 1; a higher fraction (ie, probability) increases the likelihood of cirrhosis, while a lower fraction reduces the likelihood of cirrhosis. (See also <http://www.haltctrial.org/cirrhosis.html>.)

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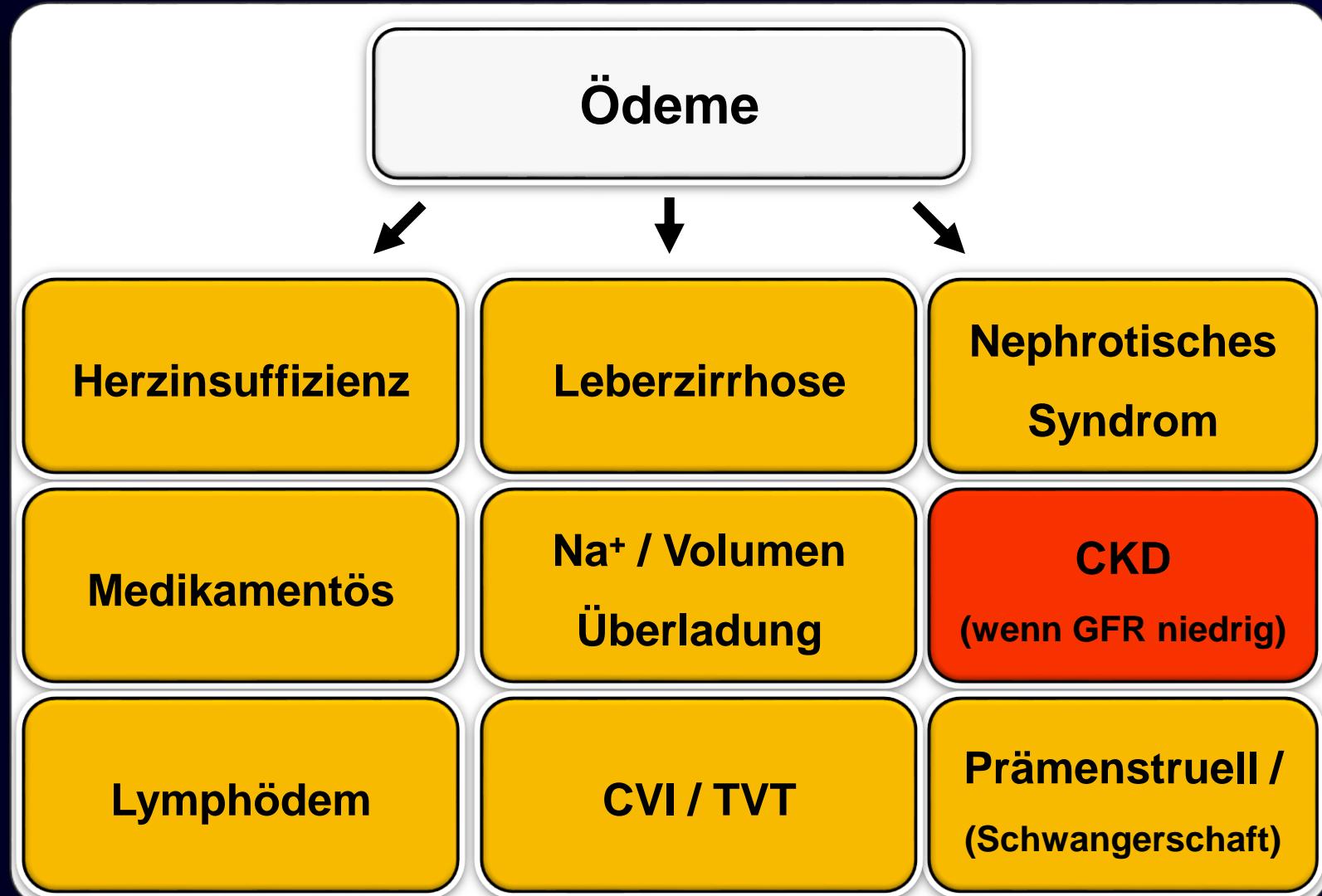
K Trayes et al Am Fam Physician 2013

## Medikamentös

Antidepressants	MA inhibitors, trazodone
Antihypertensives	calcium channel blockers, beta-blockers,, clonidine, hydralazine, methyldopa, minoxidil
Antivirals	Acyclovir
Chemotherapeutics	Cyclophosphamide, CNI, cytosine arabinoside, mithramycin
Cytokines	G(M)CSF, IFN $\alpha$ , IL-2, IL-4
NSAID	Celecoxib , ibuprofen
Hormones	Androgen, corticosteroids, estrogen, progesterone, testosterone

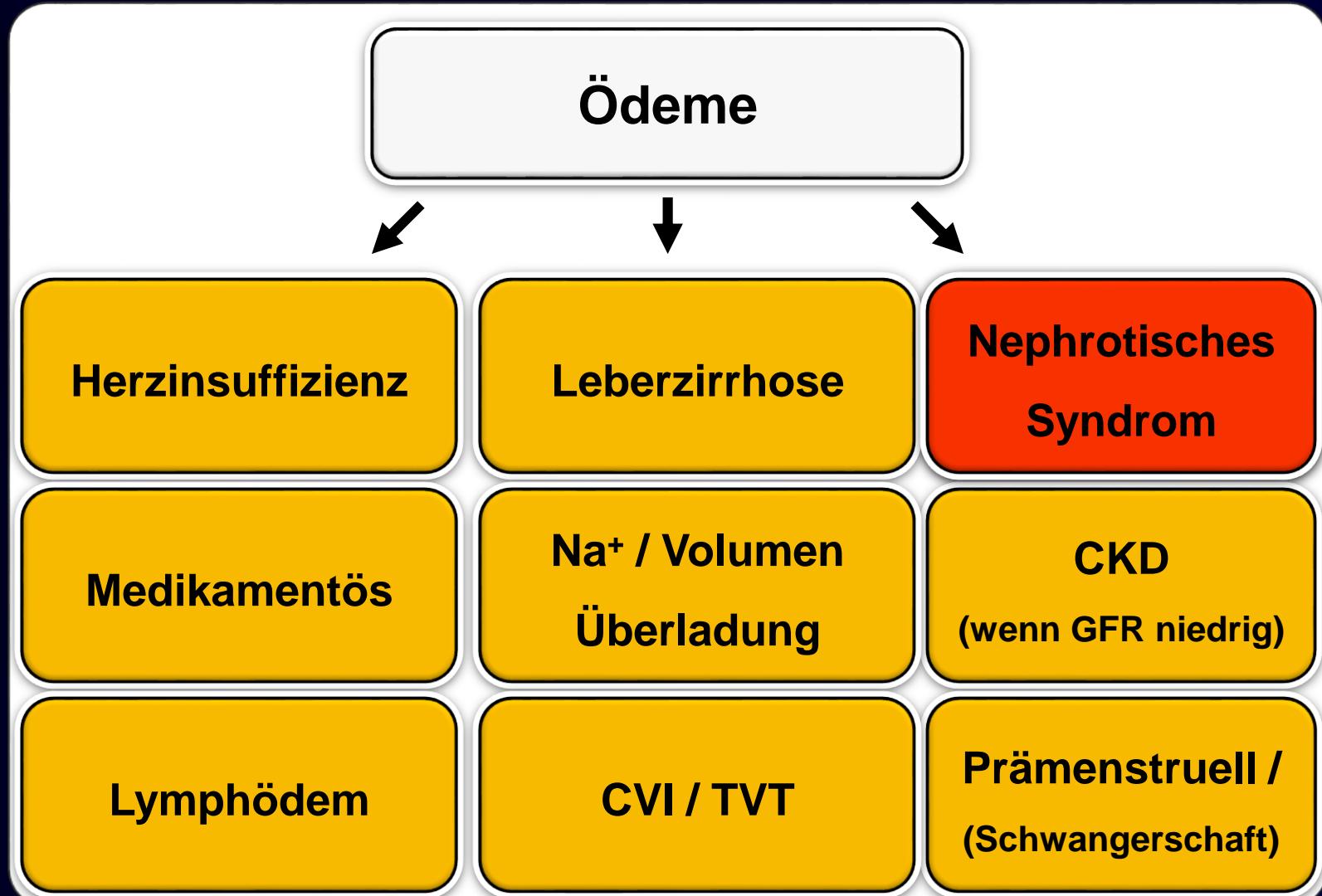
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# Nephrotisches Syndrom

## Defintion

Proteinurie >3,5 g/d (>3,0 g/g Krea)

Hypoalbuminämie

Ödeme

Nephrotisches Syndrom

(Definition K/DOQI)

# Schmal QRS Komplex Tachykardie

## Differenzialdiagnostik

**Tachycardia?**



**Wide QRS Complex**

Ventricular Tachycardia [VT]

SVT with aberrancy

Pre-excitation

**Small QRS Complex**

Supraventricular Tachycardia

(Atrium, AV nodal)

# Schmal QRS Komplex Tachykardie

## Differenzialdiagnostik

**Stable narrow QRS complex tachycardia?**



Hypotension?

Chest pain?

Decrease level of consciousness?

Shortness of breath?

Shock?

Stable

Quick attempt to determine if SR

Unstable

No sinus rhythm:

Cardioversion

Sinus rhythm

1. Treat underlying cause
2. Betablocker if significant cardiac ischemia or inappropriate sinus tachycardia

# Schmal QRS Komplex Tachykardie

## Differenzialdiagnostik

