Differenzialdiagnose Innere Medizin

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Ödeme

Differenzialdiagnostik

Ödeme

- Herzinsuffizienz
- Medikamentös
- Lymphödem
- Leberzirrhose
- Na^+ / Volumen Überladung
- CVI / TVT
- Nephrotisches Syndrom
- CKD (wenn GFR niedrig)
- Prämenstruell / (Schwangerschaft)

Ödeme

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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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 ± functional cardiac abnormality,

resulting in a reduced cardiac output ±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	HFmrEF	HFpEF
Symptoms ± Signs	Symptoms ± Signs	Symptoms ± Signs
AND	AND	AND
EF < 40 %	EF 40 – 49 %	EF ≥ 50 %
	AND	AND
	Natriuretic peptides ⇑	Natriuretic peptides ⇑
	LVH / LA Enlargement	LVH / LA Enlargement
	/ Diastolic Dysfunction	/ Diastolic Dysfunction

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Ödeme

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

Signs + symptomes

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

AST:platelet ratio index (APRI)[71]

(AST/upper limit of normal AST) x (100/platelet count [x 10^3/μL])

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

Bonacini cirrhosis discriminant score (CDS)[94]

Platelet score + ALT:AST ratio score + INR score

Score	Platelets (x 10^3/μL)	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[114]

exp (logodds) / [1 + exp(logodds)]

logodds = – 5.56 – (0.0089 × Platelet count [× 10^3/μL]) + (1.26 × AST:ALT ratio) + (5.27 × 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.)

AST indicates aspartate transaminase; ALT, alanine aminotransferase; INR, international normalized prothrombin ratio.

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K Trayes *et al* Am Fam Physician 2013

Medikamentös

Antidepressants	MA inhibitors, trazodone
Antihypertensives	calcium channel blockers, betablockers,, clonidine, hydralazine, methyldopa, minoxidil
Antivirals	Acyclovir
Chemotherapeutics	Cyclophosphamide, CNI, cytosine arabinoside, mithramycin
Cytokines	G(M)CSF, IFN α, 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?
Shortness of breath?
Chest pain?
Shock?
Decrease level of consciousness?

Stable

Unstable

Quick attempt to determine if SR

No sinus rhythm:
Cardioversion

Sinus rhythm

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

Schmal QRS Komplex Tachykardie

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