OTP/022/0218/7

Berlin 19 July 1979

MEDICAL REPORT

on the patient Oliver TAMBO, born 27 Oct. 1917

The above patient was hospitalized from 2 to 13 July 1979.

Conditions diagnosed: Continuous arrhythmia in the presence of atrial fibrillation on the basis of chronic ischaemic heart disease and coronary insufficency.
- Node in the area of the left lobe of the thyroid gland in the presence of euthyroidism.
- Obstructive ventilation disorder.

The patient was hospitalized for verification of the above diagnoses.
The patient was relatively free from cardiac symptoms.
The patient discontinued the treatment with glycosides and nitro-preparations that had been instituted during his last stay in hospital. He reported that oedemas have developed in the lower legs in the evening for the last few months.
This time the patient was admitted in order to decide whether strumectomy is indicated on account of the node in the left lobe of the thyroid gland.

Condition on admittance:

Height: 168 cms Weight: 78,0 kgs

62-year-old patient in a good general state of health. Heart: irregular action, heart rate varying between 60 and 68 beats/min. Blood pressure acc. to Riva Rocci: 120:70 mm Hg; lungs: limits within the range of normal, good respiratory movement. Sonorous percussion sound, clear vesicular respiration. Abdomen: obese abdominal walls, no tenderness on pressure, no pathological mass can be felt. Liver can be felt 2 cms below right costal arch, has smooth surface, definite edge, slightly increased consistency. Spleen cannot be felt. Renal beds unobstructed on both sides. Vascular condition and reflexes: NAD.

Local findings: A highly elastic goitrous node can be felt on the left side, its size being about 6 by 6 cms.

Rectal examination

Normal-sized prostatic gland, NAD.

Examination by ENT specialist:

No pathological speculum findings.

Examination by eye specialist:

Hypermetropia, presbyopia. Eye ground in mydriasis: NAD.

Laboratory:

Blood sedimentation rate, 17/35 mm; haemoglobin, 7,8 mval/litre; leukocytes, 4,200; blood sugar, 88 mg/100 ml; values for SGOT, SGPT, alkaline phosphatase, amylase, bilirubin, thymol, total protein, sodium, potassium, calcium, chloride, uric acid, triglycerides, iron were all within the range of normal. Electrophoresis: NAD.

Cholesterol, 308 mgs/100 ml; creatinine, 1.3 mgs/100 ml; clotting status within the range of normal. Urinalysis and urinary sediment: NAD. Negative inspection of feces for worm eggs and parasites. Rectal slime: Demonstration of Entamoeba histolytica (magnaform).

Electrocardiography:

Continuous arrhythmia in the presence of atrial fibrillation. Atrial rate exceeds 400 beats/min. Ventricular rate varying between 42 and 85 beats/min. Left proponderance. Moderate repolarization disturbance in the left precordial area.

Ultra-sonic measurement of arterial pressure

Incipient organo-arterial circulatory disorder on both sides cannot be ruled out.

Body plethysmography

Severe obstructive ventilation disorder. 2nd degree obstructive increase in the residual volume. Distribution disorder. Following the adeministration of Arbuendol a good broncholystic effect was achieved.

Rheoencephalography

Rheogram of carotis is normal for patient's age.

X-ray examinations:

Chest in two planes

Cardio-pulmonary findings are normal for patient's age. No indication of a cardiac abnormality.

X-ray film of soft parts of neck:

Mild struma colli. At the level of the 1st rib the trachea is displaced rightwards, A retrosternal goitrons mass is not demonstrable.

Nephrography with radio-isotopes:

No indication of tubulosecretory functional disorders or blocked drainage.

Rectoscopy:

Ample secretion of slime, part of which is blood-stained. Mucous membrane up to a height of 25 cms: NAD.

Examination of rectal slime:

Entamoeba histolytica (magnaform) demonstrable.

SUMMARY:

The patient is kuown to suffer from chronic ischaemic heart disease and continuous arrhythmia in the presence of atrial fibrillation. The continuous arrhythmia is a condition that has been present for about six years. Therefore, the chances of restoring the normal rhythm are dim. We instituted digitalization because of the cardiac insufficiency and presecribed Aldactone in addition to other drugs. The glycoside therapy had to be discontinued because of substantial bradycardia resulting in a decrease in the heart rate to 35 beats/min.

The patient was again advised to undergo strumectomy for the removal of the goitrous node on the left side. The operation is scheduled to take place in October 1979. In our opinion the implantation of a pace-maker is indicated prior to the operation in order to compensate for the established arrhythmia, the patient's considerable susceptibility to bradycardia and the digitalization required by his cardiac insufficiency.
We prescribed a nitro-preparation (Pentalong) as a long-term medication for chronic ischaemic heart disease.
Entamoeba histolytica (magnaform) were demonstrable in the rectal slime. We instituted a 10-day-course of treatment with Vagimid, 2 tablets being administend three times daily.

Medicines prescribed on discharge:

Aldactone à 25 mgs	1 tablet 3 times daily
Pentalong	1 tablet 4 times daily

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Deputy Medical Superintendent of the Government Hospital	Consultant Physician	Ward Officer