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Berlin, 8 Oune 1978/Rti

Medical Report
on the patient Oliver TAMBO, born on 27 October 1917

Case history: Pulmonary tuberculosis in 1933. Since 1940 recurrent

attacks of asthma which have not occurred for
approximately two months.

The patient reported symptoms of occasional pain in the heart region which occurred for tbp first time in 1973, dyspnoe on climbing stairs and swollen feet. Arrhythmia known since 1972, Two years ago the patient noticed a palpable node in his neck, but it did not grow during the last year. Good appetite, good sleep, regular motion, normal miction.

Condition on admittance:

60-year-old patient in a satisfactory general state of health.

Skin and visible mucous membranes well supplied with blood.

Height: 165 cms, weight: 78 kgs

Head: full range of motion, unobstructed ental origins of nerves and para-nasal sinuses. External examination of eyes, NAD, Hard elastic goitrous node measuring some 5x5 cms can be felt on the left side. No lymphoma. Symmetric configuration of the chest, both sides equally supplied with air, prolonged expiratory phase, hypersonorous percussion sound, several coarse bubbling rales on both bases, Arrhythmic cardiac action, heart rate 84/min,

Riva Rocci 140/80, Abdomen: Adipous abdominal walls, liver can be felt 2 cms below costal arch, renal beds unobstructed on both sides. Limbs have full range of motion. Marked oedemas in the lower legs. Reflexes, NAD,

Laboratory tests:

Blood sedimentation rate 17/30. Haemoglobin 8,5 mval/1, haemato-___
_____

crit 42 vol,/%, leukocytes 4,400, Differential blood count: 1 easinophil, 50 polymorphous, 1 monocyte, 48 lymphocytes; SGOt, 48 units/1 SGPT, 16 units/1, alkaline phosphatase, 33 units/1, bilirubin less than 1 mg/%. Total protein, 7,68 g/100 ml, normal electrophoresis, Creatinine, 1.21 mg/100 ml, sodium, 144 mval/1, potassium,

4,04 mval/1, clacium, 4.93 mval/1, chloride, 105 mval/1, uric

acid, 5,58 mg/100 ml, cholesterol, 260 mg mg/100 ml, triglycerides,

207 mg/100 ml, negative Wassermann's test. Blood group A 1, Rh-positive,

Normal glucose tolerance test, Thrombocytes, 163,000, Quick's test, 75 %, Partial clotting time, 37 secs. Fibrinogen, 7 yul, endogenous creatinine clearance, 60 ml/min. Negative examination of feces for

traces of blood, worm eggs and parasites.

Chest X-ray

Basalresidual of pleuritis, small ventrobasal pleural callosity, marked cleft on both sides. Callosity of both cervical pleura. Calcified hilum. Minor elongation of the descending aorta. Heart configuration, NAD, No symptoms of a recent infiltrative pulmonary process.

Electrocardiography:

Absolute arrhythmia with atrial fibrillation, atrial rate (c,) 400/min,, ventricular rate 55 to 85/min, Left type. Minor disturbance of conduction in the right ventricle. No substantial changes in the ST-T segment.

Meditape K:

The patient was monitored for 7 hours. Absolute arrhythmia with atrial fibrillation was observed during the whole day, the average rate being 60 to 80/min. Bradycardic phases with a decrease in rate to 35/min were observed primarily during the siesta, but occasionally also once or twice per minute during the rest of the day.

Tracheal X-ray:

Incipient rightward deviation of the trachea, no constriction.
Intravenous urography:

Following injection of "Visotrast 370", equal excretion of the dye on both sides via normal-sized kidneys, no blocked drainage, no indication of inflammatory or deformative changes.

Vector cardiography

Left-anterior hemi-block, previous diaphragmal infarction suspected
Whole-body plethysmography:

Mild obstructive disturbance of ventilation, disturbed dispersion. Administration of Arbendol had a good broncholytic effect.

Acid-base balance:

Mild compensated metablic acidosis, normal PO2*

Scintigraphy of the thyroid gland:

Large cold node in the area of the left lobe of the thyroid gland, right lobe of the thyroid gland and isthmus, NAD.

Examination by specialists:

Eye specialist:

Eye ground: Optic disk vital, clearly delimitated, central vascular tree, macula NAD, normal vessels. Interpretation: hyperopia, presbyopia.

ENT specialist:

ENT speculum examination: NAD

Surgeon: Normal prostate.

When the patient was at rest and received digitalis we were able to achieve recompensation in his cardiac insufficiency, Digitoxin did not compensate his arrhythmia, so that "Chinidin longo* (quinidine sulphate 0,250 g) was prescribed. At a dosage of six drag6es daily the sinus rhythm recurred, but we observed a marked bradycardia and ventricular extrasystoles so that quinidine medication had to be discontinued. At present the patient

has an absolute arrhythmia in the presence of atrial fibrillation with the ventricular rate varying between 40 and 60 /min. On the basis of our observations, the patient's history and the findings, we diagnose this condition as chronic ischaemic heart disease with disturbed cardiac rhythm (absolute arrhythmia in the presence of atrial fibrillation) in the form of a sick sinus syndrome. For this reason we recommend a follow-up examination in 3 to 6 months' time and the implantation of a peacemaker should fresh symptoms of cardiac insufficiency develop.

The patient was also seen by a surgeon for the palpable node in the area of the left lobe of the thyroid gland. He recommended a surgery at a date acceptable to the patient or as soon as the node starts to grow again, A sufficiently long preparation of the patient's cardiac condition would be required in order to minimize the risk of the operation. In a final talk with the patient he was urgently advised to take adquate rest and to undergo a follow-up examination in some three months.

The patient was discharged with the following medication: Aldactone 50, 2 dragees daily, Pentalong (pentaerythrityl tetranitrate 0.02)

2 tablets three times daily.

Final diagnoses;

- Chronic ischaemic heart disease with arrhythmia in the form of a sick sinus syndrome,

- Cold node in the area of the left lobe of the thyroid gland.

(signature) (signature)

Medical Superintendent Medical Officer

of the Hospital of the Department

(signature)

Consultant