

Summary

Mr H, a 72 years old previously well and independent male presented with ischaemic type chest pain. He was found to have an ejection systolic murmur at the apex and bi-basal inspiratory crepitations with reduced air entry. The ECG findings were compatible with a late presentation of an anterior ST elevation myocardial infarction. 2D echo revealed an EF of 30%, grade II MR, organised apical clot with severe LV dysfunction. He was managed as a late presentation of anterior ST elevation myocardial infarction with complicated heart failure. Further investigations showed chronic renal failure and chronic obstructive lung disease. He was started on Warfarin and inhaler therapy. His unsatisfactory social background was modified with the help of social service officer. He was arranged long term follow up for the newly diagnosed non-communicable diseases.