

# CARDIOCON-2022

## CORE CARDIOLOGY

Day 2: 20th February, 2022 (Sunday)

EINTHOVEN HALL (A)

Anchorage

Dr. Jayesh Trivedi  
Dr. Kamal Sharma

BOUT 17.

CARDIAC REHABILITATION

10:30AM -  
11:00AM

A 39 years old Male presented with acute IWMI for which he underwent successful PCI to RCA. His lipids show TG of 242 mg%, HDL of 33 mg% and LDL of 111 mg%. He is already started on 20 mg of Rosuvastatin. Apart from the optimal medical therapy (GDMT) for ACS and the most important aspect of lifestyle modification for him would be -

Talk 41  
BLUE CORNER

Indian dietary modification is the most important preposition

Dt. Shweta Nagar  
(Ahmedabad)

(10 min)

Talk 42  
YELLOW CORNER

Yoga & Meditation are best suited modalities for Cardiac rehabilitation

Dr. Shilpi Mohan  
(Bishkek, Kyrgystan)

(10 min)

TAKE HOME MESSAGE & PANEL DISCUSSION (10 min)

Referees  
(Chairpersons)

Dr. Asha Shah  
(Ahmedabad)

Dr. Dhaval Doshi  
(Ahmedabad)

Dr. Kaushal Gandhi  
(Anand)

Scorers  
(Moderators)

Dr. Vishal Mehta  
(Ahmedabad)

Dr. Vinay Bhomia  
(Ahmedabad)

Dt. Poonam  
Brahmbhatt (Ahmedabad)

BOUT 18.

DIABETES AND HEART FAILURE - SGLT2 INHIBITORS

11:00AM -  
11:50AM

A 95 kg. Indian Male on optimal cardiac medications has DM with HBA1C of 8.2 mg% with BMI 34.5 kg/m<sup>2</sup>. His LVEF is 40 % on echocardiography. He has history of CABG- 2 years back. Best SGLT2 Inhibitor apart from lifestyle modification and GDMT would be -

Talk 43  
BLUE CORNER

DAPAGLIFLOZIN is the preferred SGLT2i

Dr. Saumitra Ray  
(Kolkata)

(10 min)

Talk 44  
RED CORNER

EMPAGLIFLOZIN is the preferred SGLT2i

Dr. Sanjeev Phatak  
(Ahmedabad)

(10 min)

Talk 45  
YELLOW CORNER

REMOGLIFLOZIN is the most studied "INDIAN SGLT2-I"

Dr. Uday Jadhav  
(Mumbai)

(10 min)

TAKE HOME MESSAGE & PANEL DISCUSSION - ALL Faculties (10 min)

Referees  
(Chairpersons)

Dr. Dharmesh  
Solanki (Rajkot)

Dr. Pavan Roy  
(Vadodara)

Dr. Nilesh Purshottam  
(Surat)

Scorers  
(Moderators)

Dr. G. R. Badlani  
(Ahmedabad)

Dr. Manish Aggrawal  
(Ahmedabad)

Dr. Devendrasinh Zala  
(Sanand / Ahmedabad)

<b>BOUT 19.</b>	<b>HIGH RISK CAD - LONG TERM STRATEGY</b>
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<b>11:50AM - 12:20PM</b>	A 60-year-old male diabetic, hypertensive with Dyslipidaemia and strong family history with past history of CV stroke 4 years back with near complete recovery and post PTCA status with 3 stents, 1 year back for IWMI comes for follow up. Apart from medical optimization and lifestyle modification best strategy for risk reduction would be -
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<b>Talk 46 RED CORNER</b>	<b>RIVAROXABAN 2.5 mg BD with aspirin</b>	<b>Dr. P. K. Hazra</b> (Kolkata)	(10 min)
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<b>Talk 47 BLUE CORNER</b>	<b>TICAGRELOR 60 mg BD with aspirin</b>	<b>Dr. Hemang Baxi</b> (Ahmedabad)	(10 min)
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**TAKE HOME MESSAGE & PANEL DISCUSSION** (10 min)

<b>Referees (Chairpersons)</b>	<b>Dr. Nikhil Jadhav</b> (Mumbai)	<b>Dr. Saurin Shah</b> (Ahmedabad)	<b>Dr. Sanjiv Bhatia</b> (Ahmedabad)
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<b>Scorers (Moderators)</b>	<b>Dr. Shashi Mundra</b> (Gandhinagar)	<b>Dr. Raghu Satyanarayan</b> (Ahmedabad)	<b>Dr. B. B. Solanki</b> (Ahmedabad)
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<b>BOUT 20.</b>	<b>LIPIDOLOGY</b>
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<b>12:20PM - 01:00PM</b>	A 57-year-old Male, diabetic with family history of CAD in younger brother presents with 99% lesion in LAD with NSTEMI with LDL of 112 mg%, HDL of 32 mg% and TG of 322mg%. His Lp(a) is 60mg% and he is already on Rosuvastatin 40mg post previous PCI to RCA 9 months back.His HBA1c is 7.4 mg%. The Best strategy post-revascularization to manage his lipids apart from high dose statins, GDMT and lifestyle modification would be
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<b>Talk 48 BLUE CORNER</b>	<b>PCSK9 INHIBITORS ARE PROVEN and better strategy</b>	<b>Dr. Praveen Chandra</b> (Delhi)	(10 min)
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<b>Talk 49 RED CORNER</b>	<b>EZETEMIBE is much cheaper &amp; Effective to IMPROVE-IT</b>	<b>Dr. Rajeev Aggarwala</b> (Meerut)	(10 min)
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<b>Talk 50 YELLOW CORNER</b>	<b>Saroglitazar has promising data in diabetic dyslipidaemia</b>	<b>Dr. Ramesh Goyal</b> (Ahmedabad)	(10 min)
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**TAKE HOME MESSAGE & PANEL DISCUSSION - ALL Faculties** (10 min)

<b>Referees (Chairpersons)</b>	<b>Dr. Pankaj Talokar</b> (Akola)	<b>Dr. Kinjal Bhatt</b> (Rajkot)	<b>Dr. Atul Parikh</b> (Ahmedabad)
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<b>Scorers (Moderators)</b>	<b>Dr. Kamlesh Upadhyay</b> (Ahmedabad)	<b>Dr. Dhiren Joshi</b> (Ahmedabad)	<b>Dr. Vijay Desai</b> (Ahmedabad)
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<b>01:00AM - 01:30PM</b>	<b>LUNCH</b>
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<b>BOUT 21.</b>	<b>HYPERTENSION</b>
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<b>01:30PM - 02:15PM</b>	A 55-year-old Male with heart rate of 88 bpm with Grade I hypertensive retinopathy with mean BP of 152/98 mm on ABPM is already on Telmisartan 40 mg, 6.25 mg of chlorthalidone and 5 mg of amlodipine once a day. Next best strategy would be -
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<b>Talk 51 BLUE CORNER</b>	<b>Adding BETA BLOCKERS are preferred in view of the clinical profile</b>	<b>Dr. Bhupen Desai</b> (Mumbai)	(10 min)
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<b>Talk 52 RED CORNER</b>	<b>Adding Alpha blocker would be the preferred choice in patients as per the guidelines</b>	<b>Dr. Rashmit Pandya</b> (Ahmedabad)	(10 min)
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<b>Talk 53 YELLOW CORNER</b>	<b>Changing to newer CCB /ARB with emerging data may be a better choice</b>	<b>Dr. Abhishek Rawal</b> (Rajkot)	(10 min)
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**TAKE HOME MESSAGE & PANEL DISCUSSION - ALL Faculties** (10 min)

<b>Referees (Chairpersons)</b>	<b>Dr. Dharmin Bhalodia</b> (Junagadh)	<b>Dr. Himanshu Meghnathi</b> (Nadiad)	<b>Dr. Hussain Bhatia</b> (Vadodara)
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<b>Scorers (Moderators)</b>	<b>Dr. Parul Bhatt</b> (Ahmedabad)	<b>Dr. Anil Kulshrestha</b> (Ahmedabad)	<b>Dr. Nitin Parikh</b> (Ahmedabad)
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BOUT 22.	CAD- DIABETES- CKD - GLP1a /DPP4/AGI		
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<b>02:15PM - 03:00PM</b>	A 72 year old male patient post PTCA to RCA 1 year back has weight of 90 kg with creatinine of 1.7 mg% (eGFR = 39.7 ml/min/m2) and is on SGLT2- inhibitor , metformin and insulin glargine with HBA1C of 8.9 % with FBS of 212 mg% and PPBS of 276 mg%. His LVEF is 48 % with grade 2 diastolic dysfunction with NYHA class 2. The next line of Anti-diabetic medication apart from diet, above medication and lifestyle modification would be -		
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<b>Talk 54 BLUE CORNER</b>	GLP1a are the most proven therapy in such a high risk patient in such a scenario	<b>Dr. Om Lakhani</b> (Ahmedabad)	(10 min)
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<b>Talk 55 RED CORNER</b>	DDP4 i are safer, oral, inexpensive and better alternative in such patients.	<b>Dr. Pankaj Agarwal</b> (Delhi)	(10 min)
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<b>Talk 56 YELLOW CORNER</b>	AGI/ Meglinitide analogue are safer bet in view of CKD	<b>Dr. Banshi Saboo</b> (Ahmedabad)	(10 min)
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**TAKE HOME MESSAGE & PANEL DISCUSSION** (10 min)

**Referees  
(Chairpersons)**

**Dr. B. D. Mankad**  
(Ahmedabad)

**Dr. Apurva Parekh**  
(Nephrologist, Ahmedabad)

**Dr. Mahadev Desai**  
(Ahmedabad)

**Scorers  
(Moderators)**

**Dr. Anant Yadav**  
(Ahmedabad)

**Dr. Ashwin Gadhvi**  
(Ahmedabad)

**Dr. Tanish Modi**  
(Ahmedabad)

BOUT 23.	STABLE CORONARY ARTERY DISEASE		
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<b>03:00PM - 03:45PM</b>	A 77-year-old male with history of old inferior wall MI due to occluded RCA had undergone CABG 4 years back for triple vessel disease, now has occluded SVG to LCX graft but patent SVG to RCA and LIMA to LAD. Stress radio- nuclear imaging had revealed mild reversible ischemic territory of LCX (SDS=3). His LVEF is 45% and has class II angina along with class II dyspnea on glycerine trinitrate 6.4 mg twice daily apart from DAPT and high dose statins. He is already on Metoprolol 100 mg per day, ACE-inhibitors and diuretics. His resting heart rate is 78 bpm and BP of 106/70 mmHg. He has occasional VPC on ECG. The preferred modality of next line of anti-anginal would be -		
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<b>Talk 57 RED CORNER</b>	Ivabradine is the preferred drug in view of elevated resting heart rate and LV dysfunction	<b>Dr. Jasraj Panwar</b> (Kadi, Ahmedabad)	(10 min)
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<b>Talk 58 BLUE CORNER</b>	Ranolazine is the preferred antianginal in view of additional anti-arrhythmic benefits	<b>Dr. Dhammdeep Humane</b> (Mumbai)	(10 min)
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<b>Talk 59 YELLOW CORNER</b>	Trimetazidine has additional benefit of ischemic remodelling esp. in LV dysfunction	<b>Dr. Rutvik Trivedi</b> (Anand)	(10 min)
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**TAKE HOME MESSAGE & PANEL DISCUSSION** (10 min)

**Referees  
(Chairpersons)**

**Dr. Uttam Chandarana**  
(Ahmedabad)

**Dr. Nilesh Patel**  
(Palanpur)

**Dr. Kamlesh Fatania**  
(Ahmedabad)

**Scorers  
(Moderators)**

**Dr. Surendra Gupta**  
(Palanpur)

**Dr. Shabbir Gadi**  
(Ahmedabad)

**Dr. Rajeev Sabnani**  
(Ahmedabad)

BOUT 24.	ACS- GP2B-3A Inhibitors/IV P2Y12 Inhibitors		
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<b>03:45PM - 04:30PM</b>	A 45 years old diabetic, hypertensive weighing 52 kg. presents with Anterior wall STEMI. His coronary angiogram reveals 100% occluded Osteal LAD with grade 5 thrombus with 80% disease in LCX and Mid RCA also. His LVEF is 35% with anterior territory hypokinesia with moderate MR (30%). The ideal IV P2Y12 during PCI would be -		
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<b>Talk 60 RED CORNER</b>	Tirofiban is an all season agent	<b>Dr. Urmil Shah</b> (Ahmedabad)	(10 min)
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<b>Talk 61 BLUE CORNER</b>	Abciximab is the preferred agent given its potency!	<b>Dr. Kalpesh Hansora</b> (Ahmedabad)	(10 min)
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<b>Talk 62 BLUE CORNER</b>	Cangrelor is the Preferred choice amongst the three options	<b>Dr. Ashwani Mehta</b> (Delhi)	(10 min)
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**TAKE HOME MESSAGE & PANEL DISCUSSION** (10 min)

**Referees  
(Chairpersons)**

**Dr. Chirag Patel**  
(Ahmedabad)

**Dr. Dinesh Joshi**  
(Ahmedabad)

**Dr. Ravi Bhojani**  
(Rajkot)

**Scorers  
(Moderators)**

**Dr. Vimal Prajapati**  
(Ahmedabad)

**Dr. Mukul Oza**  
(Ahmedabad)

**Dr. Nurul Abbas Noorani**  
(Ahmedabad)