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## The cause of the left bundle branch block at a young patient

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**Objectives:** The main objective of this clinical case presentation was to found the real cause of a young patient with major left bundle branch block.

**Material and methods:** I present the clinical case of a young woman patient 26 years old, who performed an EKG like screening test and discover unexpected a major left bundle branch block. She was asymptomatic except weakness. At the objective examination she presented rush around the eyes and a few red patch on the hands around metacarpo-phalangeal joints. BP = 130/80mmHg, HR =78bates/min rhythmic, splitting S2, vesicular sound normal. Laboratory tests were in normal range. Echocardiography of the heart was normal. The main problem was that this major left bundle branch block was acute or chronic and the etiology of this block.

1. **A congenital major left bundle branch block** could be but mention that the patient had performed one other EKG in the past at 18years and was normal so this was an acute major left bundle brunch block and wasn't congenital because in this situation must to be present on the EKG in the past.
2. **An unknown congenital heart disease** could be other cause of the left bundle branch block but the auscultation of the heart, excepts plitting S2, not detect any systolic or diastolic murmur heart and echocardiography and echo-Doppler of the heart was normal and excluded this possibility.
3. **Acute myocardial infarction under left bundle branch block** theoretical could be but the patient didn't presented chest pain and the level of cardiac enzymes: Troponin T, CPKMB, LDH was in normal range.
4. **Post reptococus infection with streptococcus betahaemolitic group B** could be other possibility but naso faringian secretion was negative, titre ASLO = 150,ESR=12/20, fibrinogen =234mg%, hemoleucograma =normal. So also this cause was excluded.
5. **The autoimmune disease ESR, fibrinogen, PCR, CIC, C3, C4, antibody and double catena, lupus cells, ANCA negative.** Because at the objective examination existed **heliotrope rush and Gottron patch (spots)** at the hands and she feel weakness I suspected dermatomyositis disease and was performed CPKMM, Autoantibody anti Mi2 was increase and anti Jo1was positives. A muscular biopsy was performed and after the histopathology examination was performed the result confirmed safe the diagnosis of dermatomyositis

**Results and discussions:** The presence of a major left bundle branch block at the young patients it is rare and unusual. The real cause sometimes it is difficult to found. In this clinical case report the etiology was a rare autoimmune disease-dermatom yositis.

**Conclusion:** Sometimes when we discover in our medical practice a major left bundle branch block in the young we must to take into account also these rare but possible cause.- dermatomyosistis – a rare genetic disease who affected the striate muscle but also muscle of the heart and for this reason the conduction in the left branch of Hiss was blocked and develop major left bundle branch block.

### Biography

Manuela Stoicescu, Consultant Internal Medicine Doctor (PhD in Internal Medicine) now is Assistant Professor of Medical Disciplines Department, University of Oradea, Faculty of Medicine and Pharmacy, Romania, Internal Medicine Hospital and Office. She is Member of Romanian Society of Internal Medicine, Member of Romanian Society of Cardiology, Chemistry, Biochemistry and Member of Balcanic Society of Medicine. She was invited as a speaker at 24 International Conferences, she is editorial board member in three ISSN prestigious Journal in USA, she published 12 articles in prestigious ISSN Journals in USA. She published four books: two books for students in English and Romanian language: "Clinical cases for students of the Faculty of Medicine", one book in English language on Amazon at International Editor – Lambert Publishing Academic House in Germany- "Side Effects of Antiviral Hepatitis Treatment", one monograph in Romanian language "High blood pressure in the young a ignored problem!", two chapter books – Cardiovascular disease: Causes, Risks, Management CVD1- Causes of Cardiovascular Disease 1.5,1.6, U.S.A on Amazon.

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