CHAPTER 28: DISEASES OF THE CIRCULATORY SYSTEM

Exercise 28.1

1. Mitral regurgitation  I34.0

2. Mitral valve stenosis with congestive heart failure  I05.0
   I50.9

3. Severe mitral stenosis and mild aortic insufficiency  I08.0

4. Aortic and mitral insufficiency  I08.0
   Persistent atrial fibrillation  I48.1

5. Mitral insufficiency, congenital  Q23.3

6. Mitral valve insufficiency with aortic regurgitation  I08.0

7. Chronic aortic and mitral valve insufficiency, rheumatic, with acute congestive heart failure due to rheumatic heart disease  I08.0
   I09.81
   I50.9

Exercise 28.2

1. A patient felt well until around 10:00 p.m., when he began having severe chest pain, which continued to increase in severity. He was brought to the emergency department by ambulance. There was no previous history of cardiac disease, but the EKG showed an acute posterolateral myocardial infarction, and the patient was admitted immediately for further care.  I21.29

2. A patient with compensated congestive heart failure on Lasix began to have extreme difficulty in breathing and was brought to the emergency department, where he was found to be in congestive failure. Because it was felt that an impending infarction was possible, a percutaneous transluminal coronary angioplasty (PTCA) was performed, but the patient went on to have an acute inferolateral infarction. I21.19
   I50.9

3. A patient was admitted with acute myocardial infarction involving the left main coronary artery with no history of previous infarction or previous care for this episode. A week later during the hospital stay, he also experienced an acute anterolateral infarction.  I21.01
   I22.0
4. A patient was admitted to Community Hospital with severe chest pain, which was identified as an acute anterolateral wall infarction (no history of earlier care). Patient was transferred to University Hospital two days later for angioplasty, returned to Community Hospital after three days at University to continue recovery, and stayed for four days.

   Code for first admission to Community Hospital: I21.09
   Code for transfer to University Hospital: I21.09
   Code for transfer back to Community Hospital: I21.09

5. The patient in the situation described in item 4 above was readmitted to Community Hospital a week later because he was having severe chest pains and was diagnosed with a new inferior wall MI.

Exercise 28.3

1. Acute myocardial infarction, inferolateral wall
   Third-degree atrioventricular block
   Code: I21.19, I44.2

2. Acute myocardial infarction of inferoposterior wall
   Congestive heart failure
   Hypertension
   Code: I21.11, I50.9, I10

3. Impending myocardial infarction (crescendo angina) resulting in occlusion of coronary artery
   Code: I24.0

4. Acute coronary insufficiency
   Code: I24.8

5. Hemopericardium as a complication of acute myocardial infarction of the inferior wall, which occurred three weeks ago. Patient had been discharged a week before.
   Code: I23.0, I21.19
Exercise 28.4.

1. Crescendo angina due to coronary arteriosclerosis  I25.110
   Right and left cardiac catheterization, percutaneous  4A023N8

2. Angina pectoris with essential hypertension  I20.9
   I10

Exercise 28.5

1. Occlusion of right internal carotid artery with cerebral infarction with  I63.231
   mild hemiplegia resolved before discharge  G81.90

2. Hemiplegia on right (dominant) side due to old cerebral thrombosis  I69.351

3. Admission for treatment of new cerebral embolism  I63.40
   with cerebral infarction and with aphasia remaining at  R47.01
   discharge (patient suffered cerebral embolism one  I69.390
   year ago, with residual apraxia and dysphagia)  I69.391
   Sequeleae

4. Cerebral infarction due to thrombosis with right hemiparesis  I63.30
   (dominant) and aphasia  G81.91
   R47.01

5. Cerebral embolism right anterior cerebral artery  I66.11

6. Insufficiency of vertebobasilar arteries  G45.0

7. Admission for rehabilitation because of monoplegia of the right arm  I69.231
   and right leg, each affecting dominant side (patient suffered a  I69.241
   nontraumatic extradural hemorrhage one month ago)
   Sequeleae

8. Quadriplegia due to ruptured berry aneurysm five years ago  I69.065
   G82.50
Exercise 28.6 (numbers 1-5)

1. Left heart failure with hypertension  I50.1
   Hypertension  I10

2. Hypertensive cardiomegaly  I11.9

3. Congestive heart failure  I50.9
   Cardiomegaly  I51.7
   Hypertension  I10

4. Acute congestive diastolic heart failure due to hypertension  I11.0
   I50.31

5. Hypertensive heart disease  I11.9
   Myocardial degeneration

Exercise 28.7 (numbers 1-5)

1. Bleeding third degree hemorrhoids  K64.2
   Stasis ulcer, left lower extremity  I83.029, L97.929
   Hemorrhoidectomy  06BY0ZC

2. Chronic venous embolism and thrombosis of subclavian veins on long-term I82.B23
   Coumadin therapy  Z79.01
   Chronic orthostatic hypotension  I95.1

3. Arteriosclerosis of legs with intermittent claudication  I70.213

4. Septic embolism pulmonary artery due to Staphylococcus  A41.01
   Aureus sepsis  I26.90
   Saphenous phlebitis, right leg  I80.01

5. Pulmonary hypertension  I27.2
Exercise 28.8 (numbers 1-4)

1. A patient was admitted through the emergency department complaining of chest pain with radiation down the left arm increasing in severity over the past three hours. Initial impression was impending myocardial infarction, and the patient was taken directly to the surgical suite, where percutaneous transluminal angioplasty with insertion of coronary stent was carried out on the right coronary artery. Infarction was aborted, and the diagnosis was listed as acute coronary insufficiency.

2. Atherosclerosis of previous coronary artery bypass graft with unstable angina. Right greater saphenous vein graft was used to bring blood from the aorta to the right coronary artery, the left coronary artery, and the left anterior descending artery. Intraoperative continuous pacing pacemaker was used during the procedure as well as extracorporeal circulatory assistance. Pacemaker leads were inserted in left atria and ventricle.

3. Occlusion of the right coronary artery. Right and left diagnostic cardiac catheterization

4. A patient with known native vessel coronary atherosclerosis and unstable angina underwent percutaneous balloon angioplasty carried out on three coronary arteries with vessel bifurcation. Insertion of two stents.

   Extracorporeal circulation (continuous cardiac output)

Exercise 28.9 (numbers 1-7)

1. Second degree prolapsed hemorrhoids
   Hemorrhoidectomy by cryosurgery

2. Painful varicose veins, right lower leg
   Right greater saphenous ligation and stripping for varicosities, open

3. Mitral stenosis and aortic insufficiency
   Atrial fibrillation
   Hypertension

4. Abdominal aortic aneurysm
Hypertensive cardiovascular disease essential
Resection of abdominal aortic aneurysm with synthetic graft replacement, percutaneous endoscopic approach

5. Acute myocardial infarction, anterior wall

6. Renovascular hypertension secondary to fibromuscular hyperplasia, right renal artery
   Nuclear renal scan with Tc-99m

7. Congestive heart failure due to hypertensive heart disease