

# New features: 1

## Cased based learning on the web

This month we launch a new phase in Education in *Heart*—interactive case based learning. This will be on the web and will appear monthly. The target audience is the training and trained cardiologist. The cases will be peer reviewed before they appear, and will be based on real patients. The main Education in *Heart* series has been very well received over the last three and a half years and will continue in its present form.

As with the present Education in *Heart* articles, completing the cases will gain CPD (CME) points (but no prizes). These

cases are approved by the Royal College of Physicians of the UK for points in the first instance. The first few cases which are in preparation have been commissioned by me, but in the future we hope to encourage submission of cases for publication in this format from our normal contributors. This will be announced via the journal along with information on how to prepare and submit cases once we are ready to take his step.

We plan to present cases that are relevant to everyday clinical practice rather than strange illnesses that one

would see once in a lifetime. As time goes by we hope to be able to link to articles in the main Education in *Heart* section and to select cases so that we cover a broad syllabus.

As with all experiments it will not be perfect to start with and we would appreciate comments and criticism from our readers. The case format has already been altered extensively as the result of a consultation group of cardiologists, both trained and training.

**Roger Hall**  
Editor in Chief, *Heart*

## LEARNING ON THE WEB

### Case 1: Syncope and palpitation in a patient following aortic valve replacement

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A usually very fit man aged 90 presented with syncope and angina of effort. He was found to have severe calcific aortic stenosis and associated coronary disease restricted to the left anterior descending (LAD) coronary artery.

He underwent an aortic valve replacement with tissue prosthesis and a single coronary graft to the LAD. He came off bypass without difficulty but on the third postoperative period, when he had left the intensive care unit and was making excellent progress mobilising, he had further episodes of syncope and also developed palpitations.

The significance of these symptoms and the diagnosis and treatment of these postoperative problems is discussed in an interactive case presentation.

#### Learning objectives

When you have completed the case, you should understand:

(1) The incidence, predisposing factors, and significance in the postoperative period of:

- (a) supraventricular arrhythmias
- (b) bradycardia and complete heart block

(2) The potential for prophylactic treatment to reduce the incidence of rhythm problems

(3) The management of supraventricular arrhythmias and particularly atrial fibrillation postoperatively

(4) When permanent pacing is needed for postoperative bradycardia.

This case can be accessed at the following URL: [http://cpd.bmjournals.com/cgi/hierarchy/cpd\\_course;112](http://cpd.bmjournals.com/cgi/hierarchy/cpd_course;112)

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