Hepatojugular reflux at the bedside

Reflujo Hepatoyugular a pie de cama

Hortensia Álvarez Díaz[1], María del Carmen Vázquez Friol[2]

1. Infectious Diseases Unit, Internal Medicine Department, University Hospital of Ferrol, A Coruña, Spain.
2. Internal Medicine Department, Complexo Hospitalario Universitario de Ferrol, A Coruña, Spain.

ABSTRACT

Keywords: HIV infection; pulmonary hypertension; heart failure

CASE REPORT

A 65-year-old and smoker man with HIV infection on virological suppression under antiretroviral therapy (ART) and severe chronic obstructive pulmonary disease, was admitted to the hospital due to orthopnea, as well as paroxysmal nocturnal dyspnea episodes, since one week before.

A physical examination revealed normal heart sounds without murmurs and crackles in the lower lung lobes. There was no pedal edema. Venous pressure was normal, as determined by observing the vertical height of jugular venous column. When applying firm and sustained pressure over the upper right abdomen while the patient was breathing quietly, jugular venous pressure increased transiently (hepatojugular reflux, as showed in video). Echocardiogram disclosed severe pulmonary hypertension (> 60 mmHg), right cavities dilatation and right ventricular dysfunction. *Cor pulmonale*, that is, pulmonary hypertension and right-sided heart failure, was diagnosed.

Treatment with loop diuretics was initiated. Aldosterone antagonist diuretics were added as blockers of renin-angiotensin-aldosterone axis. The patient´s condition and functional performance improved.

DISCUSSION

Heart failure in persons living with HIV receiving ART and achieving virological suppression is increasing with improved survival. The most frequent underlying causes are coronary artery disease and left ventricular hypertrophy[1]. However, pulmonary hypertension due to obstructive lung disease appears as a quite common cause of chronic right-sided heart failure in long-term smokers[2].

EXTERNAL VIDEO FILE

https://vimeo.com/735391610

CONFLICT OF INTEREST

The authors declare no relevant conflicts of interest to the content of the manuscript.

SOURCE OF FUNDING

None.

ETHICAL ASPECTS

The patient provided written consent for publication of his audiovisual material.

REFERENCES

1. Hsue PY, Waters DD. Heart failure in persons living with HIV infection. Curr Opin HIV AIDS. 2017;12(6):534-539.
2. Basyal B, Jarrett H, Barnett C. Pulmonary Hypertension in HIV. Can J Cardiol. 2019;35(3):288-298.

Correspondencia: hortensia.alvarez.diaz@sergas.es
Cómo citar este artículo: Álvarez Díaz H, Vázquez Friol M C
Hepatojugular reflux at the bedside. Galicia Clin 2022; 83-3: 54-54
Recibido: 17/03/2021 ; Aceptado: 18/03/2021 // https://doi.org/10.22546/66/2539