



dynamic obstruction to the left ventricular outflow tract may occur unexpectedly. Diastolic dysfunction may lead to acute congestive cardiac failure in some patients. Malignant arrhythmias and myocardial ischaemia may also occur. It is imperative to take a thorough personal and family history preoperatively including history of sudden cardiac death, followed by clinical examination for detection of cardiac murmurs. However, it is difficult to diagnose non-obstructive variant of HCM without echocardiography. ECG may be a simple pointer to more sophisticated investigations. Invasive cardiovascular monitoring is warranted in these patients to detect haemodynamic changes early. Transesophageal echocardiography may be an ideal monitoring tool in diagnosed cases undergoing non-cardiac surgery to monitor outflow obstruction and haemodynamic changes associated with fluid and drug administration. Hypotensive episodes in the intraoperative period need to be managed with volume replacement and vasoconstrictors like phenylephrine and norepinephrine.<sup>[4,7]</sup> In case of sudden cardiac arrest and CPR, it is important to be aware that patients with HCM behave differently and vasoactive drugs may paradoxically increase obstruction by increasing contractility and producing tachycardia.<sup>[8]</sup>

Last, instead of instilling fear of sudden cardiac death, it will be worthwhile to formulate the guidelines for the correct level of exercise that is safe and does not interfere with practising a healthy lifestyle.<sup>[9]</sup>

We write this letter to emphasise the role of anaesthesiologist as perioperative physician exercising constant vigilance and perseverance in following up cases to its logical conclusion. In addition, with increasing use of ultrasound in the perioperative period, it will be worthwhile for all anaesthesiologists to have a working knowledge of bedside echocardiography.

#### Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form, the patient has given his consent for his images and other clinical information to be reported in the journal. The patient understands that his name and initials will not be published and due efforts will be made to conceal his identity, but anonymity cannot be guaranteed.

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#### Conflicts of interest

There are no conflicts of interest.

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