



EAE Teaching Course

Teaching course with live demonstrations

5 – 7 April, 2012

Inter EXPO Center, Sofia, Bulgaria



**EUROPEAN
SOCIETY OF
CARDIOLOGY®**

LV Dysfunction in Private Practice

Sotir Marchev, MD, FESC



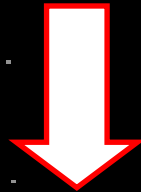
**EUROPEAN
ASSOCIATION OF
Echocardiography**





Cardiomyopathy

Different etiology

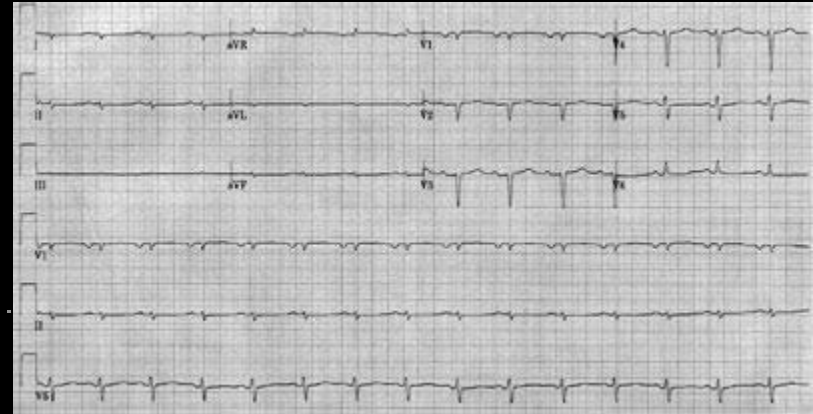
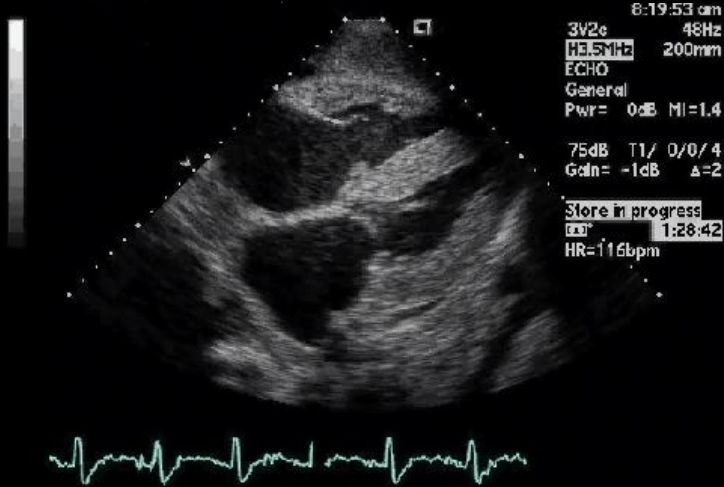


Different specific
therapy

1st etiology

1. Echo: Hypertrophy + restriction

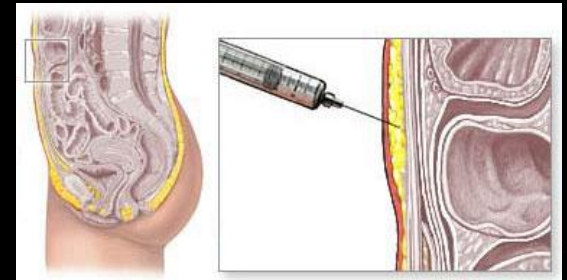
2. ECG: low voltage



3. Usual age > 50 (but can start after 30)

4. Autonomic neuropathy

Amyloidosis



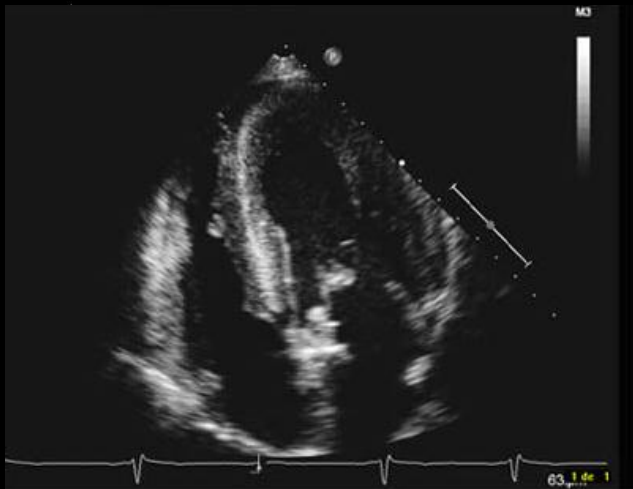
No specific therapy

Comenzo RL. How I treat amyloidosis. Blood. 2009;114(15):3147-57

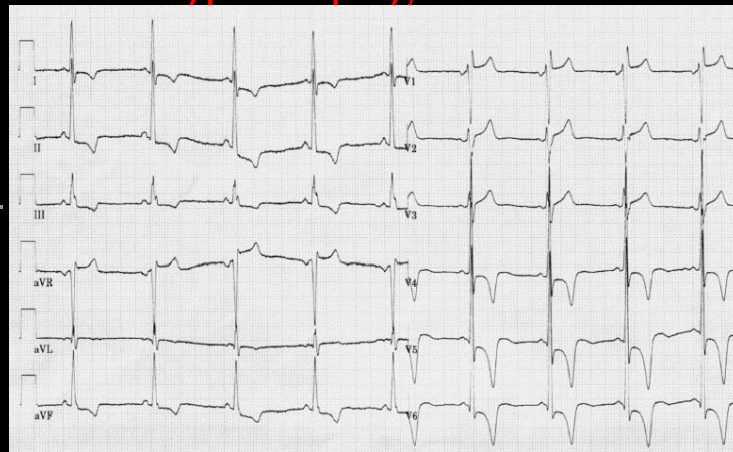
Needle aspiration for abdominal wall fat pad biopsy

2nd etiology

1. Echo: Hypertrophy + restriction



2. ECG: biventricular hypertrophy, short PR



3. Usual age < 30

4. Peripheral neuropathy

Fabry Disease



Therapy: Agalsidase alfa or beta every 2 weeks

Eur Heart J. 2007; 28:1228-35

3rd case: 62-year-old Bulgarian woman



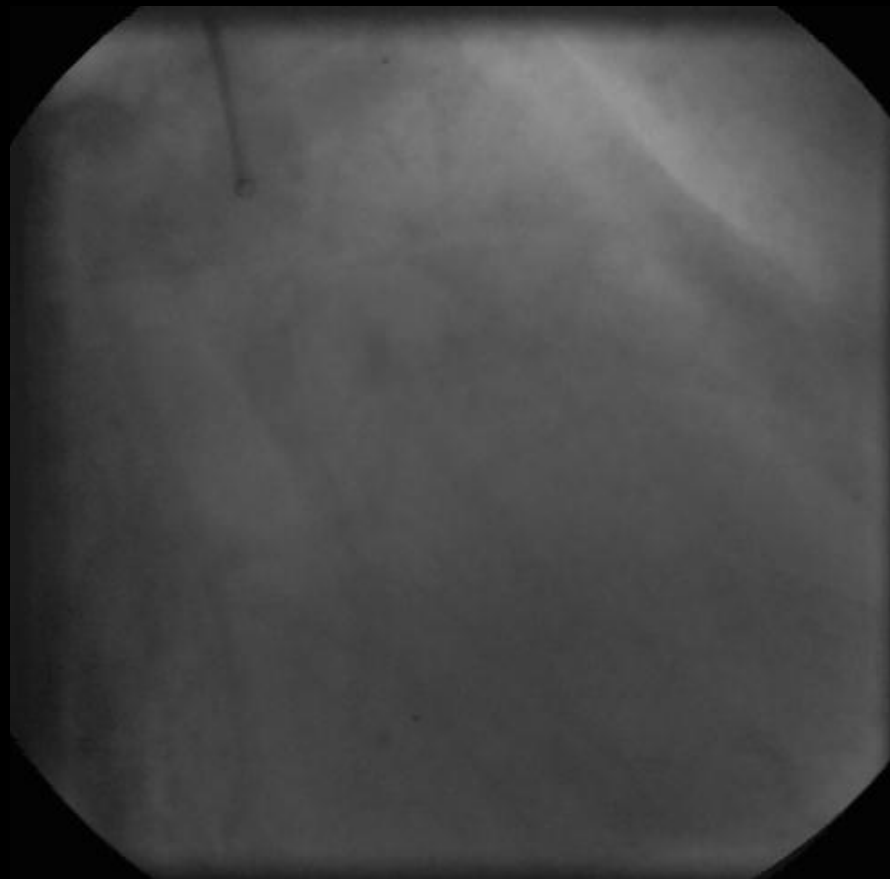
On presentation



2 weeks later



Coronography



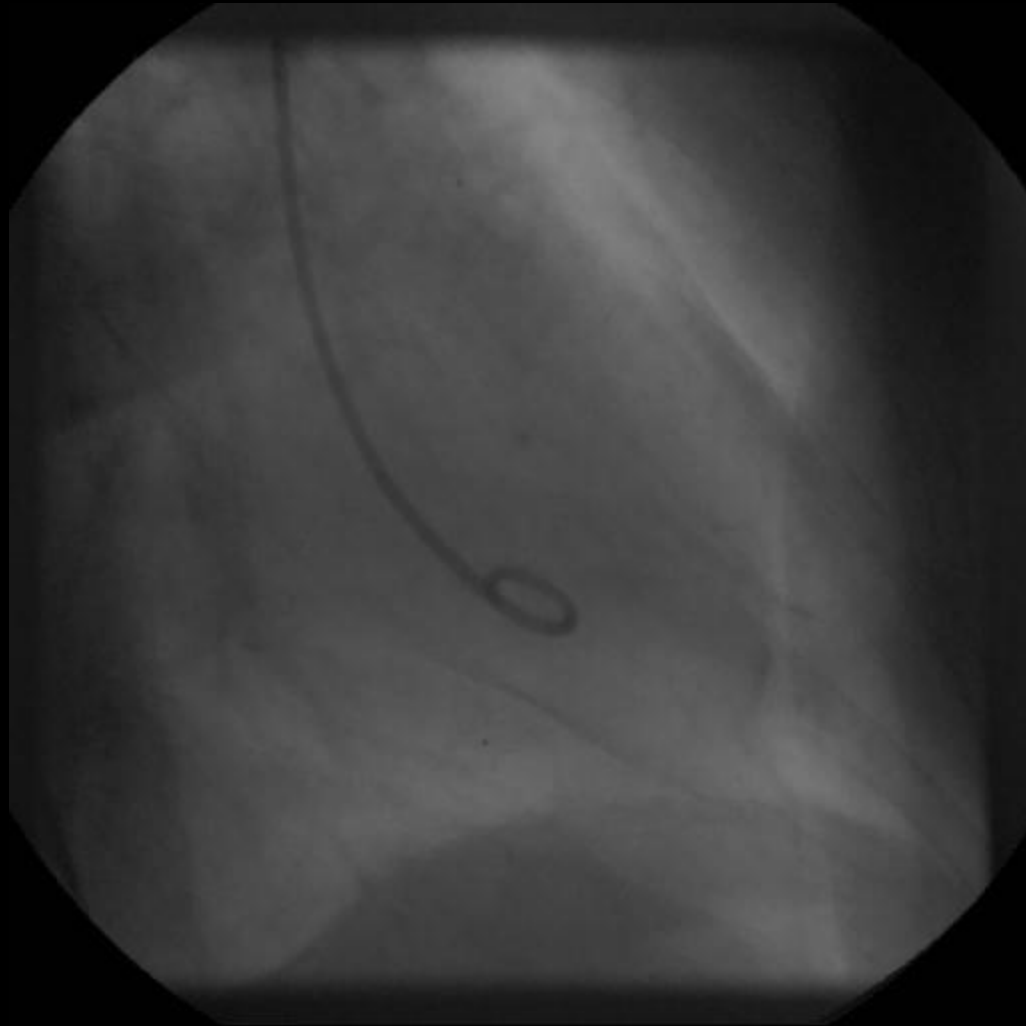
LCA



RCA



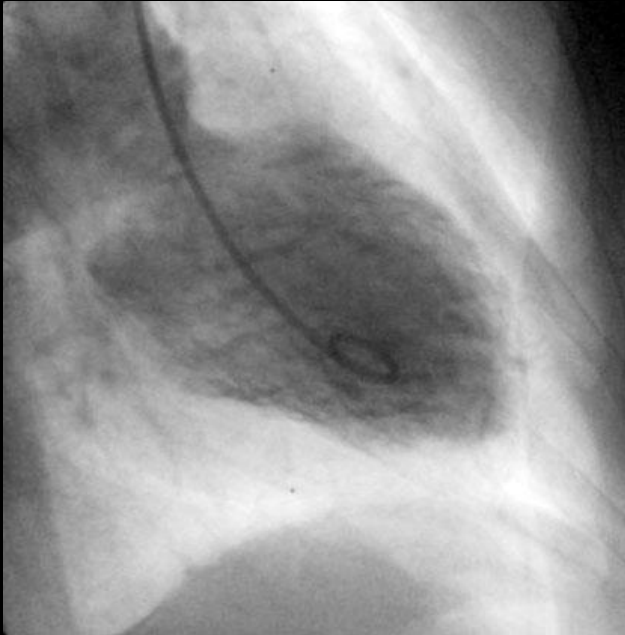
Ventriculography on presentation



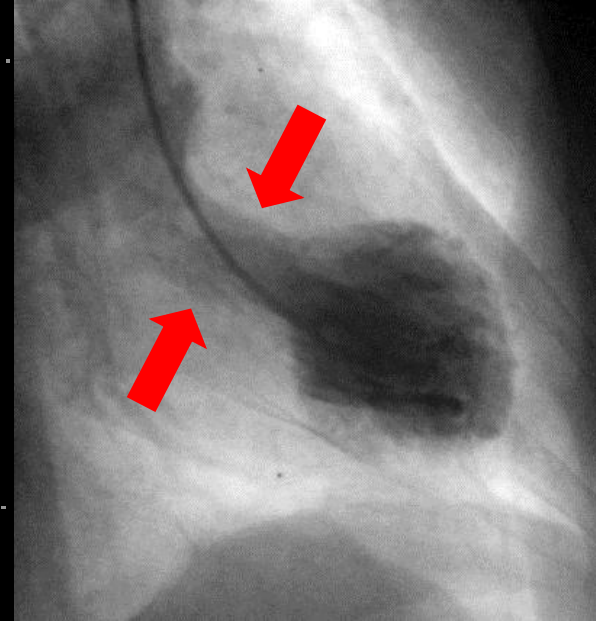


Ventriculography

diastole



systole



Takotsubo cardiomyopathy

Dorfman TA, Iskandrian AE. Takotsubo cardiomyopathy: state-of-the-art review. J Nucl Cardiol. 2009;16:122-34

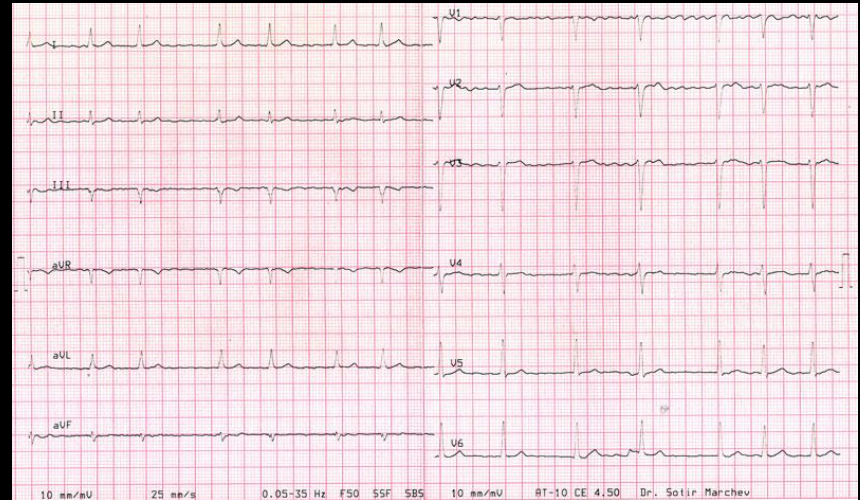
No need for specific therapy

4th case: 34-year-old Bulgarian man

1. Echo: dilated cardiomyopathy



2. ECG: atrial fibrillation



3. Normal blood pressure, normal HbA1c and blood sugar

4. No clinical and laboratory signs of inflammation

5. No acute illnesses in the past



Possible Etiologies of Dilated Cardiomyopathy

~~Alcohol~~

No alcohol consumption

~~Thyroid disease~~

Normal hormones (TSH, FT4)

~~Hemochromatosis~~

Normal transferrin saturation,
total iron binding capacity and
serum ferritin

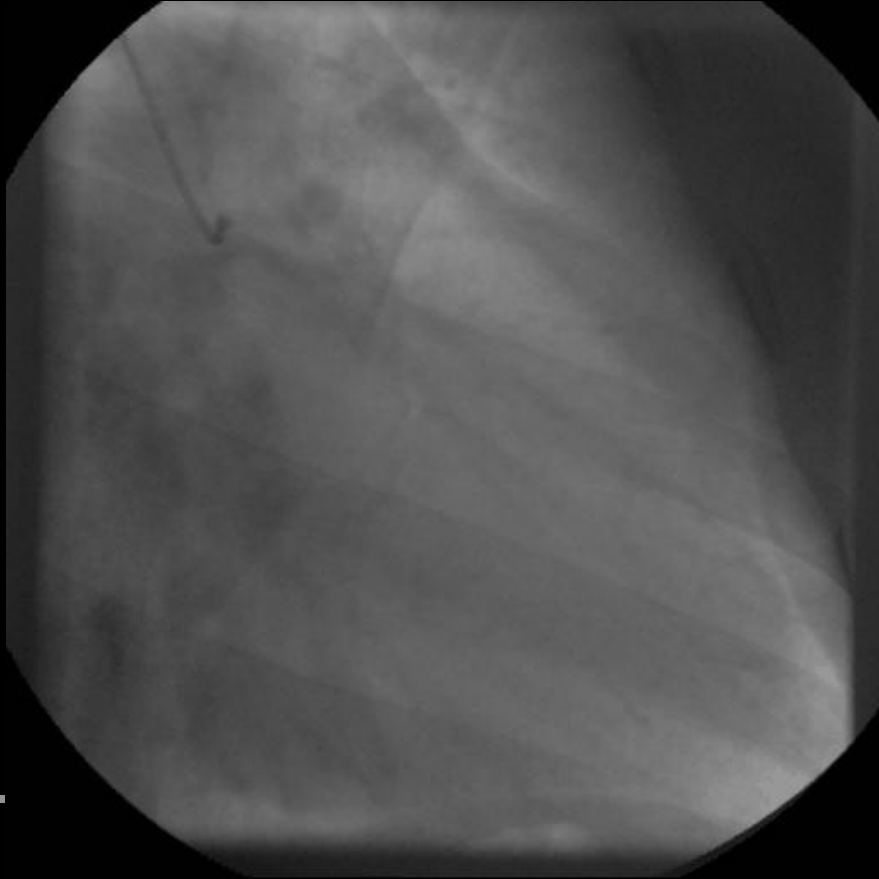
Congenital coronary
anomaly

Sarcoidosis

Gene mutations



Coronagraphy



LCA



RCA





Possible Etiologies of Dilated Cardiomyopathy

~~Alcohol~~

No alcohol consumption

~~Thyroid disease~~

Normal hormones

~~Hemochromatosis~~

Normal transferrin saturation,
total iron binding capacity and
serum ferritin

~~Congenital coronary
anomaly~~

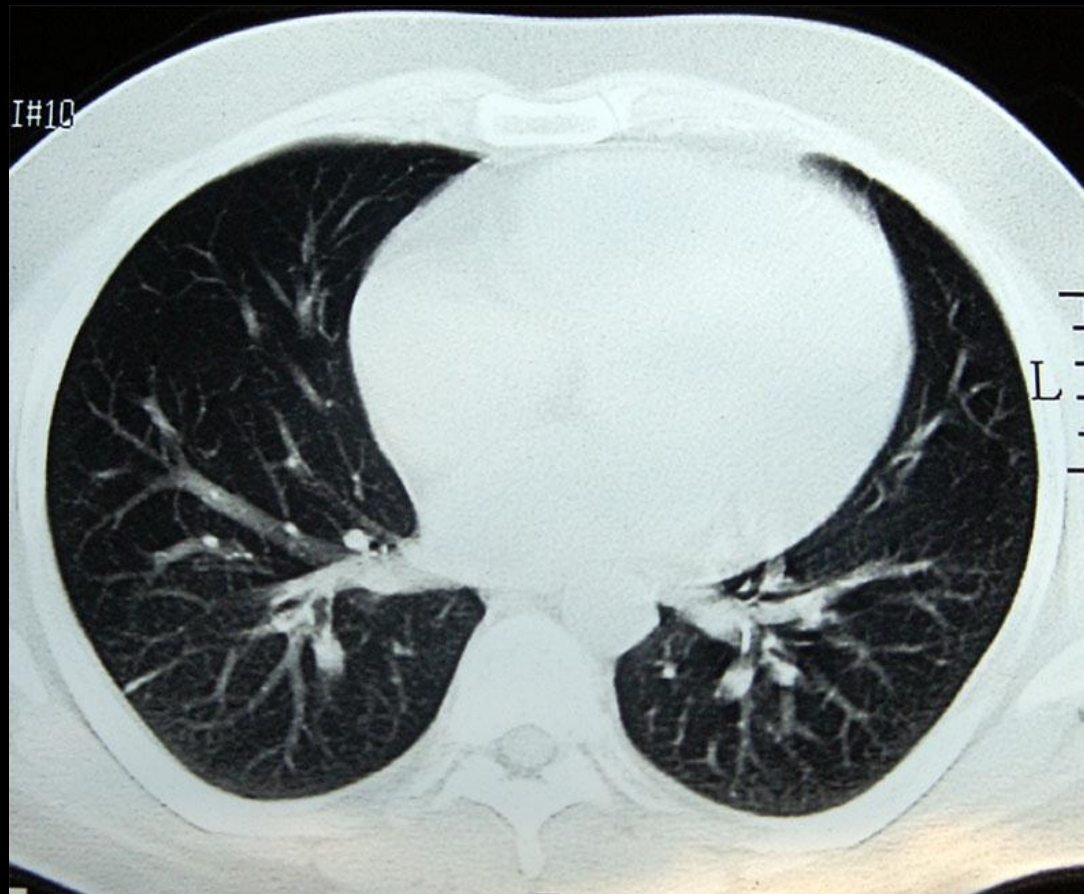
Absence of coronary
anomaly by angiography

Sarcoidosis

Gene mutations



No granulomas





Possible Etiologies of Dilated Cardiomyopathy

~~Alcohol~~

No alcohol consumption

~~Thyroid disease~~

Normal hormones

~~Hemochromatosis~~

Normal transferrin saturation,
total iron binding capacity and
serum ferritin

~~Congenital coronary
anomaly~~

Absence of coronary
anomaly by angiography

~~Sarcoidosis~~

No granulomas

Gene mutations



twin brothers





Possible Etiologies of Dilated Cardiomyopathy

~~Alcohol~~

No alcohol consumption

~~Thyroid disease~~

Normal hormones

~~Hemochromatosis~~

Normal transferrin saturation,
total iron binding capacity and
serum ferritin

~~Congenital coronary
anomaly~~

Absence of coronary
anomaly by angiography

~~Sarcoidosis~~

No granulomas

~~Gene mutations~~

Twin brother not affected



Ventriculography



Idiopathic dilated cardiomyopathy (post myocarditis?)



“It seems... to be one of those
simple cases which are so
extremely difficult!”

Sherlock Holmes

Sir Arthur Conan Doyle, The Boscombe Valley Mystery



Conclusions

- ♥ Most of the time, the cause of the cardiomyopathy remains unknown!
- ♥ But we must always try to find its etiology!
- ♥ This will lead to specific therapy!



Thank you!