LV Dysfunction in Private Practice

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Cardiomyopathy

Different etiology

Different specific therapy
1. Echo: Hypertrophy + restriction

2. ECG: low voltage

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

4. Autonomic neuropathy

1\textsuperscript{st} etiology

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

Needle aspiration for abdominal wall fat pad biopsy
1. Echo: Hypertrophy + restriction
2. ECG: biventricular hypertension, short PR
3. Usual age < 30
4. Peripheral neuropathy

Fabry Disease

Therapy: Agalsidase alfa or beta every 2 weeks

3rd case: 62-year-old Bulgarian woman

On presentation                      2 weeks later
Coronography

LCA

RCA
Ventriculography on presentation
Ventriculography

Takotsubo cardiomyopathy


No need for specific therapy
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

Coronarography

LCA

RCA
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  - Absence of coronary anomaly by angiography
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No granulomas
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twin brothers
## Possible Etiologies of Dilated Cardiomyopathy

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Ventriculography

Idiopathic dilated cardiomyopathy (post myocarditis?)
“It seems... to be one of those simple cases which are so extremely difficult!”

_Sherlock Holmes_
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!
