Cardiomyopathy

ACOI IM Board Review 2018
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No Disclosures
Cardiomyopathies

Definition: diseases of heart muscle

• 1980 WHO: unknown causes
  • Not clinically relevant

• 1995 WHO: “diseases of the myocardium associated with cardiac dysfunction“
  • pathophysiology
  • each with multiple etiologies
12-Lead ECG (IVCD/LAD)
Heart Failure Mortality

The likely mechanism of death moves from sudden death to pump failure as the heart failure progresses

NYHA Class II
n = 103 deaths
- Sudden death: 64%
- CHF: 12%
- Other: 24%

NYHA Class III
n = 232 deaths
- Sudden death: 59%
- CHF: 26%
- Other: 15%

NYHA Class IV
n = 27 deaths
- Sudden death: 33%
- CHF: 56%
- Other: 11%

Cardiomyopathy

**WHO Classification**

anatomy & physiology of the LV

1. Dilated
   - Enlarged
   - Systolic dysfunction

2. Hypertrophic
   - Thickened
   - Diastolic dysfunction

3. Restrictive
   - Diastolic dysfunction

4. Arrhythmogenic RV dysplasia
   - Fibrofatty replacement

5. Unclassified
   - Fibroelastosis
   - LV noncompaction

*Circ 93:841, 1996*
CM: Specific Etiologies

- Ischemic
- Valvular
- Hypertensive
- Inflammatory/infection
- Metabolic
- Inherited
- Toxic reactions (Chemo)
- Peri-partum
- Takotsubo (emotional)

Ischemic: thinned, scarred tissue
Histopathology

- Amyloid
- ARVC
- HCM
- Inherited HCM
- Fabry’s disease
Dilated Cardiomyopathy

• Dilation and impaired contraction of ventricles:
  • Reduced *systolic* function with or without heart failure
  • Characterized by myocyte damage
  • Multiple etiologies with similar resultant pathophysiology

• Majority of cases are *idiopathic*
  • Incidence of idiopathic dilated CM 5-8/100,000
  • Incidence likely higher due to mild, asymptomatic cases
  • 3X more prevalent among males and African-Americans
Dilated Cardiomyopathy
Familial cardiomyopathy

• 30% of ‘idiopathic’

• Inheritance patterns
  • Autosomal dom/rec, x-linked, mitochondrial

• Associated phenotypes:
  • Skeletal muscle abn, neurologic, auditory

• Mechanism:
  • Abnormalities in:
    • Energy production
    • Contractile force generation
  • Specific genes coding for:
    • Myosin, actin, dystrophin...
DCM: Infectious

HIV related Cardiomyopathy
Chagas Disease (Treponema)
Lyme Disease (Borrelia Bergdorferi)

Acute viral myocarditis
• Coxasackie B or echovirus
• Self-limited infection in young people
• Mechanism?:
  • Myocyte cell death and fibrosis
  • Immune mediated injury
• BUT:
  • No change with immunosuppressive drugs
DCM: toxic

Chemotherapy - classic example is Doxorubicin (though time/survival is proving more complex)

Alcoholic cardiomyopathy

• Chronic use
• Reversible with abstinence
• Mechanism?:
  • Myocyte cell death and fibrosis
  • Directly inhibits:
    • mitochondrial oxidative phosphorylation
    • Fatty acid oxidation
Hypertensive Hypertrophic Cardiomyopathy
Hypertrophic Cardiomyopathy - Inherited
2011 ACCF/AHA Guideline for the Diagnosis and Treatment of Hypertrophic Cardiomyopathy

by, Bernard J. Gersh, Barry J. Maron, Robert O. Bonow, Joseph A. Dearani, Michael A. Fifer, Mark S. Link, Srihari S. Naidu, Rick A. Nishimura, Steve R. Ommen, Harry Rakowski, Christine E. Seidman, Jeffrey A. Towbin, James E. Udelson, and Clyde W. Yancy

Circulation
Volume 124(24):e783-e831
December 13, 2011
Summary of the nomenclature that distinguishes HCM from other genetic diseases associated with LV hypertrophy. *At this time the overwhelming evidence links the clinical diagnosis of HCM with a variety of genes encoding protein components of the cardiac sarcomere.
Prognosis profiles for HCM and targets for therapy.
**Table 4. Causes of Restrictive Cardiomyopathy.**

<table>
<thead>
<tr>
<th>Myocardial</th>
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<tbody>
<tr>
<td>Noninfiltrative disorders</td>
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<tr>
<td>Idiopathic disease</td>
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<td>Familial disease</td>
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<tr>
<td>Hypertrophy</td>
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<td>Scleroderma</td>
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<td>Diabetes mellitus</td>
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<td>Pseudoxanthoma elasticum</td>
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<td>Infiltrative disorders</td>
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<td>Gaucher’s disease</td>
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<td>Storage disorders</td>
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<td>Hemochromatosis</td>
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<td>Fabry’s disease</td>
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<td>Glycogen storage disease</td>
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<table>
<thead>
<tr>
<th>Endomyocardial</th>
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<tbody>
<tr>
<td>Endomyocardial fibrosis</td>
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<tr>
<td>Hypercosinophilic (Löffler’s) syndrome</td>
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<tr>
<td>Carcinoid syndrome</td>
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<tr>
<td>Metastatic cancer</td>
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<tr>
<td>Exposure to radiation</td>
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<tr>
<td>Toxins</td>
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<tr>
<td>Anthracycline (doxorubicin or daunorubicin)</td>
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<td>Serotonin</td>
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<td>Methysergide</td>
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<td>Ergotamine</td>
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<td>Mercual agents</td>
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<td>Busulfan</td>
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</table>
Sarcoidosis

- Restriction
- Conduction System Disease
- Ventricular and Atrial Arrhythmias (Sudden Cardiac Death)
- Mitral regurgitation
Endomyocardial Fibrosis

Endemic in parts of Africa, India, South and Central America, Asia
15-25% of cardiac deaths in equatorial Africa
hypereosinophilic syndrome (Loffler’s endocarditis)

Thickening of basal inferior wall
diastolic mitral regurgitation
endocardial deposition of thrombus
apical obliteration
mitral regurgitation
80-90% die within 1-2 years
LV Noncompaction

**Diagnostic Criteria**
- Prominent trabeculations, deep recesses in LV apex
- Thin compact epicardium, thickened endocardium
  - Stollberger C, JASE ‘04
- Other phenotypic findings

**Prognosis and Treatment**
- Increased risk of CHF, VT/SCD, thrombosis
  - Oechslin EN, JACC ‘00
- Hereditary risk
  - Screening of offspring
- Pregnancy: case report
Echo: LV Noncompaction
PPCM: Prognosis

• Death from CM: ’91-97
  • 245 CM deaths in US, 0.88/100,000 live births, 70% peripartum
  • Increased risk with:
    • Maternal age
    • AA 6.4x greater
      • Whitehead SJ. ObGyn2003;102:1326.

• Risk of recurrent pregnancy
  • Retrospective survey : 44 women (16 vs 28)
    • Reduced EF, CHF 44% vs 21%, mortality 0 vs. 19%
      • Elkyam U. NEJM.2001;344:1567.

• DSE:contractile reserve reduced in patients
  • 7 women: change in $Vf_{c} \sigma_{ES}$ relationship
    • Lampert MB. AJOG.1997.176.189.
DCM: Peripartum

Diagnostic Criteria
• 1 mo pre, 5 mos post
• Echo: LV dysfunction
  • LVEF < 45%
  • LVEDD > 2.7 cm/m2

Epidemiology/Etiology
• 1:4000 women
  • JAMA 2000;283:1183

Proposed mechanisms:
• Inflammatory Cytokines:
  • TNFα, IL6, Fas/AP01
  • JACC 2000 35(3):701.
Prognosis depends on Etiology

1230 pts. referred for unexplained CM. Felker GM. NEJM 2000;342:1077