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World Heart Congress

May 22- 24, 2017 Osaka, Japan

How to evaluate the diastolic function by echocardiogram in the routine practice

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Heart failure with preserved ejection fraction is the most common kind of presentation of this syndrome in the office and laboratory of echo; and it is not easy to define whether the symptoms come from diastolic dysfunction. The patients frequently have comorbidities such as lung disease, anemia, and so on, thus the challenge is to detect the real origin of the symptomatology. There are many techniques to study the diastolic function, some are old and some are new, and most of them can be useful. Unfortunately, not all echo laboratories have machines with emerging techniques, so the results should be very well thought of. The general practitioner's interpretation is a very important issue, which affects the physician's treatment decision, and cardiologists often do not keep this in mind. In the echo results there are a lot of numbers, formulas, and conclusions that sometimes are confusing and do not help GPs to guide the treatment. Reports have to include the hemodynamic state, fluids, cardiac index, pulmonary artery pressure, filling pressure, and other data that can improve the treatment of patients. The aim of this presentation is to help GPs take advantage of all the information supplied in echo reports, since echocardiograms are becoming one of the most important complementary studies to evaluate patients with systolic and/or diastolic heart failure.

Biography

Beder Gustavo Farez has completed his Medical studies at Universidad Nacional de La Plata, and has done Post-doctoral studies at Fundación Favaloro in Argentina, Hospital Universitario San Carlos, Madrid, Spain. He is a Professor of Medical Clinic and Physiology at Universidad Católica de Cuyo.

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