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My spongy is getting to wet

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While most cases of the patients who are recently diagnosed with heart failure develop clinical symptoms on the basis of previous known history of cardiovascular diseases, some in very unusual occasion experience new onset symptomatology without prior history or predisposing cardiovascular risk factors. Non-compaction cardiomyopathy (NCC) also called Spongy Myocardium or Hypertrabeculation Syndrome is characterized by a prominent left ventricular trabeculae and deep intertrabecular recesses affecting majorly the left ventricular function causing clinical manifestation of heart failure. We present the case of a 64 year old man with no past medical history who showed at our institution with 4 month history of dyspnea at mild exertion associated with recurrent heart palpitations. On physical examination, he had no significant cardiovascular finding except for an ECG with Left bundle branch block and bilateral diffuse crackles suggestive of pulmonary edema. Upon, further questioning patient referred family history of non-specific cardiovascular diseases affecting mostly all males in his family including his father. Patient was admitted to telemetry ward and consulted to cardiology service who recommended further cardiovascular work up. A 2D- Echocardiogram diastolic dysfunction grade I, mild left ventricular dilation, LVEF of 35% by Simpson criteria and evidence of mesh of endocardial trabeculations. In order to rule out ischemic cardiomyopathy coronary angiography was performed showing no evidences of coronary artery disease. A 24 hour holter monitor reported no ventricular arrhythmias, atrial fibrillation or any degree of atrioventricular block. Cardiology service recommended a cardiac MRI that showed a large diastolic myocardial ratio of non-compacted to compacted thickness suggestive of NCC. In view of these findings, patient was recommended chronic anticoagulation to minimize the likelihood of cardioembolic event associated with this condition. Once patient became compensated, he was started on optimal medical therapy and the implantation of a cardiac resynchronization therapy defibrillator. Patient was posteriorly discharged home continuous outpatient follow up. This case shows an uncommon clinical manifestation of heart failure that lead to the unusual diagnosis of NCC. While the etiology in the general population is not known, it has been suggested that NCC may due to an intrauterine arrest of compaction of the loose interwoven meshwork that makes up the fetal myocardial primordium. The major clinical manifestations of NCC are heart failure, atrial fibrillation, ventricular arrhythmias, sudden cardiac arrest, and thromboembolic events, including stroke. There is a predominant genetic component among family member associated to an autosomal dominant to an X link inheritance, as evidence by our case were predominance for this cardiomyopathy was presumptively presenting among male family members.

Biography

Skarlet Patino-Velazquez, is an internal medicine doctor who practices in Hormigueros, PR.

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