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Peripartum cardiomyopathy- An update

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Peripartum Cardiomyopathy (PPCM) is a rare cause of heart failure and remains to be a diagnosis of exclusion. PPCM is diagnosed in patients who meet the following three diagnostic criteria: development of clinical heart failure in the last month of pregnancy or within 5 months of delivery, left ventricular ejection fraction (LVEF) less than 45% and where no other obvious cause of heart failure can be found. It may occur in childbearing women of any age, but it is most common after age 30. PPCM is a rare disorder in the United States. The United States has an estimated case rate of 1 in 2500 to 4000 live birth. Traditional risk factors include: maternal age greater than 30, multiparity, multifetal pregnancy, African descent, high blood pressure, prior toxin exposure such as cocaine etc. PPCM has a poor prognosis with a high morbidity and mortality rate. The exact etiology of PPCM is still unknown. Some of the proposed mechanisms include inflammatory and prolactin mediated cardiomyopathy. Published data thus far has been limited by the small sample sizes without a comprehensive analysis of risk factors, treatment patterns, guideline recommended heart failure drug doses, echocardiographic and cardiac biomarker assessment and long term clinical outcomes.

Biography

Tarun W Dasari is an Assistant Professor of Medicine at University of Oklahoma College of Medicine. He is board certified in internal medicine, advanced heart failure and cardiac transplantation, cardiovascular diseases, echocardiography and nuclear cardiology. He completed a fellowship in Heart Transplantation and Advanced Heart Failure at Loyola University Medical Center, Maywood, Ill., and in Cardiovascular Disease from University of Oklahoma College of Medicine, where he also completed his residency and internship. He earned a Master's degree in Public Health from the same institute. He earned his Medical degree from Osmania Medical College, Hyderabad, India.

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