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Comparison of left ventricular longitudinal function of the heart in patients with systemic lupus erythematosus with control group

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Cardiac involvement in Systemic Lupus Erythematosus (SLE) often missed because mostly it is subclinical. For diagnosis of subclinical heart disease, non-invasive techniques like echocardiography are relatively simple and universally available. The aim of this study was done to compare left ventricular longitudinal function in patients with SLE and control group. In this case control study, from 2013-2015, SLE patients with no clinical signs and symptoms of cardiac problems and no history of heart diseases were involved. Demographic data and risk factors for cardiovascular disease were matched between two groups. All participants underwent echocardiography for the assessment of left ventricular function. Data were analyzed by SPSS 16. $P < 0.05$ was considered significant for statistical test. 45 patients (88% female, the mean age of 31.2 ± 8.2 years) and 30 people as a control group (87% female, the mean age of 30.3 ± 7.7 years) participated in this study. The mean score of SLE disease activity was 8.3 ± 5.1 . Neither our patients nor case group had risk factors for cardiovascular disease. Patients with SLE disease had lower, ejection fraction ($p=0.024$), average left ventricular longitudinal function ($p=0.023$) and global peak systolic strain long axis ($p=0.011$) than control group. They had greater left ventricular mass ($p=0.046$) and interventricular septal thickness at end-diastole ($p=0.032$) than control group. Our study showed that the function of left ventricular in SLE's patients was lower than control group. Because of subclinical cardiac involvement, we recommended echocardiography as a screening test for these patients.

Biography

Ayda Javanbakht has completed her Medical Doctorate degree from Mashhad University of Medical Sciences, Iran.

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