

8TH EUROPEAN
IMMUNOLOGY CONFERENCE

June 29-July 01, 2017 Madrid, Spain

Tissue echocardiography in early detection of myocardial dysfunction in RA

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Statement of the Problem: Rheumatoid arthritis (RA) is a multi-organ inflammatory disorder. A reduction in life expectancy in RA patients is primarily due to myocardial disease, which is clinically silent. There is increasing interest in autoimmune diseases, especially their relationship with cardiovascular disease. RA in particular has been considered an independent risk factor for coronary artery disease in recent years. Various studies have aimed to clarify important aspects of risk stratification and treatment options in patients with rheumatoid arthritis. TDE offers the promise of an objective measure to quantify regional and global LV function. So, it is important for using a non-invasive technique and can be serially followed over time for cardiac risk progression and detecting patients at the greatest risk of cardiac morbidity and mortality.

Methodology & Theoretical Orientation: Case control design has been carried out on rheumatoid arthritis (RA) patients and control. All patients evaluated clinically and echocardiographically (M mode, trans-mitral and tissue Doppler). And all echo-parameters were correlated with various clinical data.

Findings: Sensitivity of tissue echo compared to conventional echo in diagnosis of diastolic dysfunction in RA patients is weak. Tissue Doppler finding were not related to DAS28CRP. Tei index showed significant positive correlation with disease duration.

Conclusion & Significance: Diagnostic accuracy of Tie index by tissue echocardiography is weak diagnostic. Myocardial dysfunction in RA is a matter of time and not related to disease activity.

Biography

Nebal Morad Abdelhamid Mohamed is working as a Lecturer at the Rheumatology and Immunology Department in Mansoura University, Egypt.

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