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Ventricular tachycardia: A presenting feature of cardiac amyloidosis

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A 58 year old man presented with a four week history of paliptations and episodes of pre-syncope. Out-patient 24hours ECG monitor revealed monomorphic Ventricular tachycardia (VT). During admission to hospital for investigation, he had further episodes of VT which were self-terminating. ECG between episodes showed 1st degree AV block with low voltage. 2D Echocardiogram revealed marked thickening and speckled appearance of inter-ventricular septum and left ventricle and bi-atrial dilatation with left ventricular ejection fraction of 60%. Doppler flow showed evidence of diastolic dysfunction. Left and right ventriculography showed hypertrophy of the left ventricle, delayed relaxation and indicated an infiltrative disease. Coronary arteries were normal. Incidental note was made of altered renal function and of an abnormally large tongue and the suspicion of a systemic illness was considered. Cardiac MRI with gadolinium contrast showed asymmetric thickening. There was diffuse subendocardial and focal trans-mural enhancement on delayed images, along with unusually dark blood pool, indicative of increased gadolinium contrast clearance. A fine-needle aspirate of abdominal fat was stained with Congo red and the result confirmed the diagnosis of systemic amyloidosis. A diagnosis of multiple myeloma was subsequently made after bone marrow aspiration and chemotherapy medicines commenced. Cardiac involvement in systemic amyloidosis is common; however the presenting feature is usually that of heart failure. This case presented with an arrhythmia, after-which other clinical signs were subsequently appreciated. Defibrillator implantation in amyloid cardiomyopathy can be controversial because of limited survival in the affected patients, however this patient proceeded to receive one.

Biography

Matthew Grimes has completed his Medical degree from Queens University Belfast, Ireland. He has worked as a Cardiology Doctor before training in Anesthesia and Intensive Care Medicine. He is a Fellow of the Royal College of Anaesthetists (RCOA), UK and also a Fellow of the Faculty of Intensive Care Medicine (FFICM). His interest is in mechanical support of the failing circulation and medical education.

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