Οξέα αορτικά σύνδρομα και Μυοκαρδιοπάθειες

Είναι αρκετή η υπερηχοκαρδιογραφική μελέτη;

Δημήτρης Μπελντέκος
Θεσσαλονίκη, Πέμπτη 08 Φεβρουαρίου 2018
Class III: Discrete-Subtle Aortic dissection with bulging of the aortic wall

In patients with class 3 dissection, attentive inspection of the proximal ascending aorta by transoesophageal echocardiography can provide unique diagnostic information (subtle intimal discontinuity, circumscribed intramural haematoma, discrete periaortic effusion)

Chirillo F., et al., Heart 2008; 94 :924

Should an abortive dissection be suspected, it is not unreasonable to proceed with surgery on an urgent surgery in of the potential for future fatal rupture

The Cardiomyopathy Registry of the EURObservational Research Programme of the European Society of Cardiology: baseline data and contemporary management of adult patients with cardiomyopathies
New Perspectives on the Prevalence of Hypertrophic Cardiomyopathy

Christopher Semsarian, MBBS, PhD, MPH,‡‡ Jodie Ingles, GradDipGenCouns, PhD, MPH,*** Martin S. Maron, MD,§ Barry J. Maron, MD||

Central Illustration: Factors Contributing to the Revised Estimate for the Prevalence of HCM

1:500 (0.2%) CARDIA

- Advanced Imaging (CMR) Identifies Some Echo-Negative Patients
- Autosomal Dominant Familial Inheritance with Multiple Affected Relatives
- Gene (+) Phenotype (-) Gene Carriers
- Pathogenic Sarcomere Mutations (general population genetics)

0.6%

>1:500 Revised Estimate of HCM Prevalence

We believe that the designation “concentric” and its distinction from “asymmetric” LV hypertrophy is not useful as a clinical measure in this disease.
Importance of CMR Within the Task Force Criteria for the Diagnosis of ARVC in Children and Adolescents

Yousef Etoom, MD,* Sindu Govindapillai, MD,* Robert Hamilton, MD,* Cedric Manlihot, BSc,* Shi-Joon Yoo, MD,*† Maryam Farhan, MD,* Samir Sarikouch, MD,* Brigitte Peters, MD,* Brian W. McCrindle, MD,* Lars Grosse-Wortmann, MD*†

Major rTFC to ARVC Diagnosis

«TZANION»
Hospital 1880