POSTER PRESENTATION



Open Access

Comparison and identification of early clinical, biological and echocardiographic prognostic markers in cardiac amyloidosis

Thibaud Damy^{1*}, Arnaud Jaccard², Aziz Guellich¹, David Lavergne², François Deux Jean¹, Jehan Dupuis¹, Valérie Frenkel¹, Dania Mohty²

From First European Congress on Hereditary ATTR amyloidosis Paris, France. 2-3 November 2015

Background

The early prognosis of amyloidosis is known to depend heavily on cardiac function and may be improved by identifying patients at highest risk for adverse cardiac events. We looked for early predictors of mortality in patients with cardiac AL amyloidosis, hereditary transthyretin amyloidosis (m-TTR), or senile transthyretin amyloidosis (WT-TTR).

Method

Prospective observational study of 198 patients seen at two French university centers.

Results

NYHA class was III-IV in 31% of patients. Median (25th-75th percentile) values were 69 (60-76) years for age, 3027 (673-7155) pg•mL-1 for NT-proBNP, and 60% (48-66) for left ventricular ejection fraction. Interventricular septal thickness was greater in the m-TTR and WT-TTR groups than in the AL group (P<0.0001). NTproBNP correlated with IVST (R=0.34; P=0.0001). The 6-month mortality rate was 24% (42 patients). The AL group had higher values for both NT-proBNP (P=0.0001) and 6-month mortality (P=0.0001). By multivariate analysis, independent predictors of 6-month mortality were higher NT-proBNP (Q4), NYHA class (III-IV), lower cardiac output (<4 L.min-1), and pericardial effusion.

Conclusions

NYHA, NT-proBNP, cardiac output, and pericardial effusion were independent predictors of mortality in cardiac

¹CHU H Mondor, Amyloidosis Mondor Creteil, 94000, Créteil, France Full list of author information is available at the end of the article disease due to any of the three amyloidosis types. NT-proBNP values were highest in AL amyloidosis.

Authors' details

¹CHU H Mondor, Amyloidosis Mondor Creteil, 94000, Créteil, France. ²CHU Limoges, AL Amyloidosis Referral Center, 87000, Limoges, France.

Published: 2 November 2015

doi:10.1186/1750-1172-10-S1-P60 Cite this article as: Damy et al.: Comparison and identification of early clinical, biological and echocardiographic prognostic markers in cardiac amyloidosis. Orphanet Journal of Rare Diseases 2015 10(Suppl 1):P60.

Submit your next manuscript to BioMed Central and take full advantage of:

- Convenient online submission
- Thorough peer review
- No space constraints or color figure charges
- Immediate publication on acceptance
- Inclusion in PubMed, CAS, Scopus and Google Scholar
- Research which is freely available for redistribution

BioMed Central

Submit your manuscript at www.biomedcentral.com/submit



© 2015 Damy et al. This is an Open Access article distributed under the terms of the Creative Commons Attribution License (http:// creativecommons.org/licenses/by/4.0), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited. The Creative Commons Public Domain Dedication waiver (http://creativecommons.org/publicdomain/ zero/1.0/) applies to the data made available in this article, unless otherwise stated.