

STRESZCZENIE W JĘZYKU ANGIELSKIM

Aims:

The aim of this study was to evaluate the role of cardiac magnetic resonance (CMR) imaging in patients with heart failure (HF) of unknown aetiology.

Methods and results:

After retrospective review of medical records of all patients with heart failure admitted to the National Institute of Cardiology between January 2008 and December 2017 we included to our study 243 patients with HF of unknown aetiology who underwent CMR study. Patients with any known or suspected disease leading to HF were excluded.

All CMR studies were analyzed in order to find HF aetiology. The most common cause was dilated cardiomyopathy (n=143, 58.8%), following by coronary artery disease (n=23, 9.5%), myocarditis (n=17, 7.0%) or ambiguous diagnosis pointing out myocarditis or dilated cardiomyopathy (n=24, 9.9%). 13 patients (5.3%) were diagnosed with restrictive cardiomyopathy, of which 7 (2.9%) patients were suspected to have amyloidosis. 7 (2.9%) patients had left ventricular non-compaction, 2 (0.8%) patients had tako-tsubo cardiomyopathy, 3 (1.2%) patients were diagnosed with hypertrophic cardiomyopathy and other cardiomyopathies in 6 patients (2.5%). In 5 cases (2.1%) valvular disease was revealed a sole cause of HF.

We also analyzed CMR impact on clinical management. In 38.7% (n=94) patients CMR study led to new diagnosis and resulted in therapeutic consequences and/or prognosis. In 16.9% (n=41) cases CMR impacted on patients' management was judged crucial.

Conclusion:

Our study strongly suggests that cardiac magnetic resonance imaging is a valuable tool for determining the aetiology of heart failure and impacts patients' management.

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