

ACHTERGROND EN DAGNOSTIEK

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- clinical syndrome
- impaired cardiac pump function
- late
- final common

Table 3 Definition of heart failure

Heart failure is a clinical syndrome in which patients have the following features:

- **Symptoms typical of heart failure**

(breathlessness at rest or on exercise, fatigue, tiredness, ankle swelling)

and

- **Signs typical of heart failure**

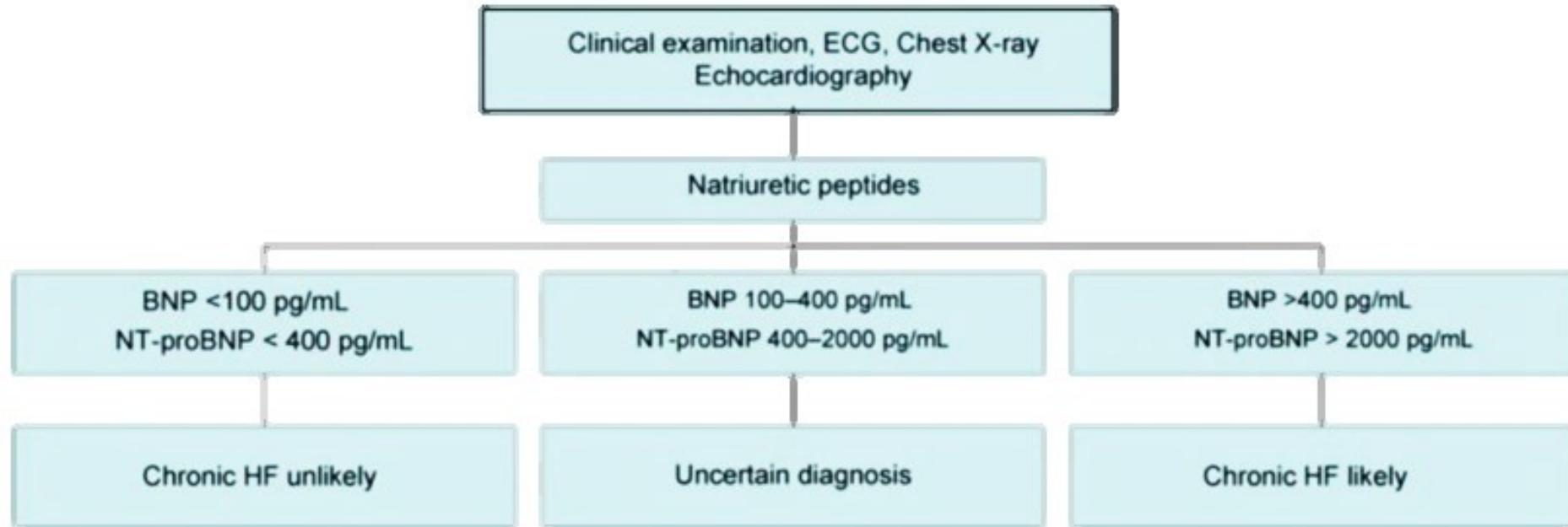
(tachycardia, tachypnoea, pulmonary rales, pleural effusion, raised jugular venous pressure, peripheral oedema, hepatomegaly)

and

- **Objective evidence of a structural or functional abnormality of the heart at rest**

(cardiomegaly, third heart sound, cardiac murmurs, abnormality on the echocardiogram, raised natriuretic peptide concentration)





Confirmation by echocardiography of the diagnosis of heart failure and/or cardiac dysfunction is mandatory and should be performed shortly following suspicion of the diagnosis of HF. Echocardiography is widely available, rapid, non-invasive, and safe, and provides extensive information on cardiac anatomy (volumes, geometry, mass), wall motion, and valvular function. The study provides essential information on the aetiology of HF. In general a diagnosis of heart failure should include an echocardiogram.





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Common

Ischaemic heart disease
Hypertension
Valvular heart disease\Idiopathic
Dilated cardiomyopathy

Less Common

Diabetes
Myocarditis
Congenital heart disease
Drugs (alcohol or chemotherapeutic agents, e.g. anthracyclines)
HIV infection
Peripartum cardiomyopathy
Thyroid disease (hypo- or hyperthyroidism)
Infiltrative conditions (sarcoidosis, amyloidosis)
Connective tissue diseases
Iron overload
Arrhythmia- or tachycardia-induced cardiomyopathy

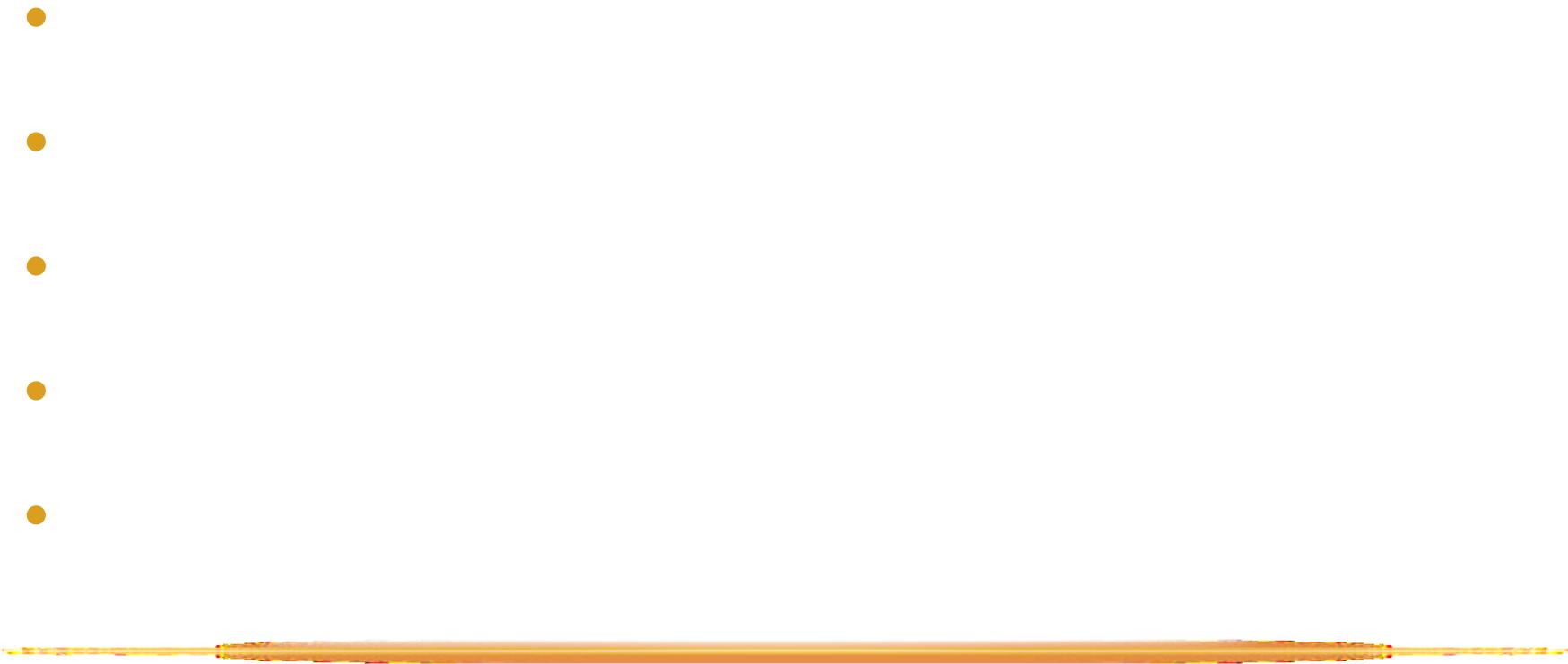
genetic

heart failure

cardiovascular death

descriptive

diseases of the myocardium



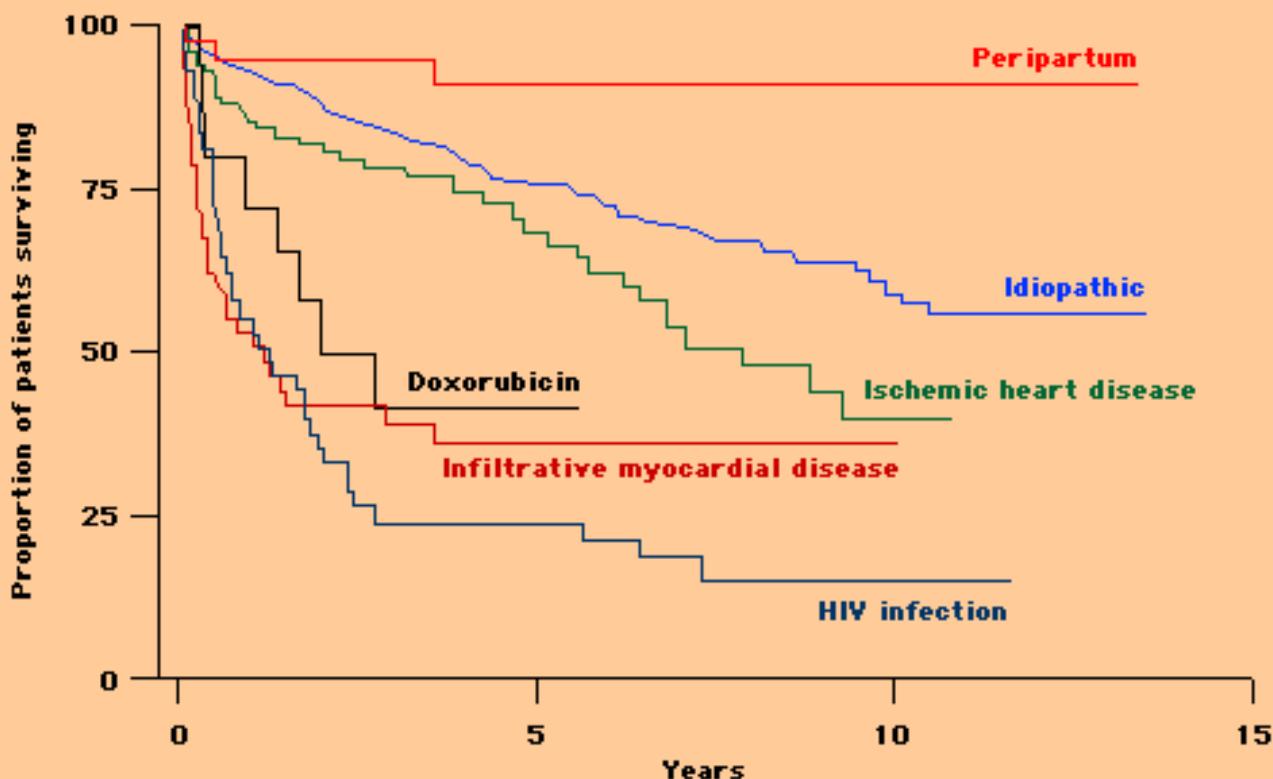
Gedilateerde CMP

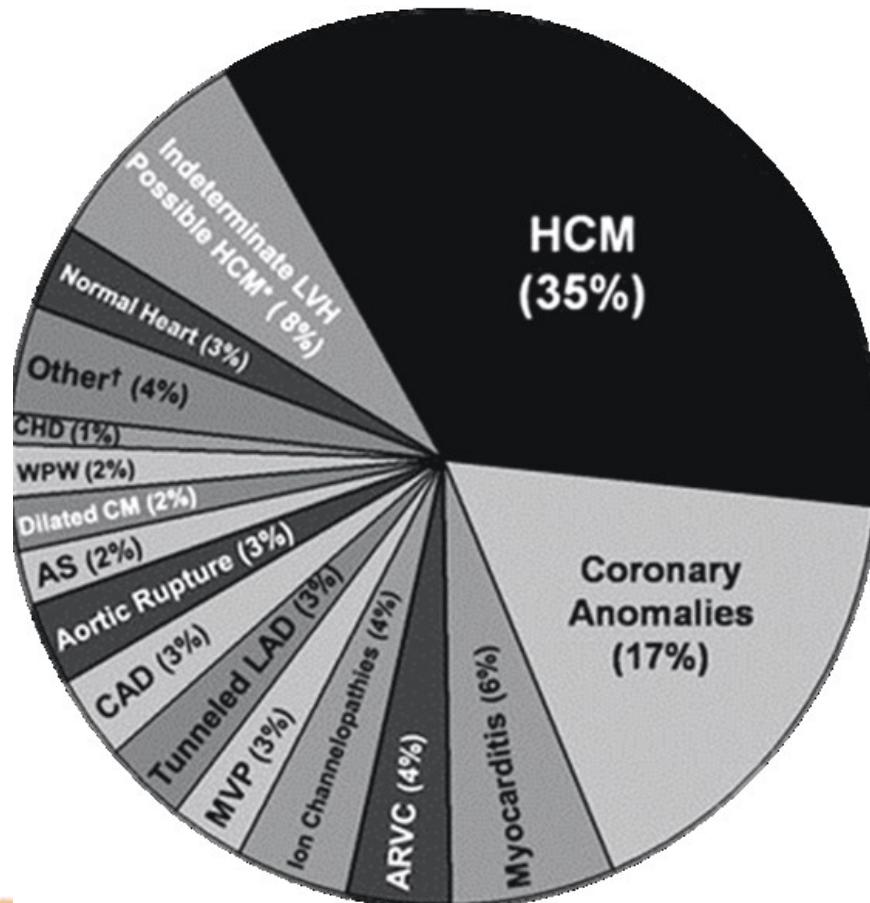


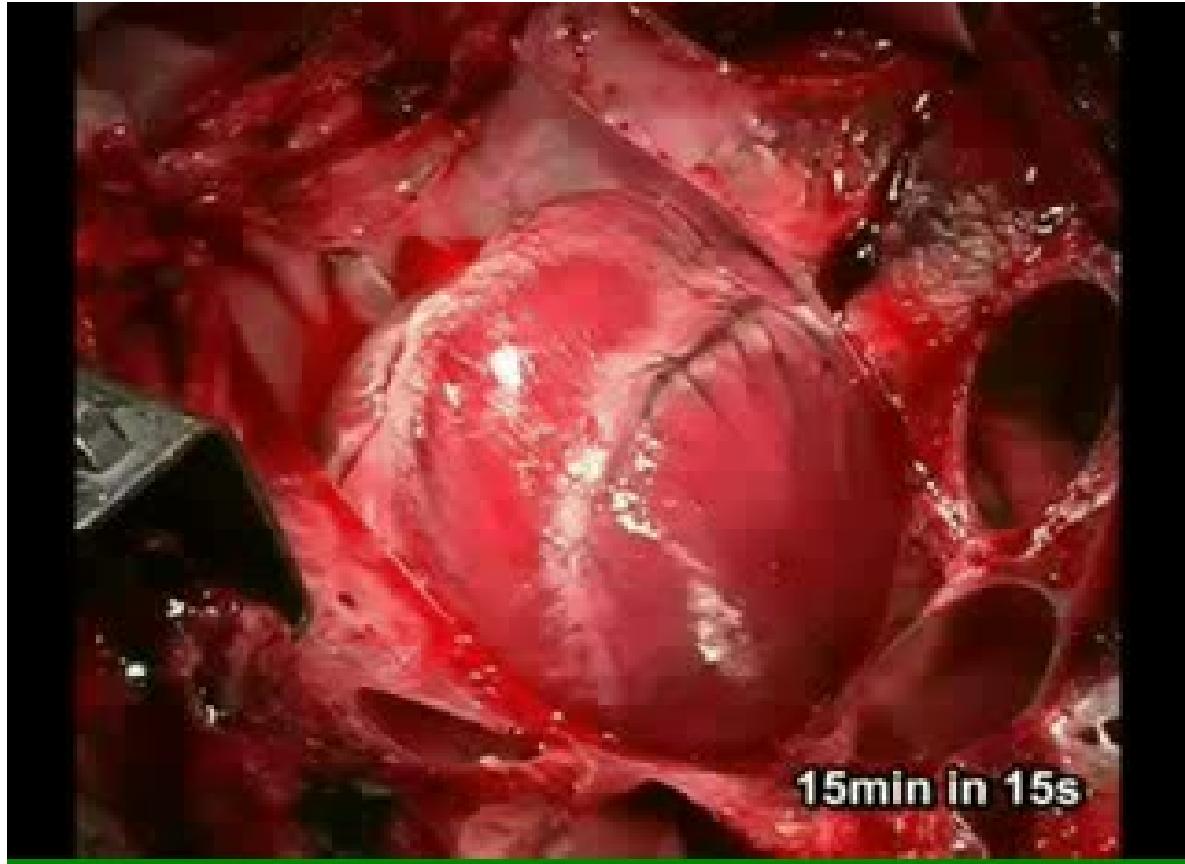
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Restritieve CMP

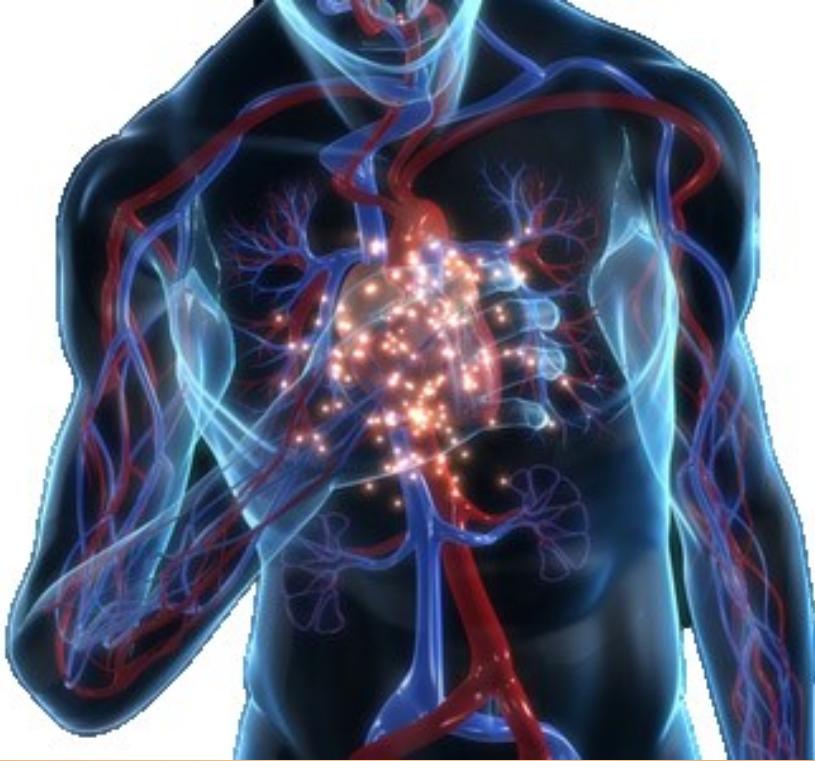




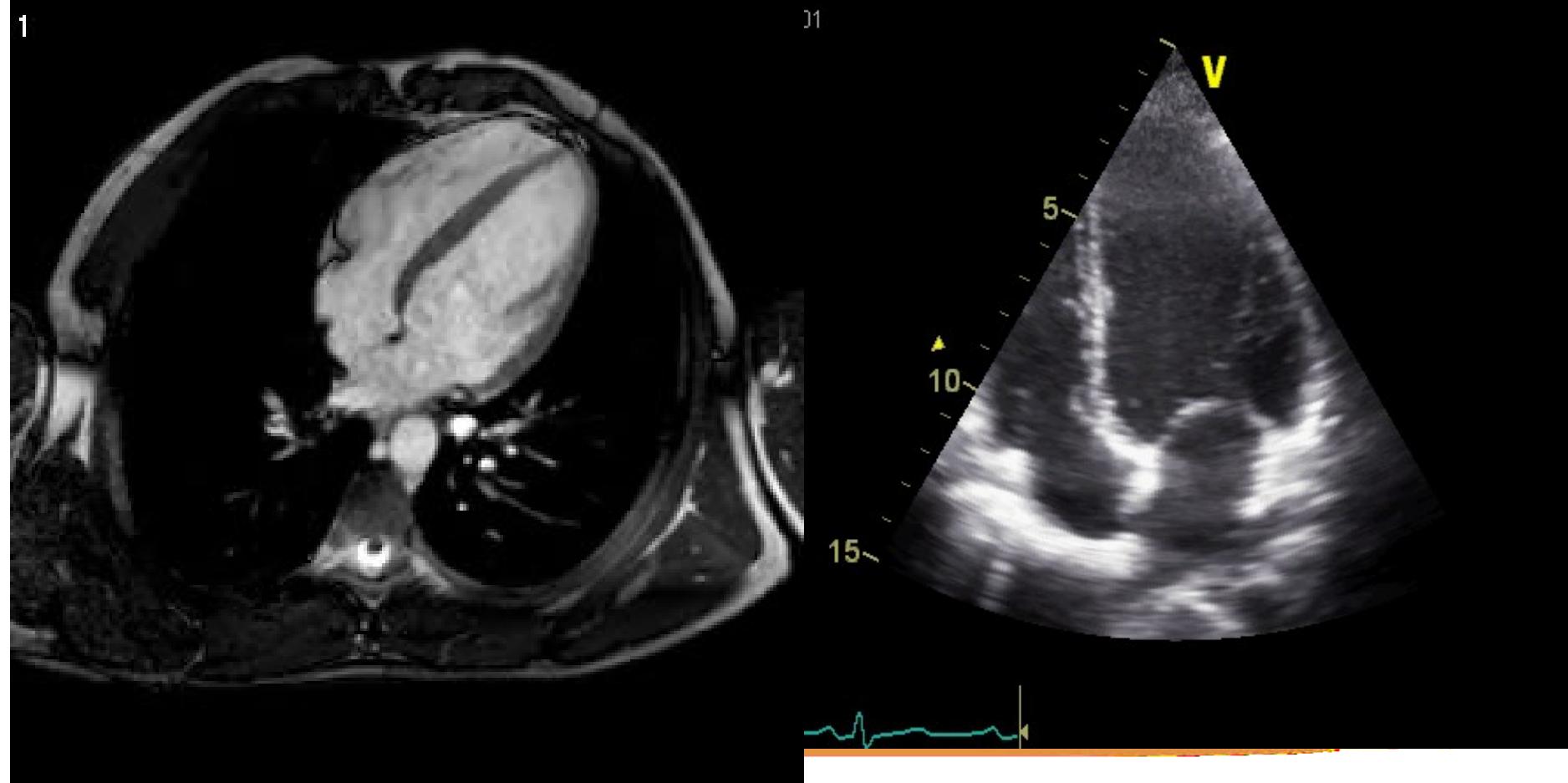




15min in 15s

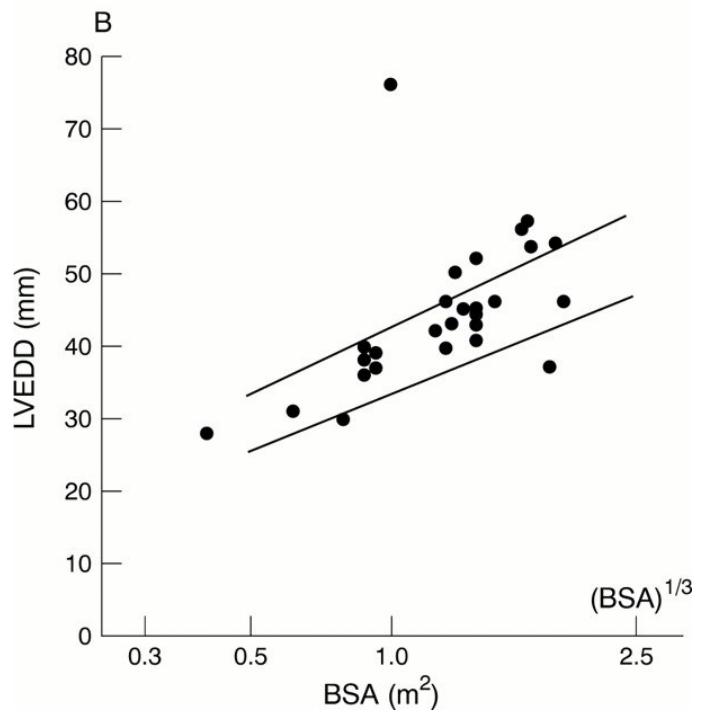
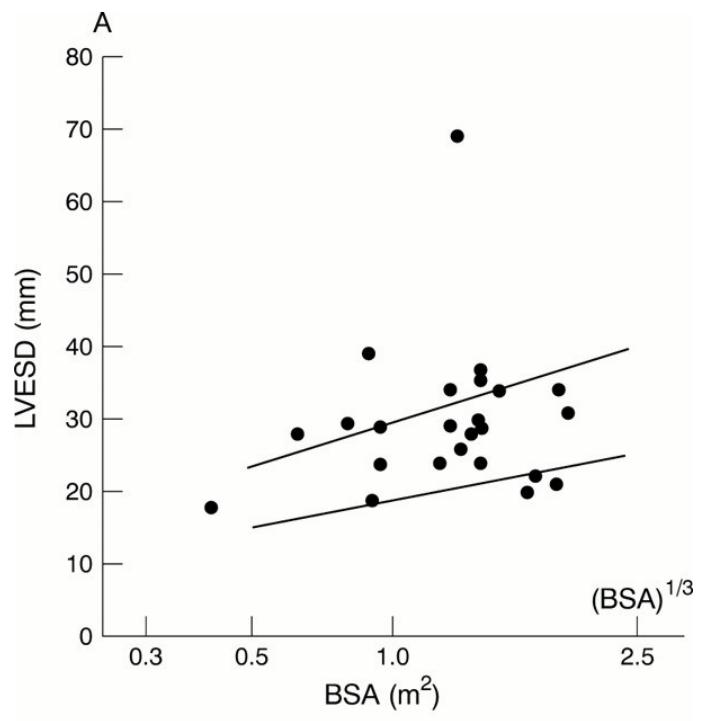


MORFOLOGISCHE DIAGNOSTIEK



$$\text{BSA (m}^2\text{)} = \sqrt{\frac{\text{Ht (Cm)} \times \text{Wt (kg)}}{3600}}$$

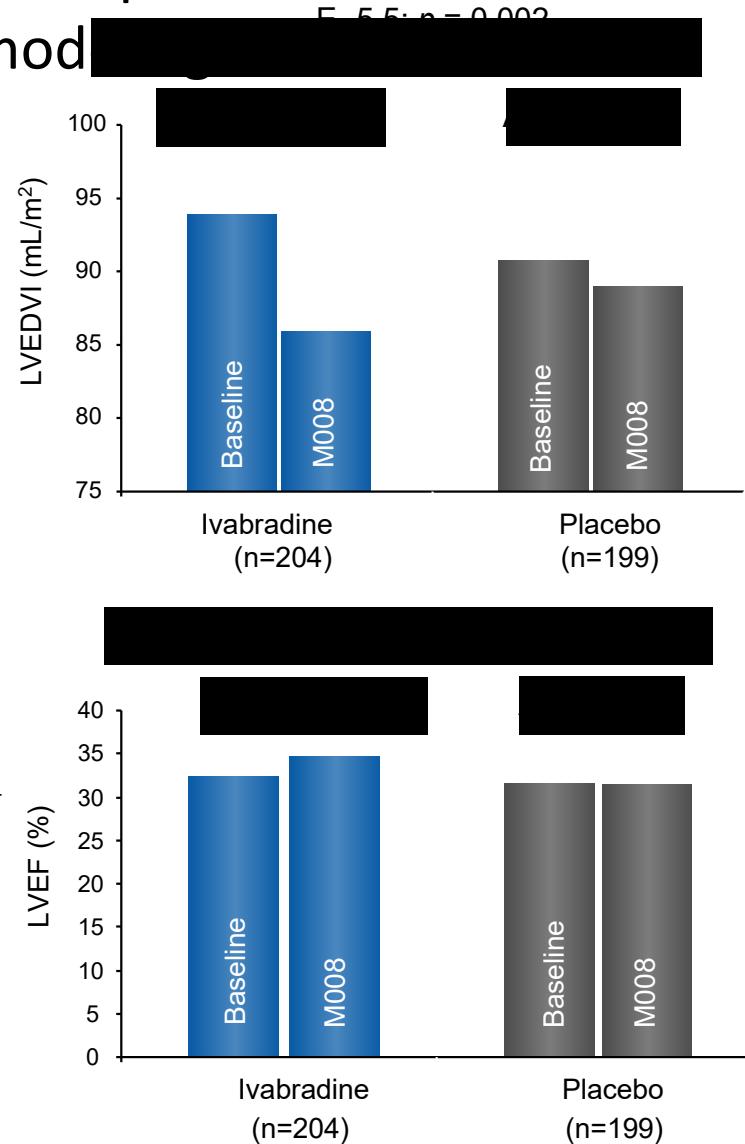
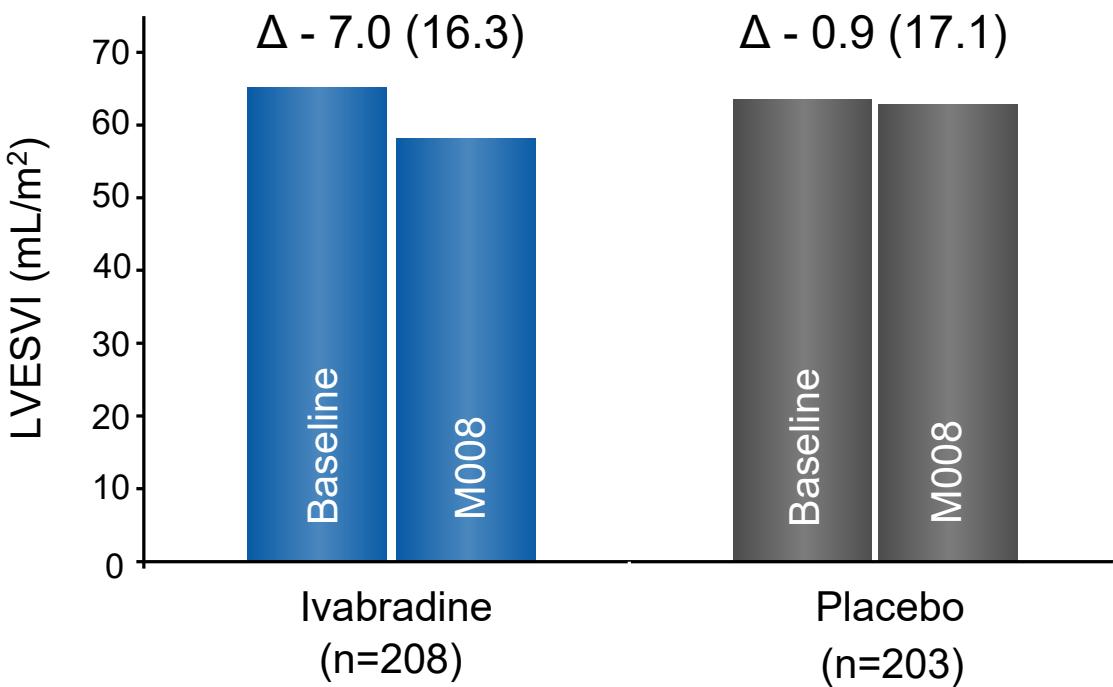


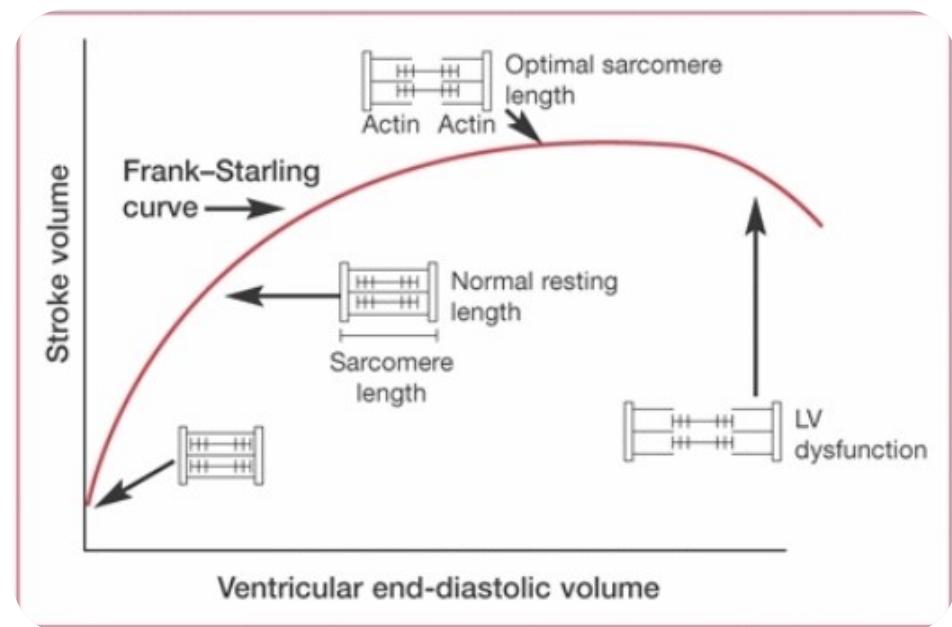


Heart rate reduction with ivabradine on top of beta-blocker and ACEi reverses LV remodelling



E -5.8; $p <0.001$





Known Causes of Dilated Cardiomyopathy

Ischemia*

Toxins

Ethanol*
Cocaine*
Amphetamines*
Cobalt*
Lead*
Mercury*
Carbon monoxide*
Beryllium

Medications

Chemotherapeutic agents
Doxorubicin
Bleomycin
5-Fluorouracil
Antiretroviral drugs
Zidovudine*
Didanosine*
Zalcitabine*
Phenothiazines*
Chloroquine
Radiation

Miscellaneous

Peripartum cardiomyopathy*
Tachycardia*
Sarcoidosis*
Familial cardiomyopathies
Sleep apnea*
Autoimmune myocarditis
Calcium overload
Oxygen free radical damage

Nutritional deficiencies

Thiamine*
Selenium*
Carnitine*

Electrolyte abnormalities

Hypocalcemia*
Hypophosphatemia*
Uremia*

Endocrinologic disorders

Thyroid hormone excess or deficiency*
Growth hormone excess or deficiency*
Pheochromocytoma*
Diabetes mellitus
Cushing's disease

Neuromuscular diseases

Duchenne's muscular
dystrophy
Myotonic dystrophy
Friedreich's ataxia
and others

Rheumatologic diseases

Systemic lupus*
Scleroderma*
Giant cell arteritis*

Infectious diseases

Viral
Coxsackie virus
Cytomegalovirus*
HIV
Varicella
Hepatitis
Epstein-Barr
Echovirus
Other
Bacterial
Streptococci-rheumatic fever
Typhoid fever
Diphtheria*
Brucellosis
Psittacosis
Rickettsial disease
Lyme disease*
Mycobacterial-fungal
Histoplasmosis
Cryptococcosis
Parasitic
Toxoplasmosis*
Trypanosomiasis
Shistosomiasis
Trichinosis

Deposition diseases

Hemochromatosis*
Amyloidosis

*Potentially reversible causes





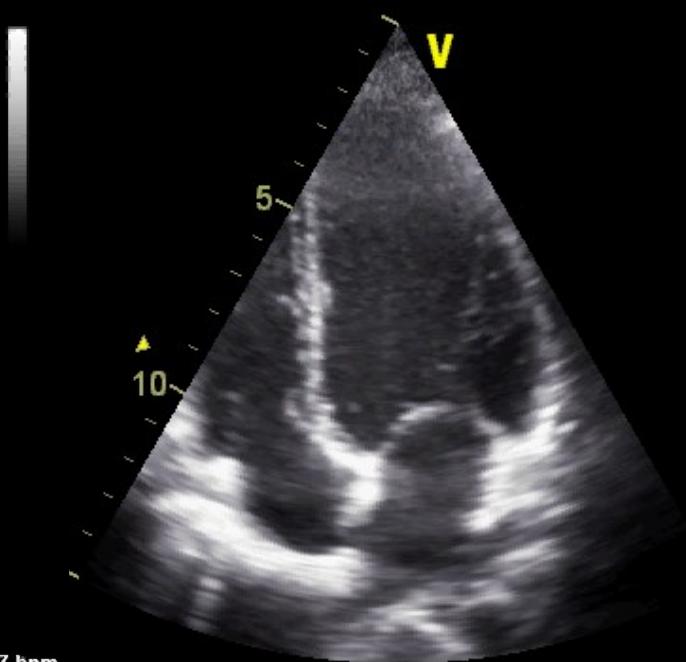
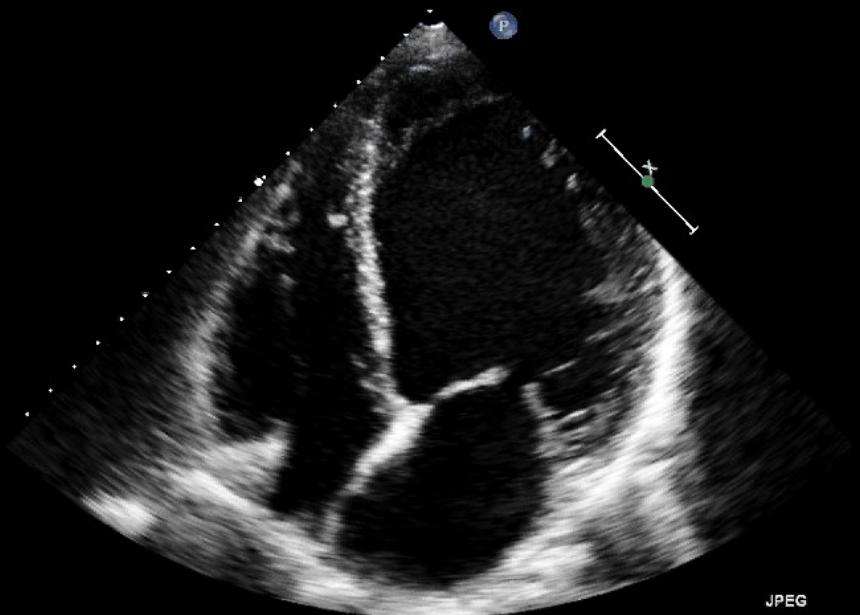
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S5-1/Cardiac

M3

2D
67%
C 50
P Low
HGen

G
P 1.7 R 3.4



JPEG

87 bpm



09/06/2011 14:20:01 TIS2.3 MI 1.1

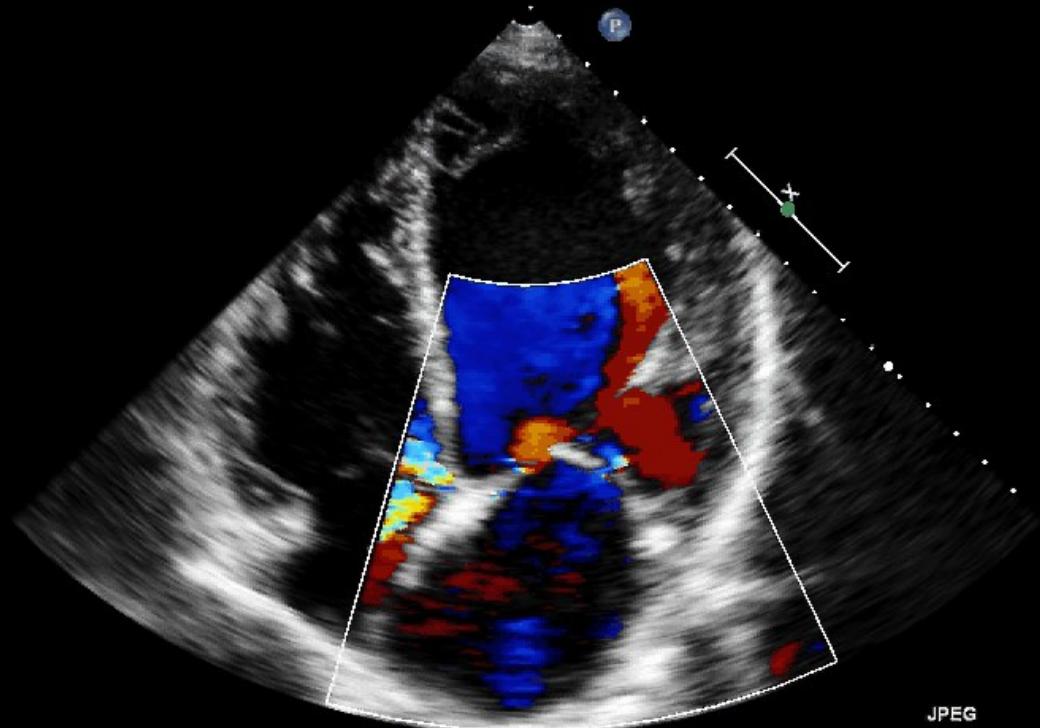
S5-1/Cardiac

M3 M4
+61.6
-61.6
cm/s

2D
69%
C 50
P Low
HGen

CF
73%
2.3MHz
WF High
Med

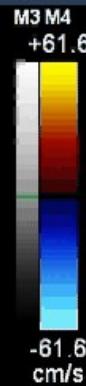
(G)
P R
1.7 3.4



87 bpm

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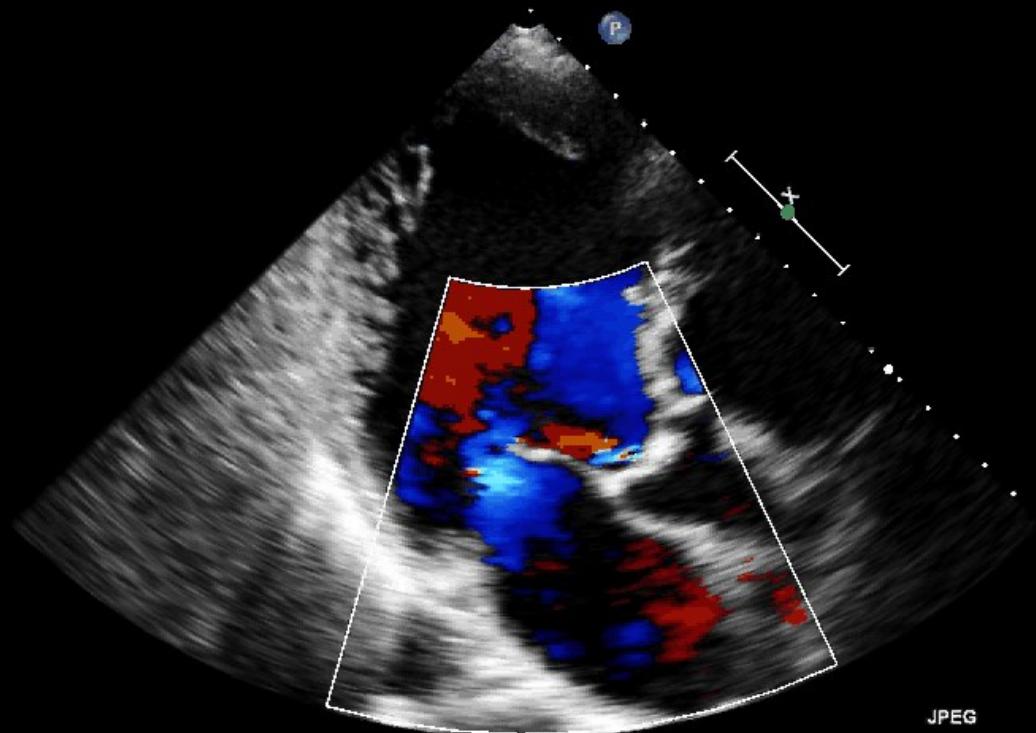
S5-1/Cardiac



2D
69%
C 50
P Low
HGen

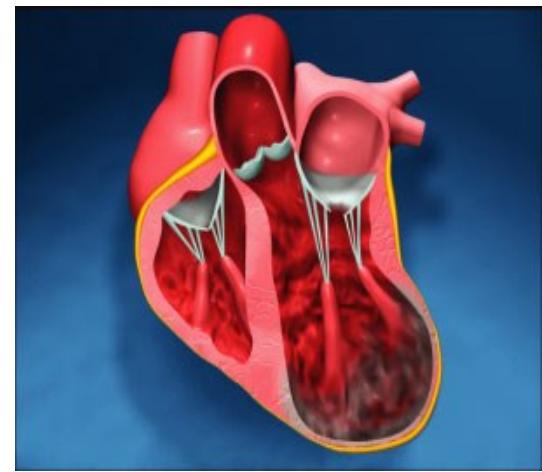
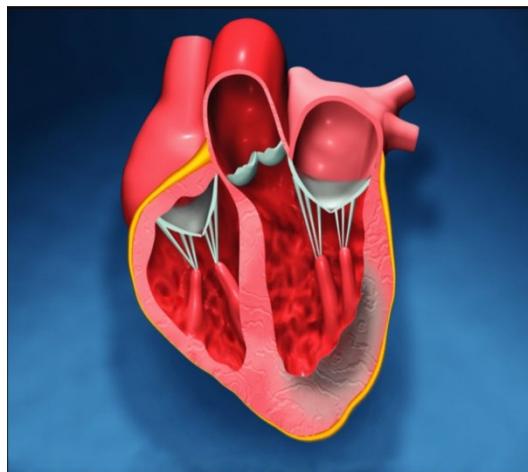
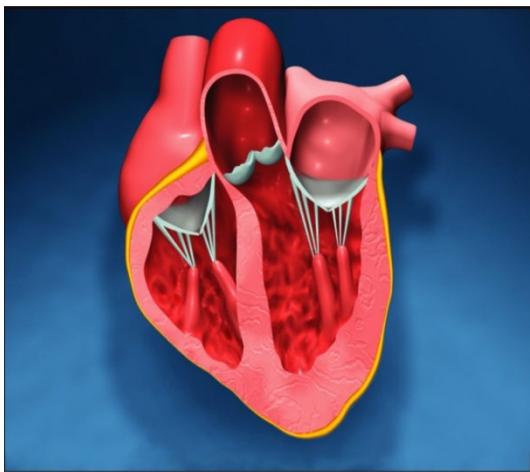
CF
73%
2.3MHz
WF High
Med

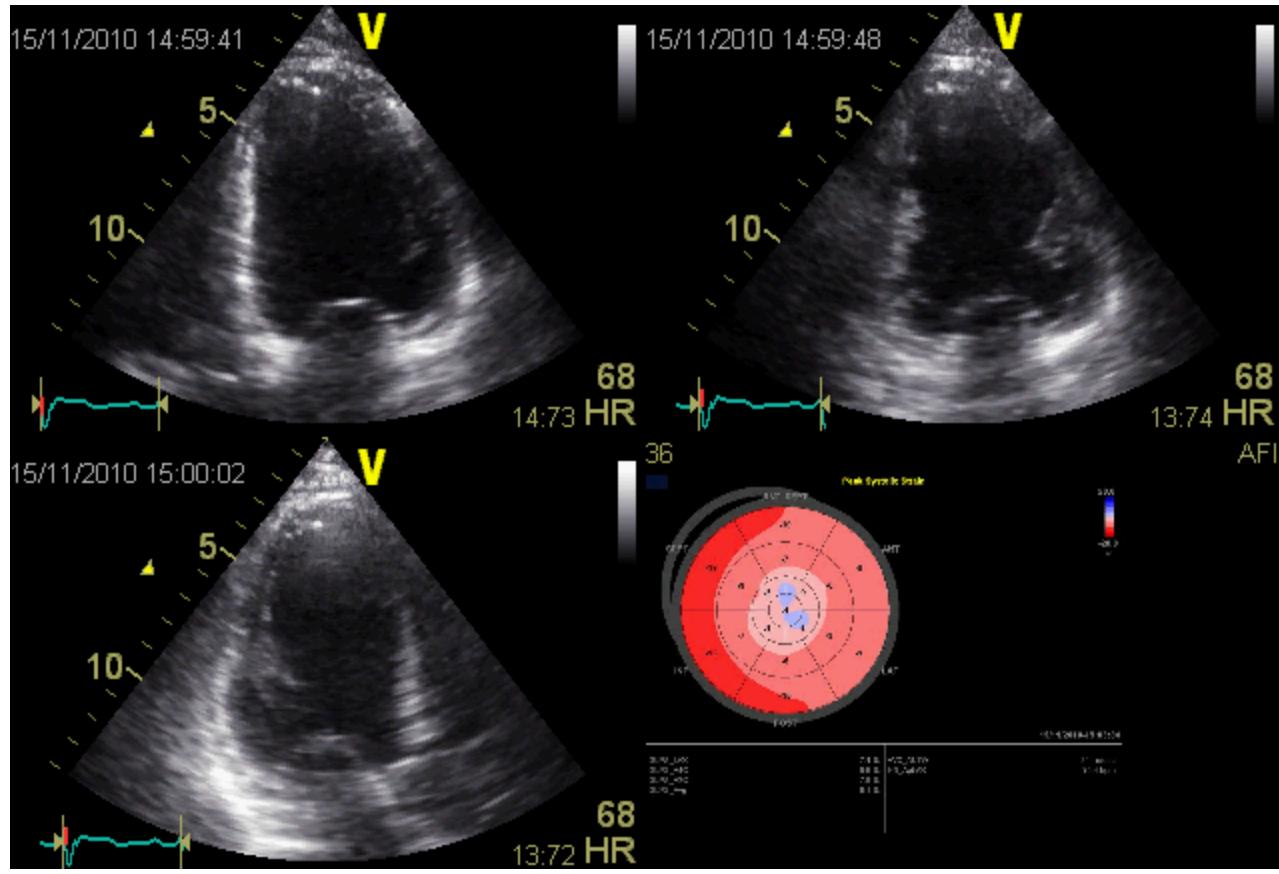
(G)
P R
1.7 3.4

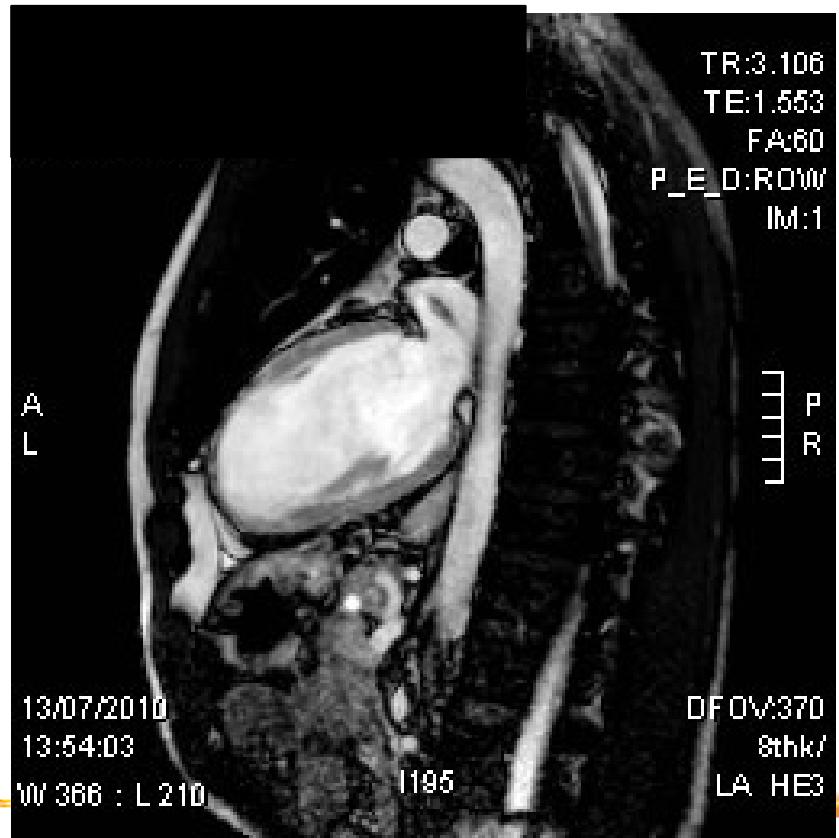


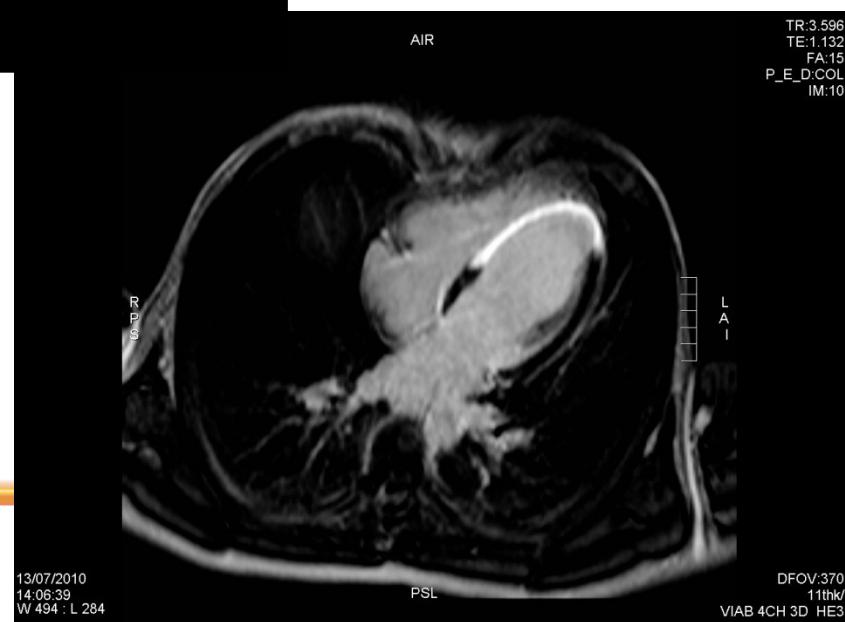
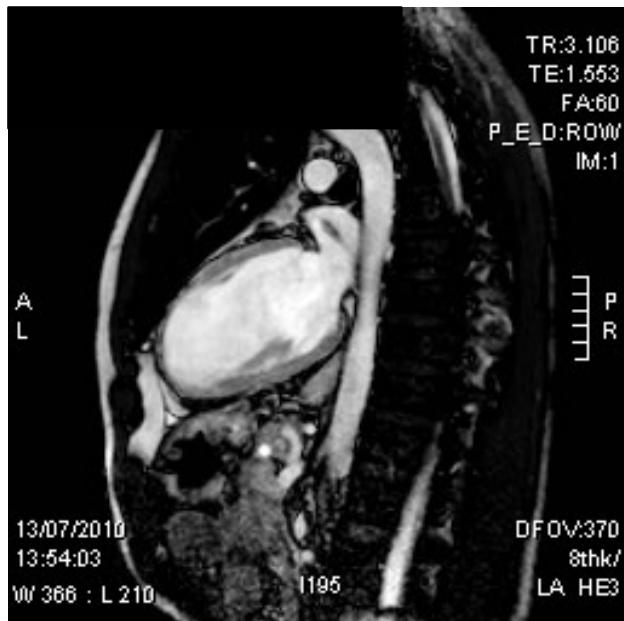
JPEG

82 bpm









ARI

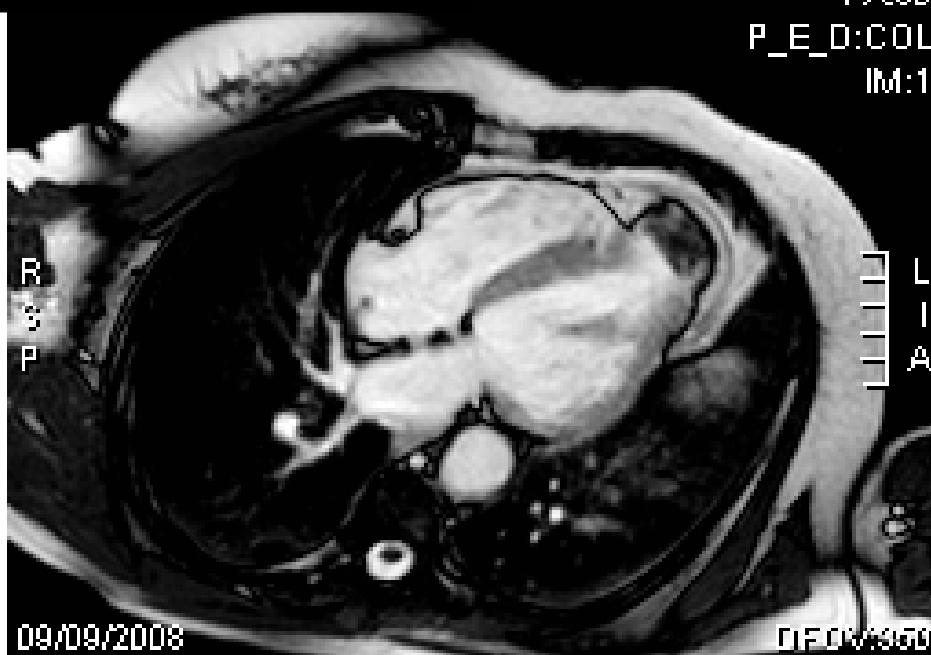
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P_E_D:COL

IM:1



09/09/2008

01E0%360

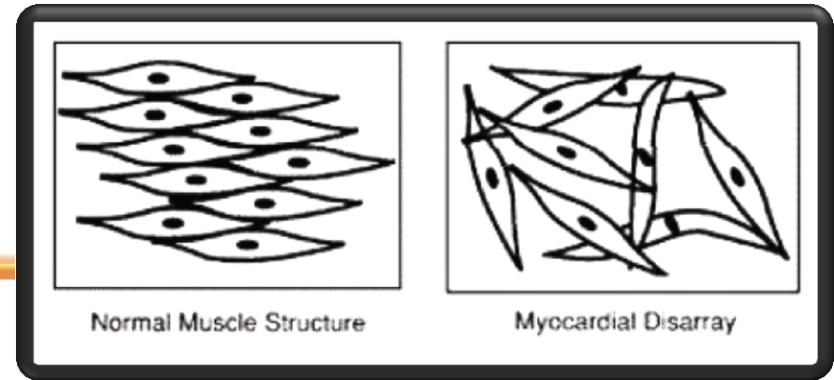
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8thk/

W 527 : L 303

PLS

4CH.



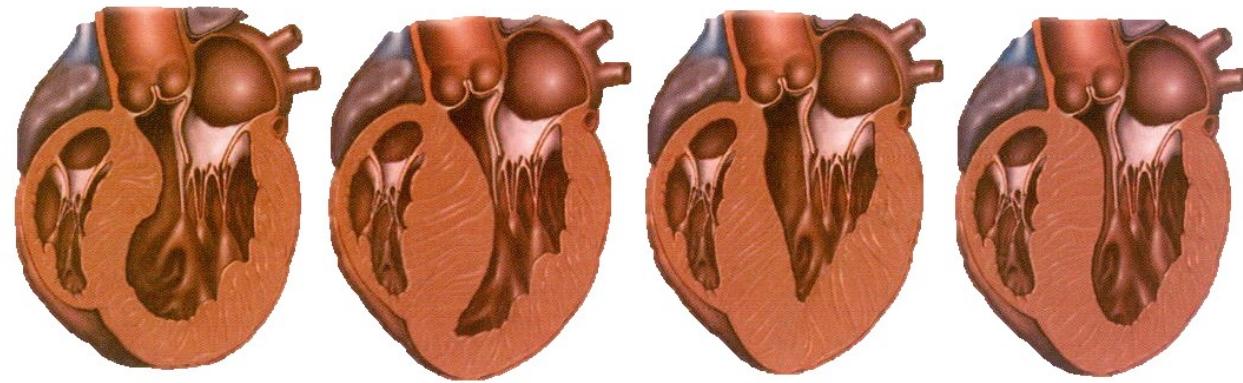


Fysiologisch



Pathologisch

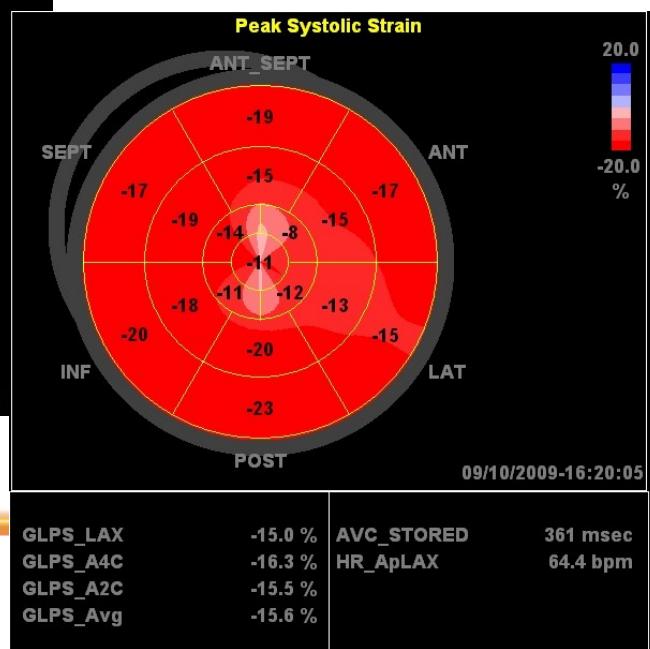
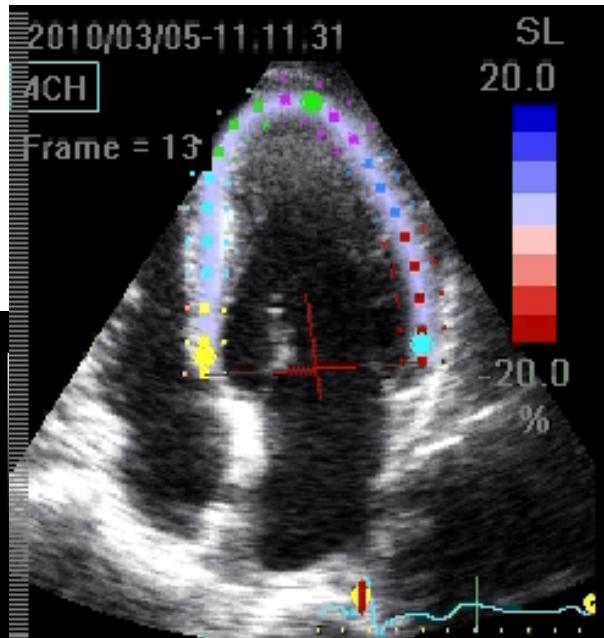
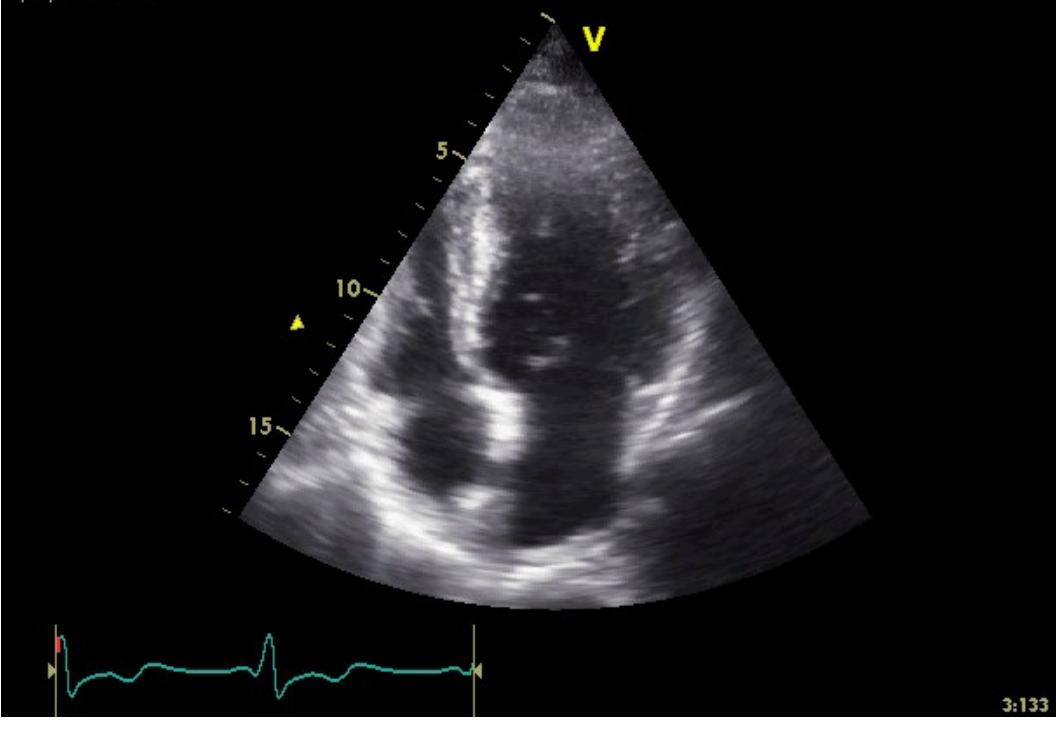




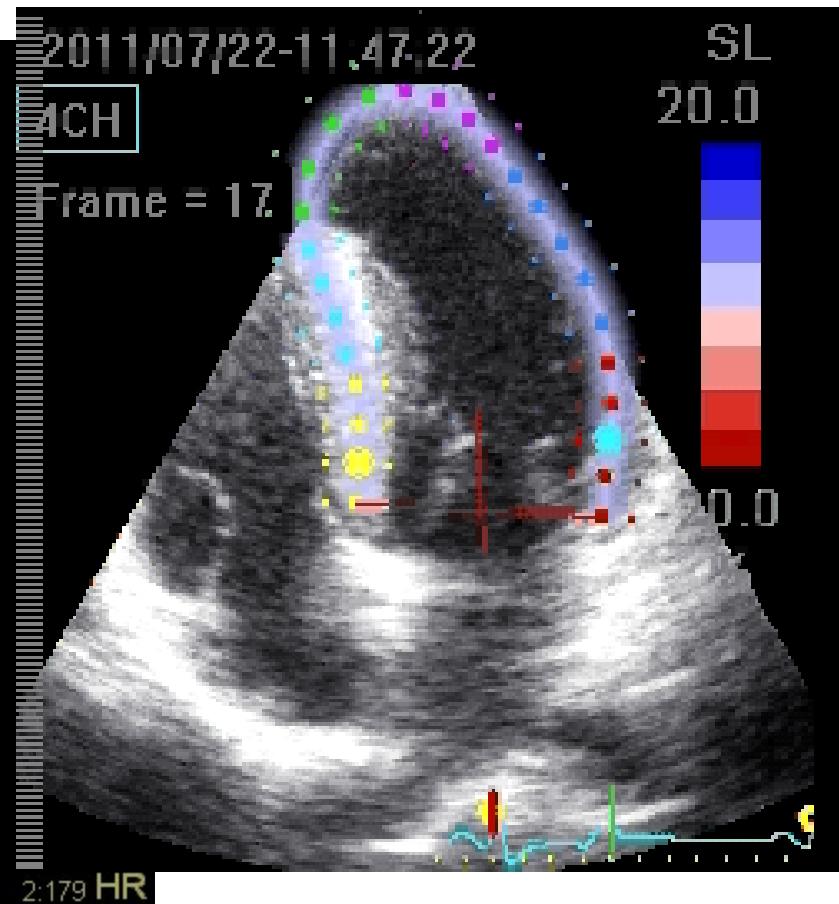
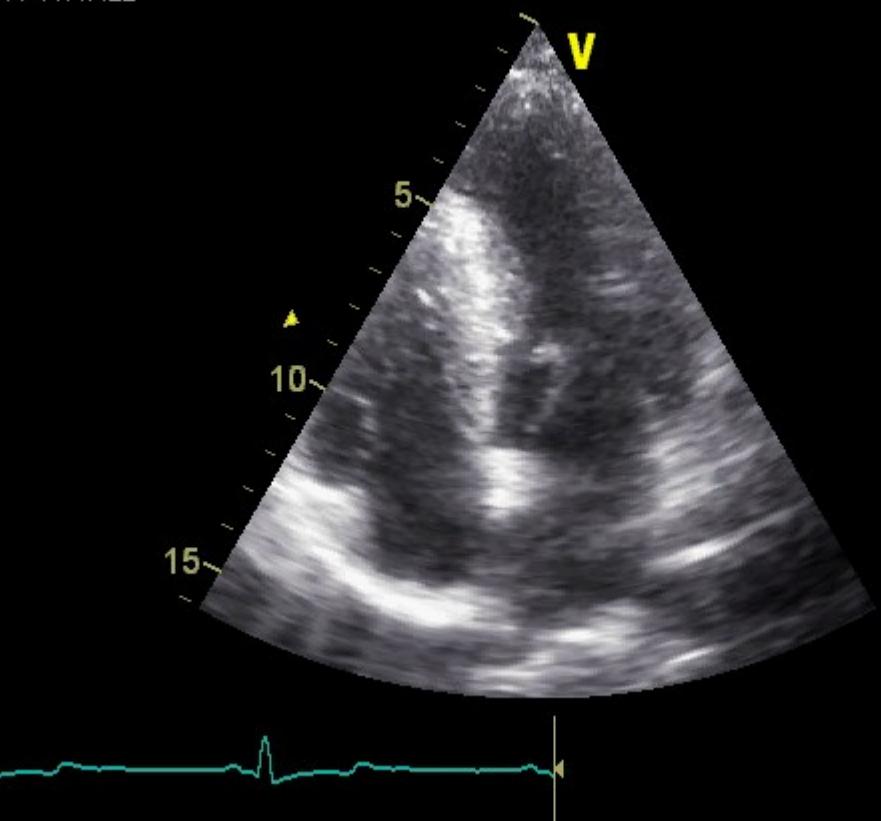
Binder, Ommen et al. Mayo Clin Proc 2006;81:459-67
Bos, Theis et al. Am Heart J 2008;155:1128

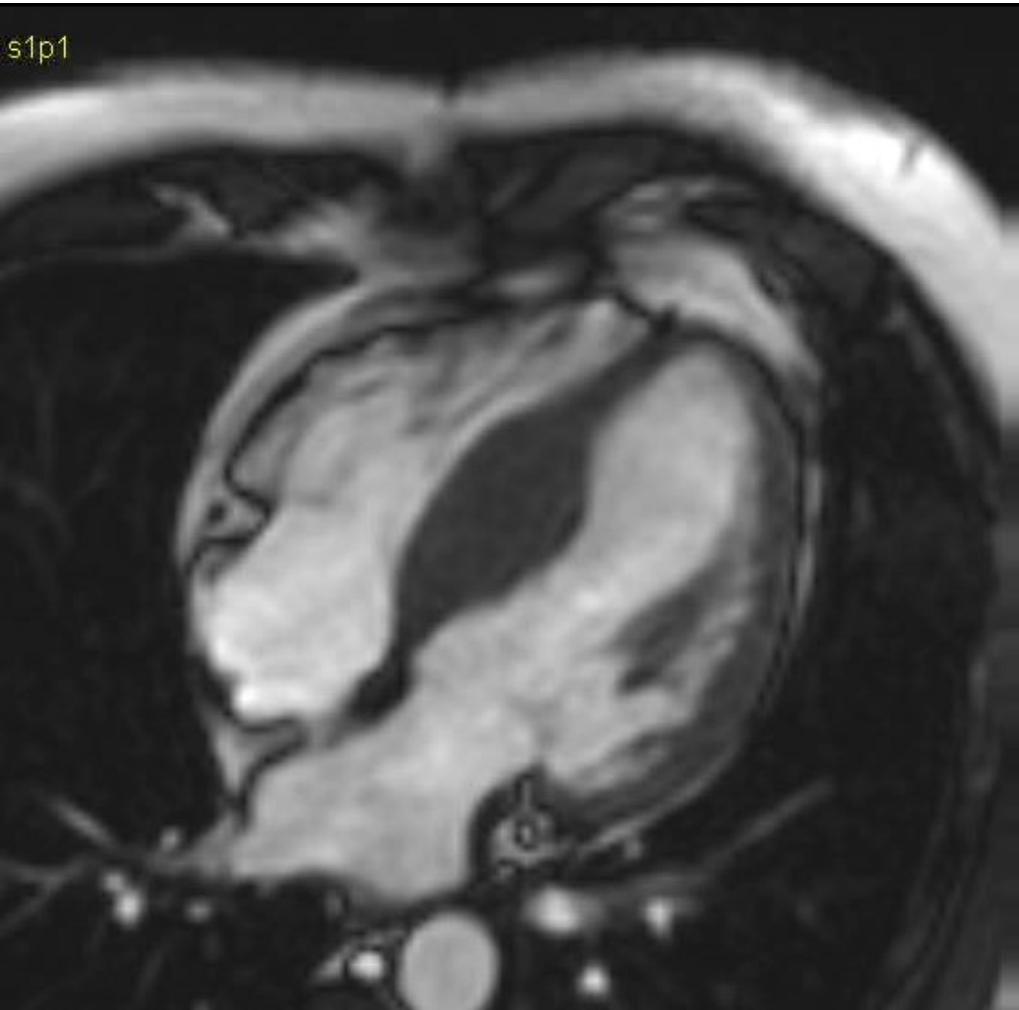
Chromosomal Locus	Gene	Protein	Inheritance
1q32	<i>TNNT2</i>	Cardiac troponin T	AD
2q31	<i>TTN</i>	Titin	AD
3p21	<i>MYL3</i>	Ventricular essential myosin light chain	AD & AR(?)
7q36	<i>PRKAG2</i>	AMPK- γ 2 subunit	AD
11p11	<i>MYBPC3</i>	Cardiac myosin-binding protein C	AD
11p15	<i>CSRP3</i>	Cardiac muscle LIM protein	AD
12q23-q24	<i>MYL2</i>	Ventricular regulatory myosin light chain	AD
14q12	<i>MYH7</i>	β -myosin heavy chain	AD
15q14	<i>ACTC</i>	α -cardiac actin	AD
15q22	<i>TPM1</i>	α -tropomyosin	AD
19q13	<i>TNNI3</i>	Cardiac troponin 1	AD
Xq24	<i>LAMP2</i>	Lysosome-associated membrane protein 2	X-linked

05/03/2010 11:11:31

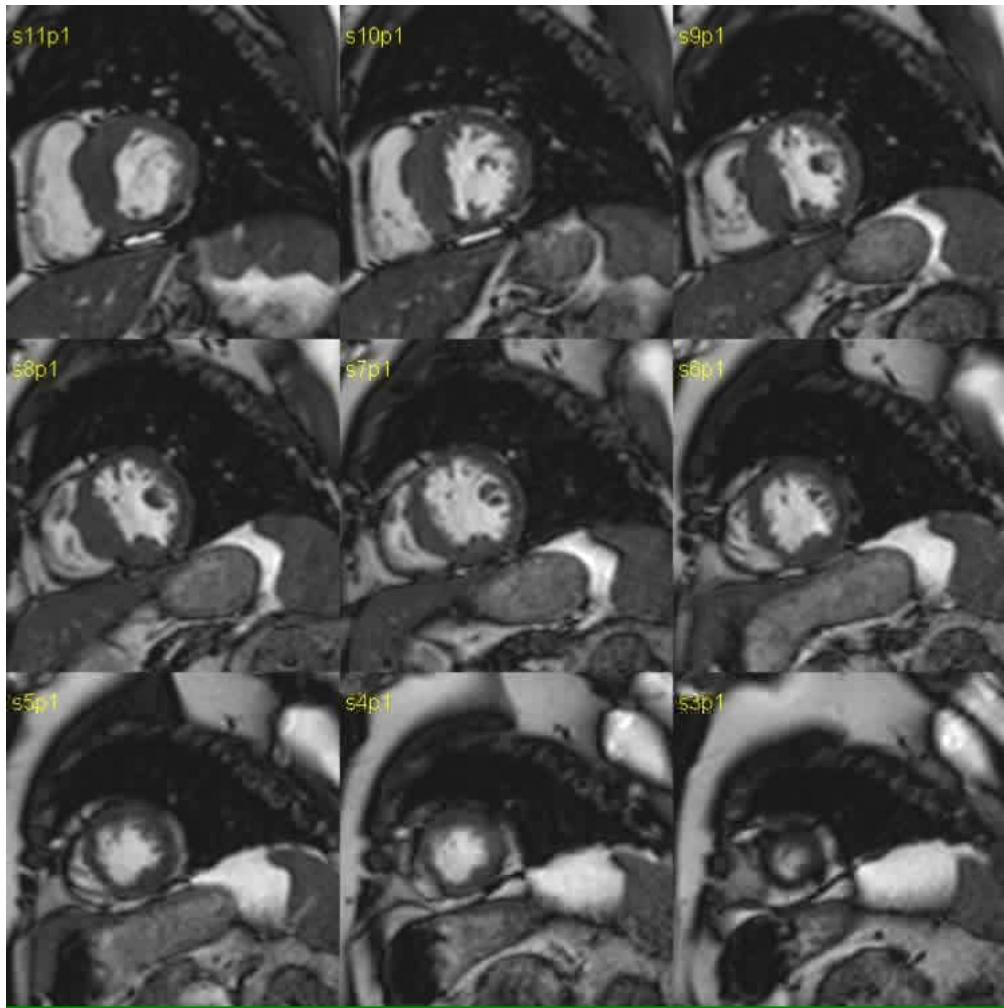


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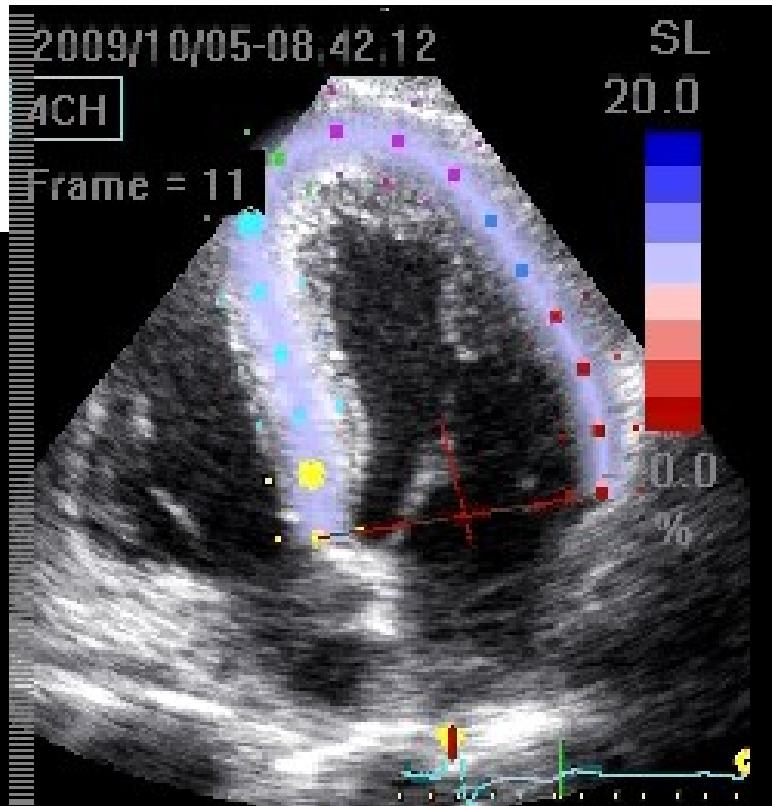
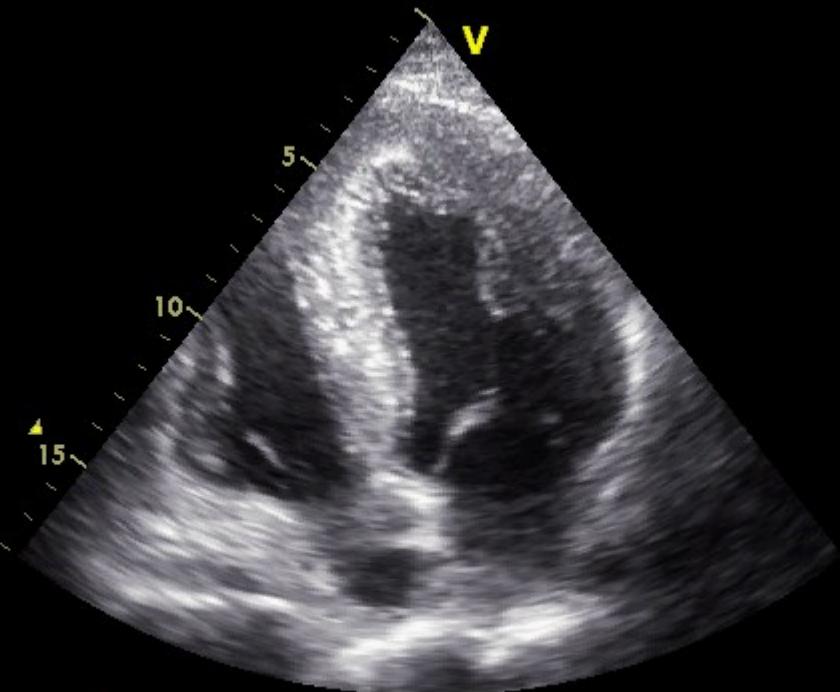
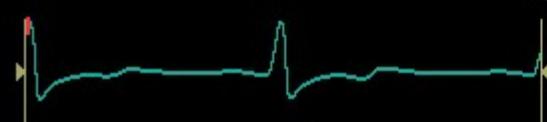








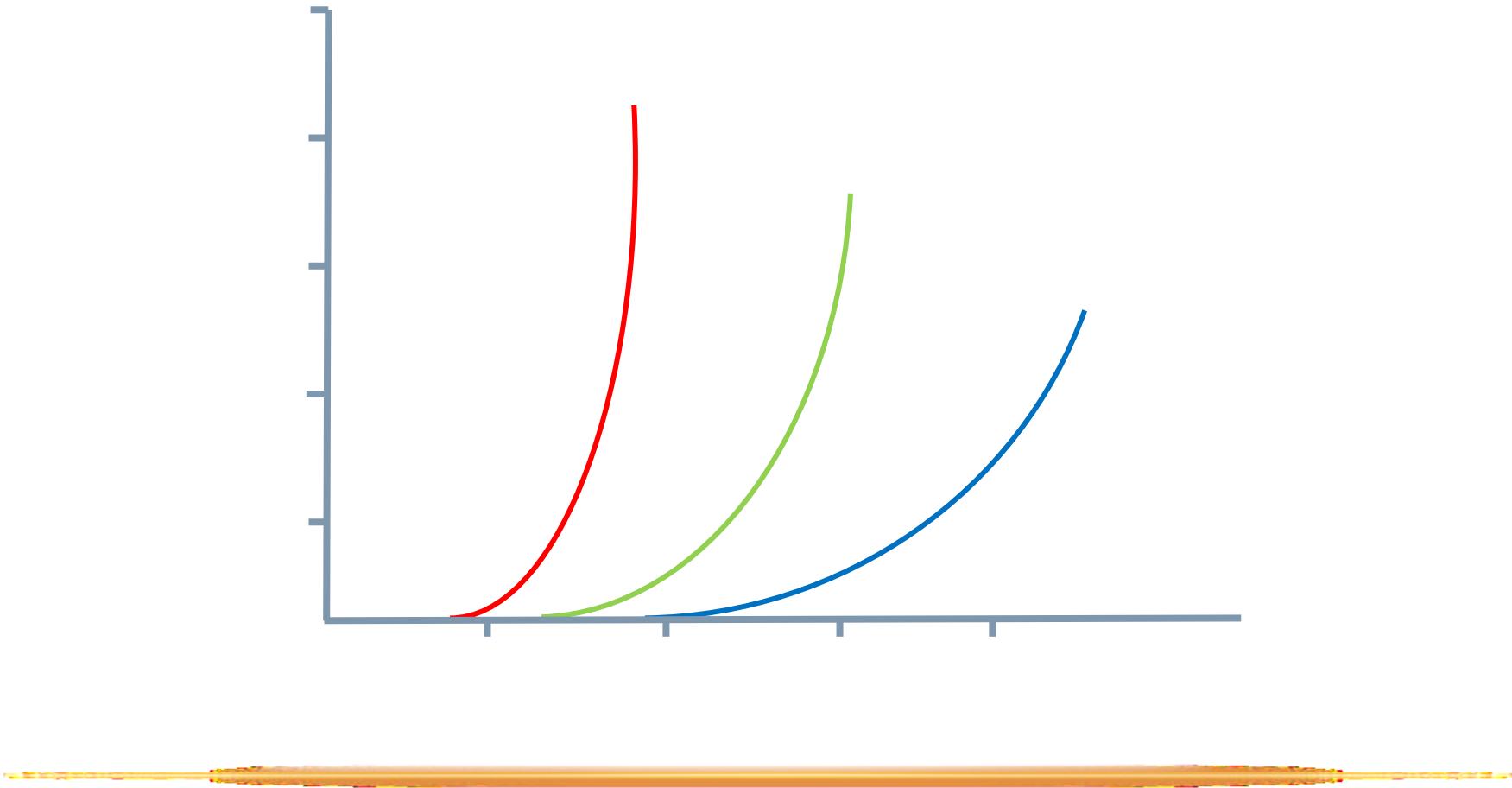
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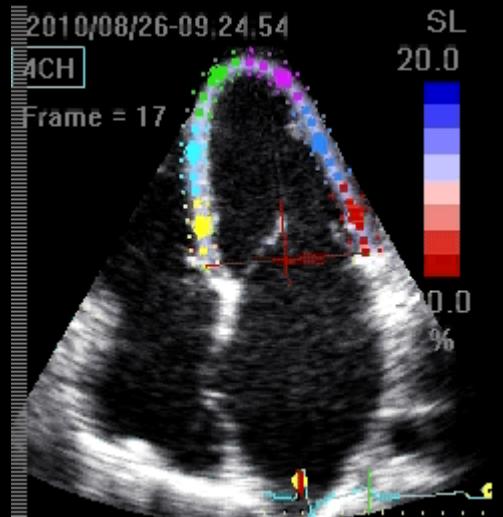
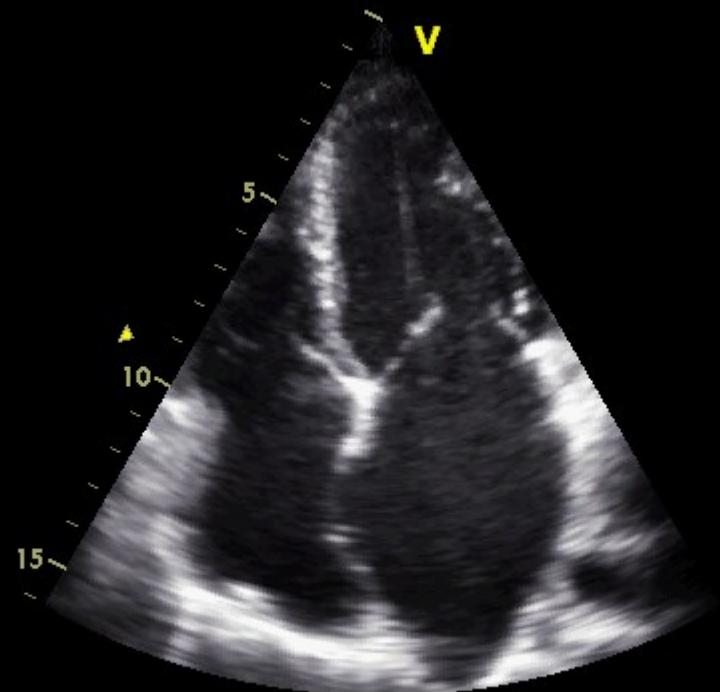
2:115 60 HR







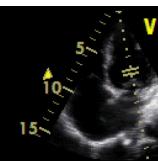
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2:174 63 HR

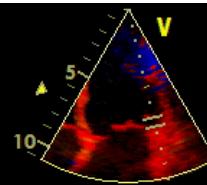
M-mode

1 MV E Vel 0.4 m/s
MV DecT 117 ms
MV A Vel 0.2 m/s
MV E/A Ratio 2.1



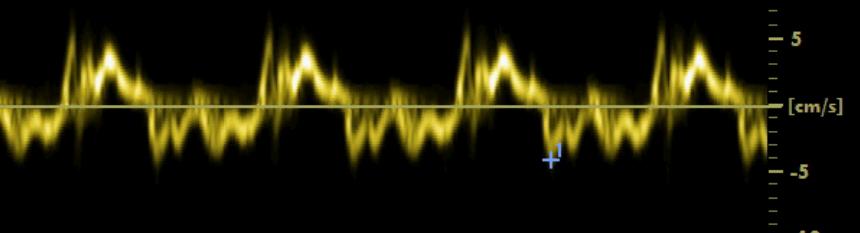
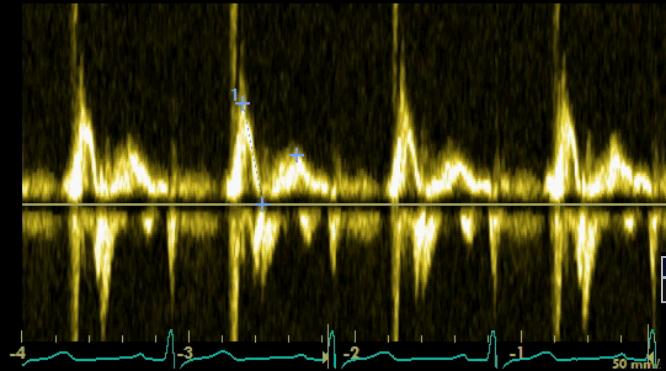
M-mode

E/E' 10.71
1 E' 0.04 m/s



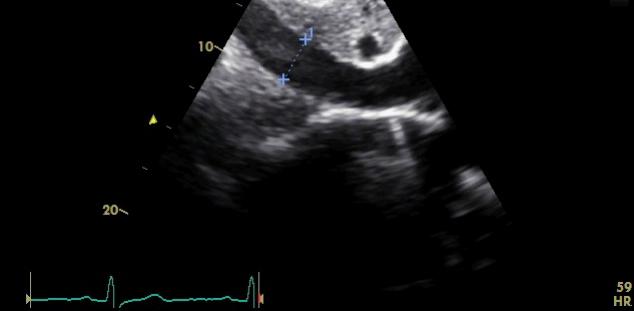
M-mode

1 IVC 24 mm

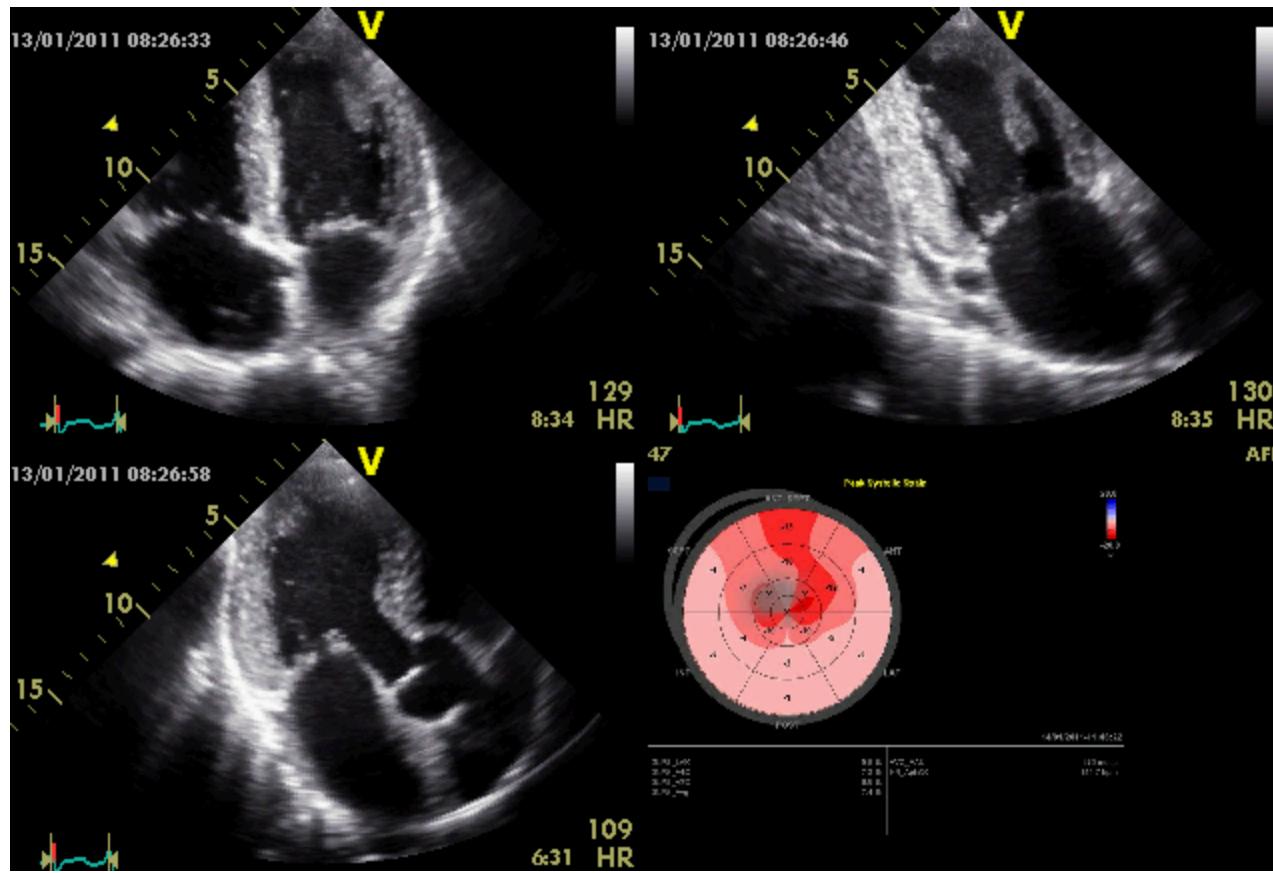


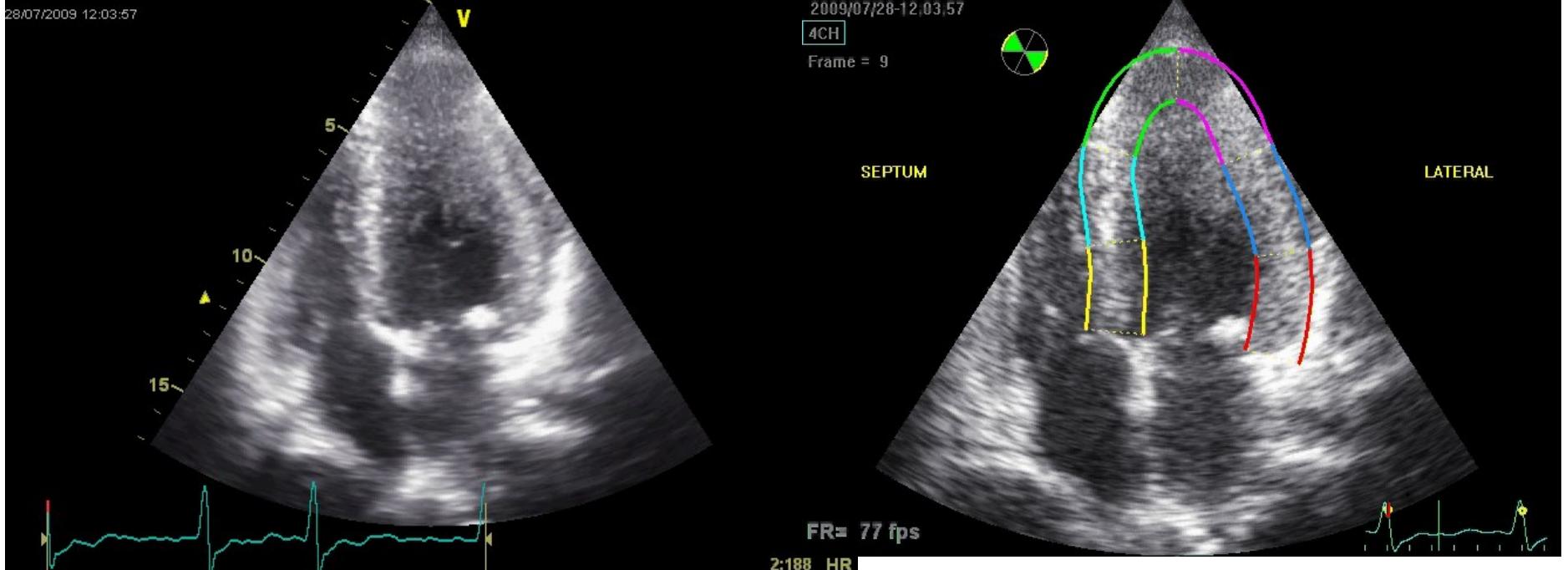
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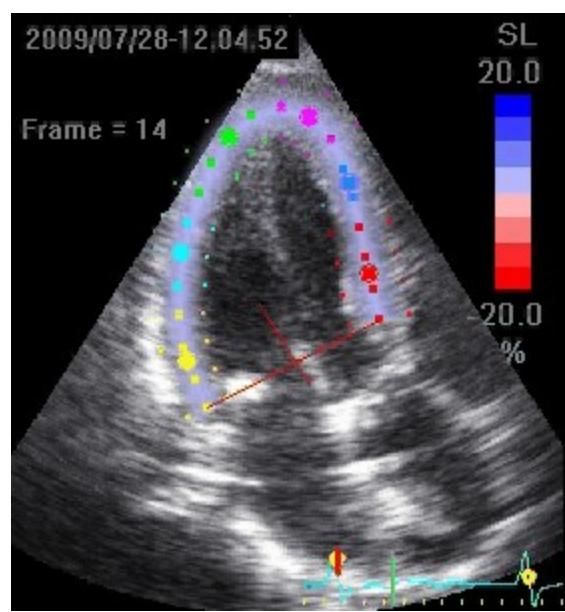
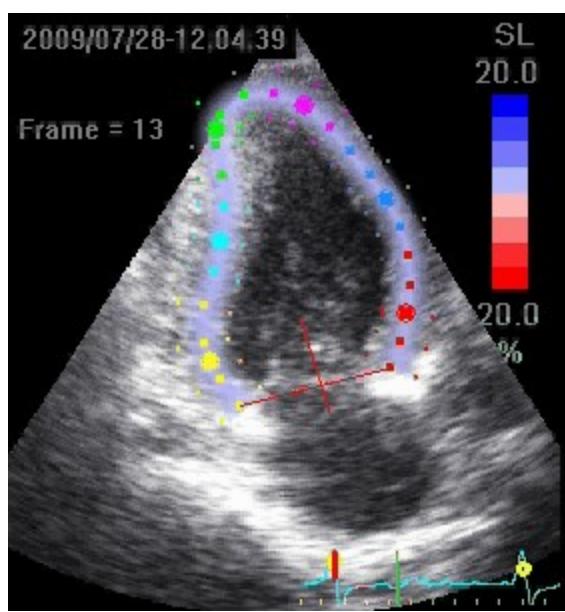
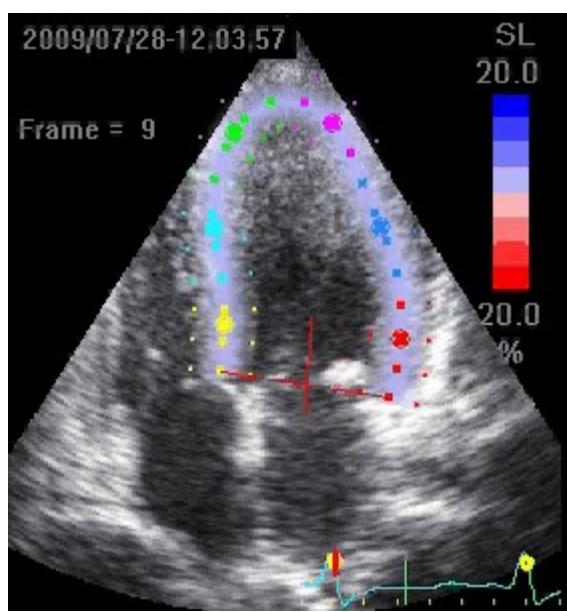
1 IVC 24 mm

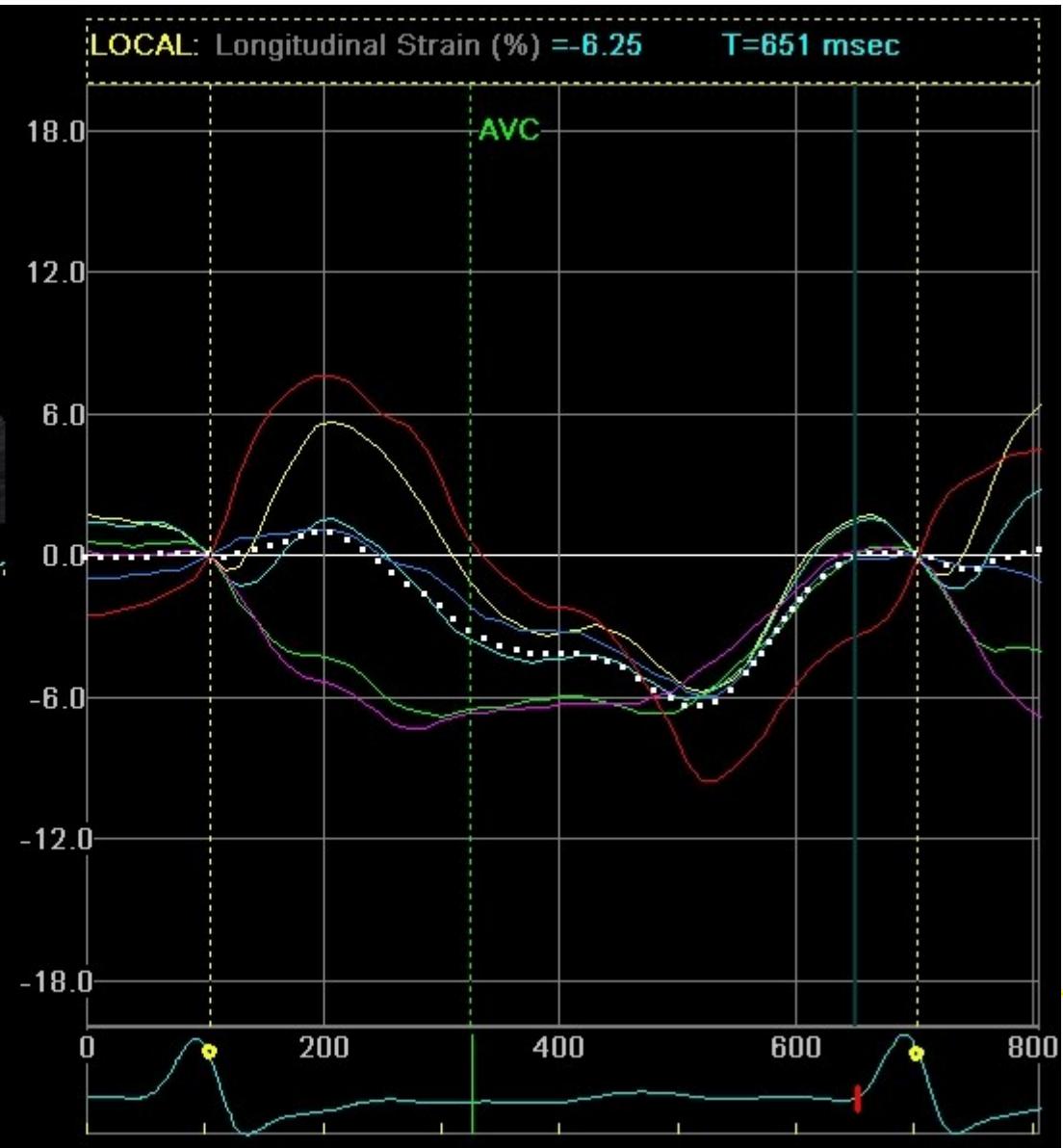
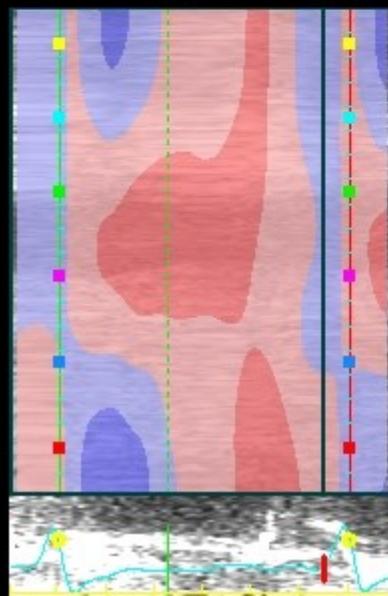
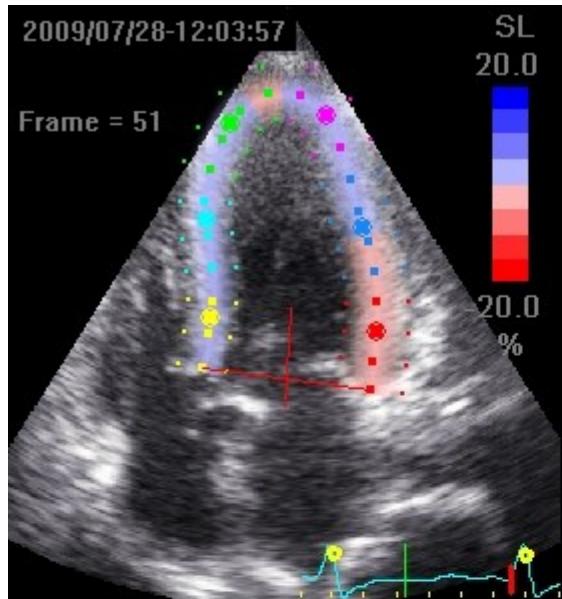


59 HR









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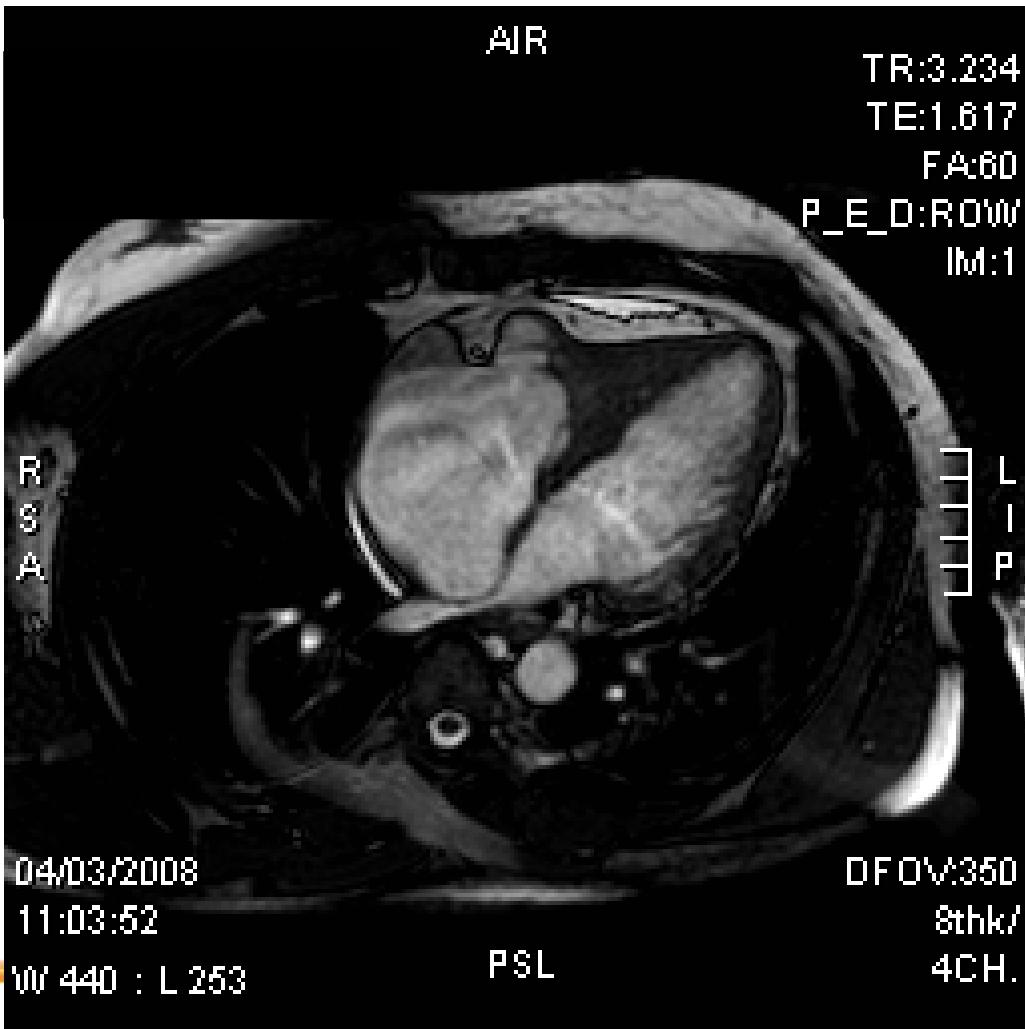
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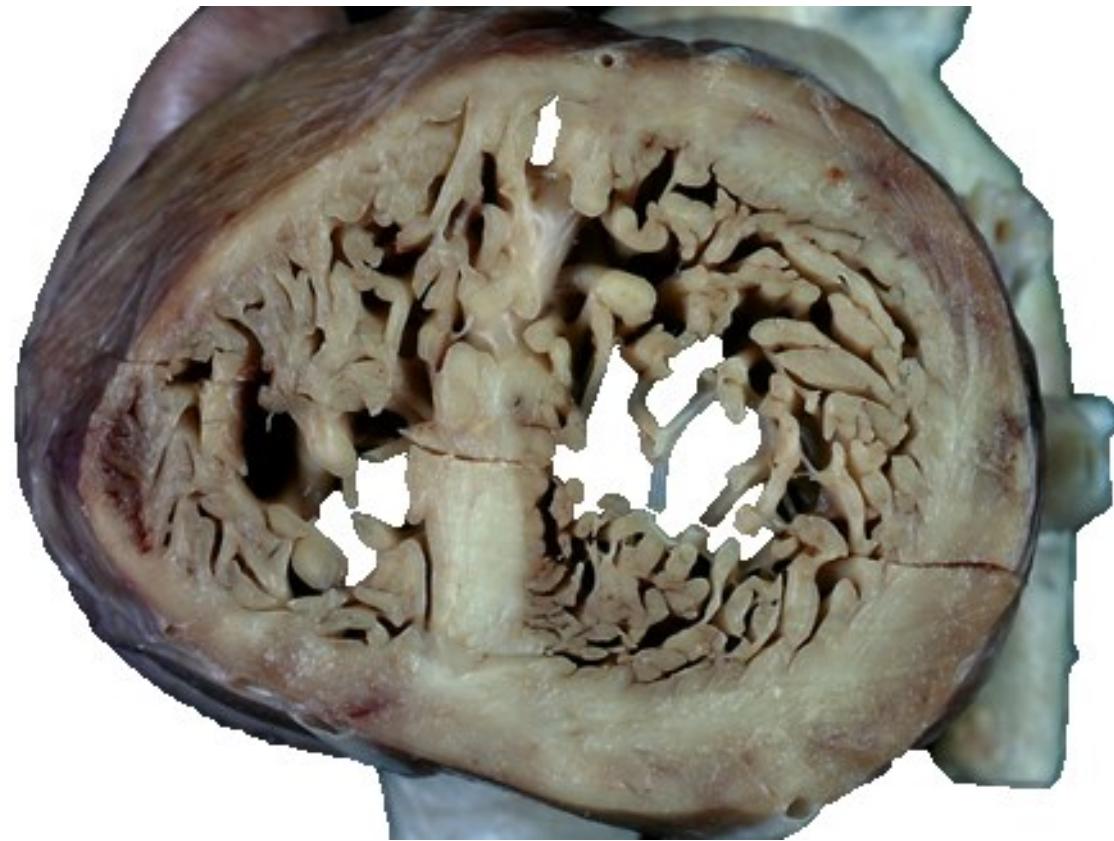
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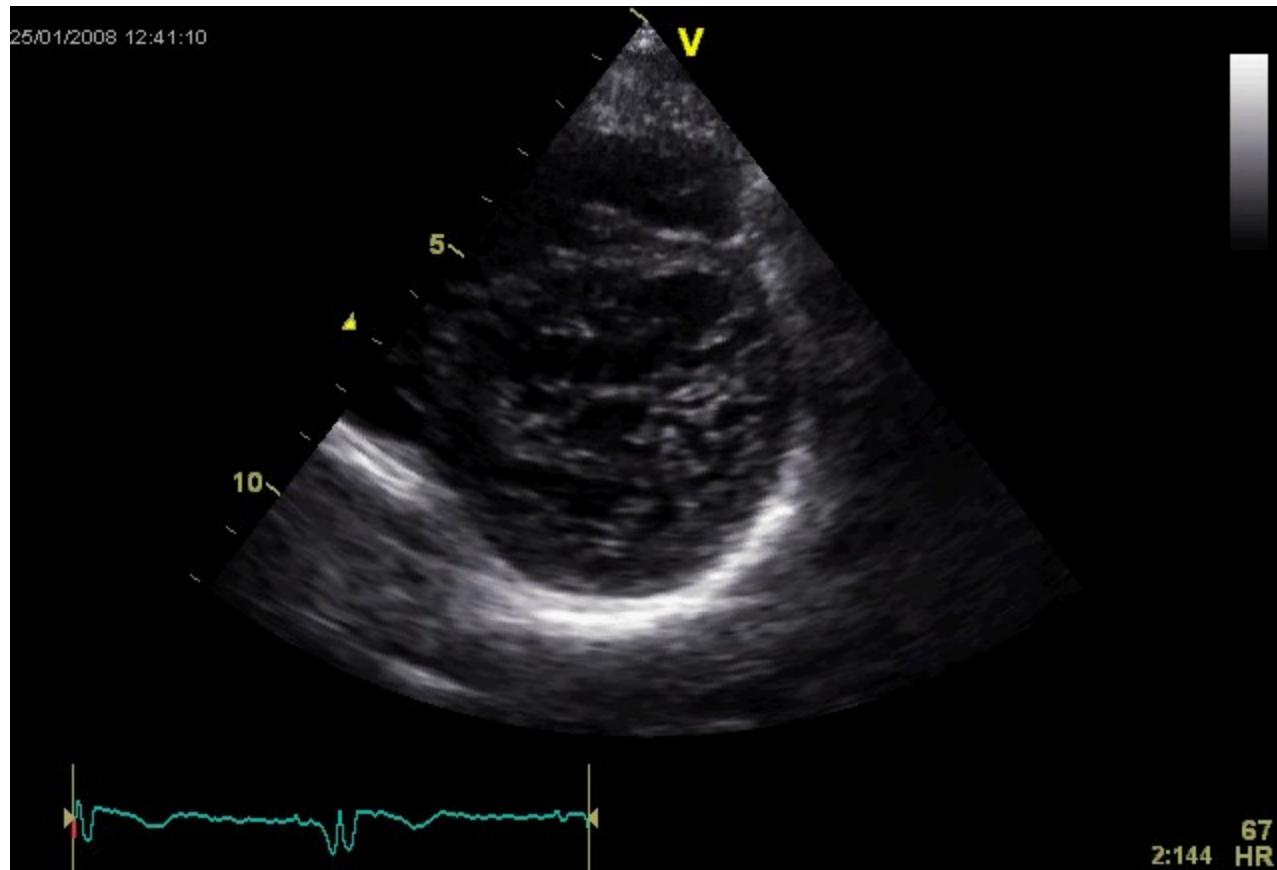
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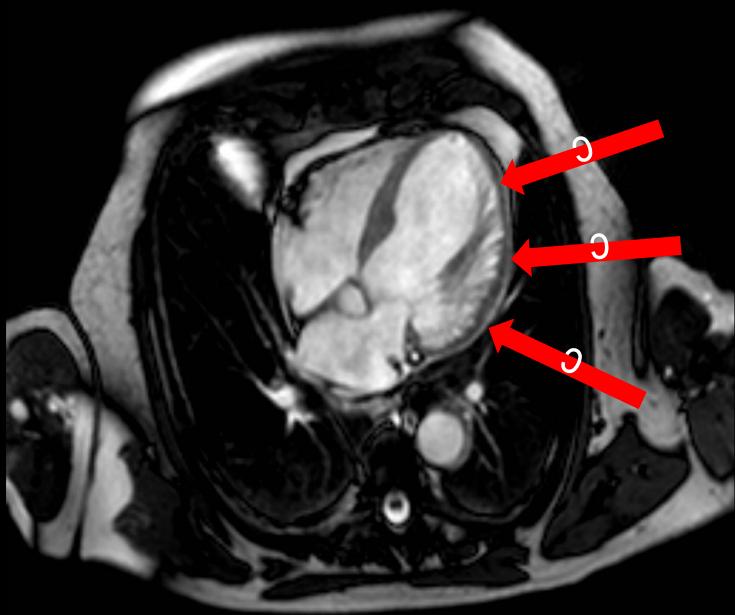




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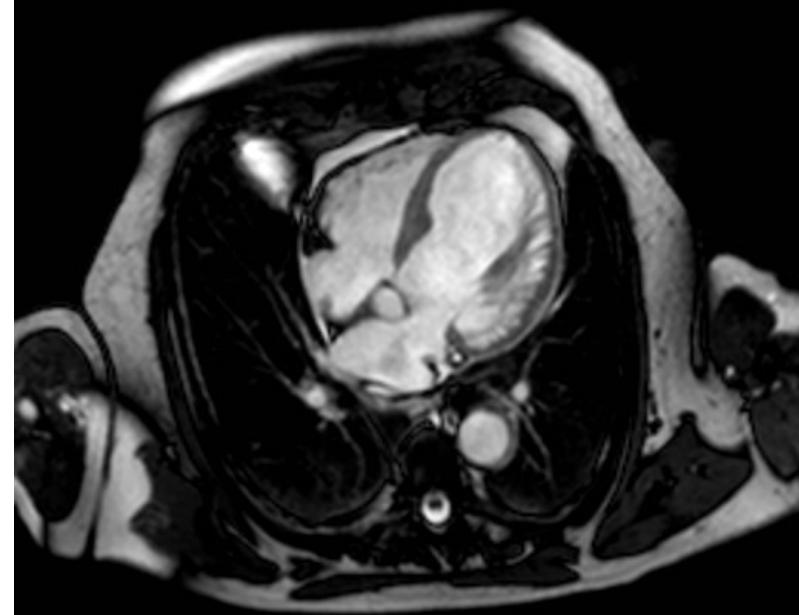


7



W 750 : L 431

1



W 757 : L 435

