

24th World Congress on **Pharmacology**
&
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Prognostic value of speckle tracking echocardiography in peripartum cardiomyopathy patients: A long term single center study

Doaa A Fouad, Hatem Abdel-Rahman Helmy, Safwat Abdelrady Salman, Hanan Galal Abdel-Azeem and Ahmed Mohammed Moheb El-Din
Assiut University, Egypt

Patients who died had significantly impaired GLS and GCS vs. those improved (-9.07 ± 0.65 vs. $-16.09 \pm 2.57\%$, -8.17 ± 3.1 vs. $-14.02 \pm 2.62\%$, $P < 0.01$). More reduction was noted in apical GCS (-6.97 ± 4.67 vs. $-17.43 \pm 6.75\%$). Patients with persistent LV dysfunction and those who died were presented later than improved (18 ± 11.79 vs. 7.5 ± 4.93 days postpartum)

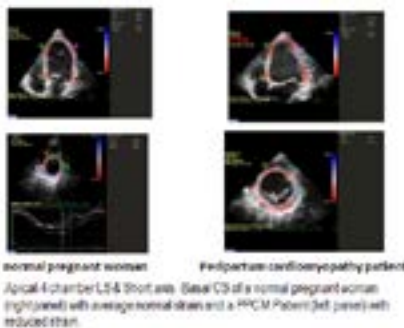
Conclusion & Significance: Longitudinal and circumferential strains are depressed in PPCM patients. 2D-STE can be used as an objective marker of LV dysfunction in PPCM patients at long term.

Recommendation: A larger multicenter study is recommended. Meanwhile, STE is advised whenever PPCM is suspected.

Statement of the Problem: Although peripartum cardiomyopathy (PPCM) is a rare disease, its frequency is higher in some regions including Egypt. It can result in morbidity and mortality of 5- 32%. Identifying prognostic indicators of women with PPCM is of paramount importance. Speckle tracking echocardiography (STE) was found helpful to assess early changes of left ventricular function and mechanics; however its prognostic value is still under investigation.

Methodology & Theoretical Orientation: This is a case-control prospective study that included 25 PPCM patients admitted to the cardiology and woman health hospitals of Assiut University, Egypt from September 2016-December 2018 and 20 control pregnant women. Clinical assessment, 2-D echocardiography and STE were done to study population upon inclusion, and at scheduled quarterly visits.

Findings: Patients age was 29.9 ± 7.68 years, 75% presented in the postpartum period. At presentation, LVEF was impaired in patients vs. controls ($33.2 \pm 8.84\%$ vs. $62.65 \pm 5.61\%$, $P < 0.001$), STE showed reduction of GLS (-10.08 ± 6.76 vs. -19.49 ± 2.82), GCS ($-11.65 \pm 3.34\%$ vs. $-23.63 \pm 2.93\%$) ($P < 0.001$). Patients were followed-up for a median of 13.5 months where 9 improved (LVEF $\geq 50\%$), 7 partially improved (LVEF = 40-49%), 4 had persistent LV dysfunction (LVEF $< 40\%$), 4 died. Along the study; GLS & GCS increased significantly ($-13.03 \pm 4.53\%$ to -20.18 ± 1.75), ($-13.28 \pm 3.37\%$ to $-22.53 \pm 4.82\%$) in improved patients



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Biography

Doaa A Fouad is a Professor of Cardiovascular Medicine at Assiut University, Egypt. She was the Head of Cardiovascular Medicine Department from 2013-2016. During this period, she gave a lot of effort to complete the modern facilities and introduce up-to-date equipments in the New Heart University Hospital. She has a long expertise in interventional cardiology in the fields of Device therapy, electrophysiology, and PCI of coronary artery disease. In addition, she has an expertise in different echocardiographic modalities. She has more than 50 publications in these fields with a special interest in diagnosis and management of myocardial disease and heart failure. She is a Member of the Egyptian Society of Cardiology, Egyptian Cardiac Rhythm Association (ECRA), and the European Society of Cardiology (ESC).

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