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Conference 2017



MEXICO CITY

JUNE 22 - 24, 2017



GLOBAL EXPERTS, LOCAL LEARNING



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New Insights in Cardiomyopathies FIT Case Study

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Case Presentation

- 44 years old male, presented with progressively worsening dyspnea and easy fatigability for the last six months and 2 episodes of syncope.



Case Presentation



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- **Physical Exam:**

- BP 90/50 mmHg, HR 110 bpm, RR 22 bpm, BMI 24.8 kg/m²
- On examination, the patient was in congestive cardiac failure with raised jugular venous pressure and prominent left ventricular S4.
- Hepatomegaly and macroglossia.



Case Presentation



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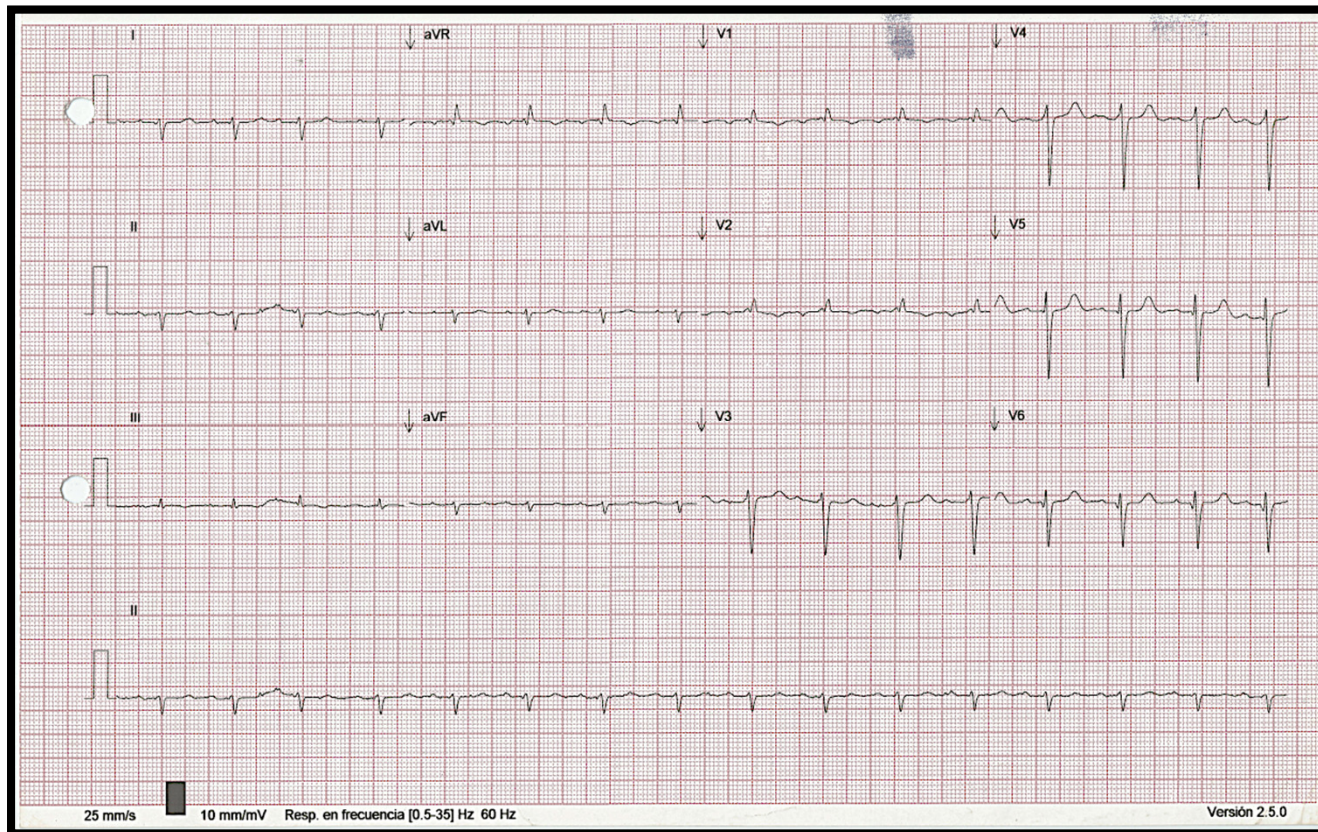
- **Laboratory exams:** Hemoglobin 11.0 g/dl, blood urea of 55 mg/dl, Creatinine 1.8 mg/dl, Sodium 139 mmol/l, Potassium 3.9 mmol/L Troponin I 0.1 ng/mL, NT-Pro BNP >25000 pg/mL.



Electrocardiogram



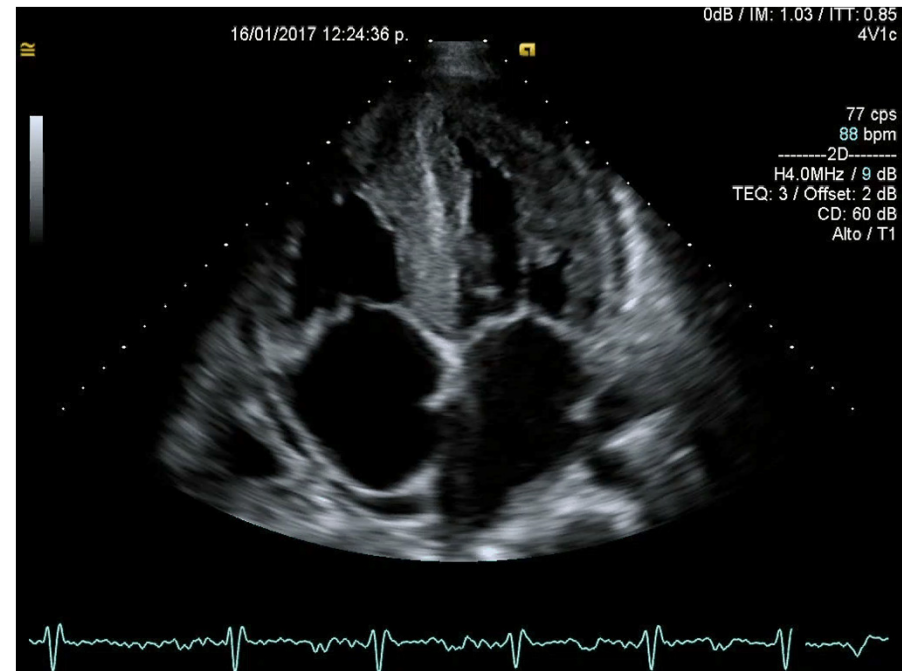
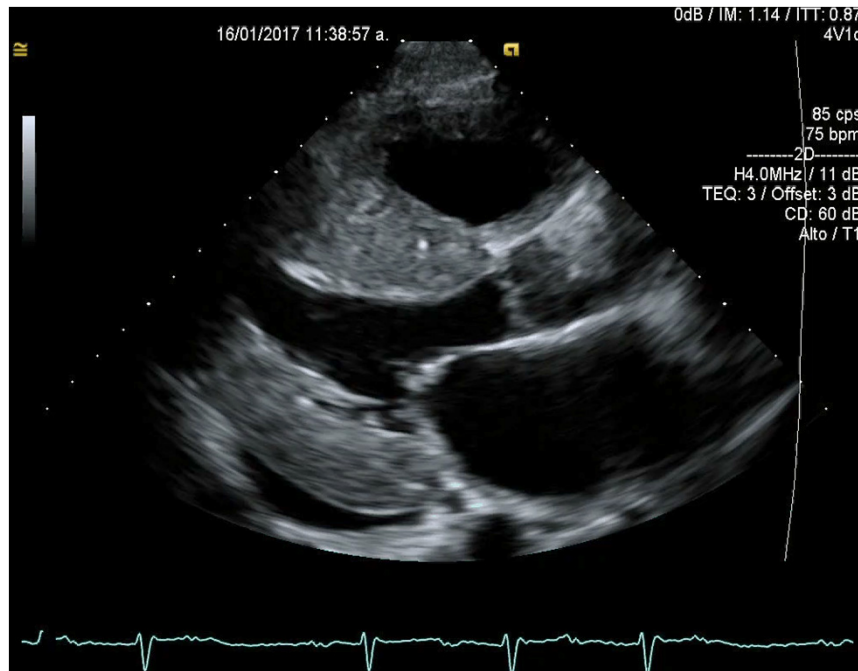
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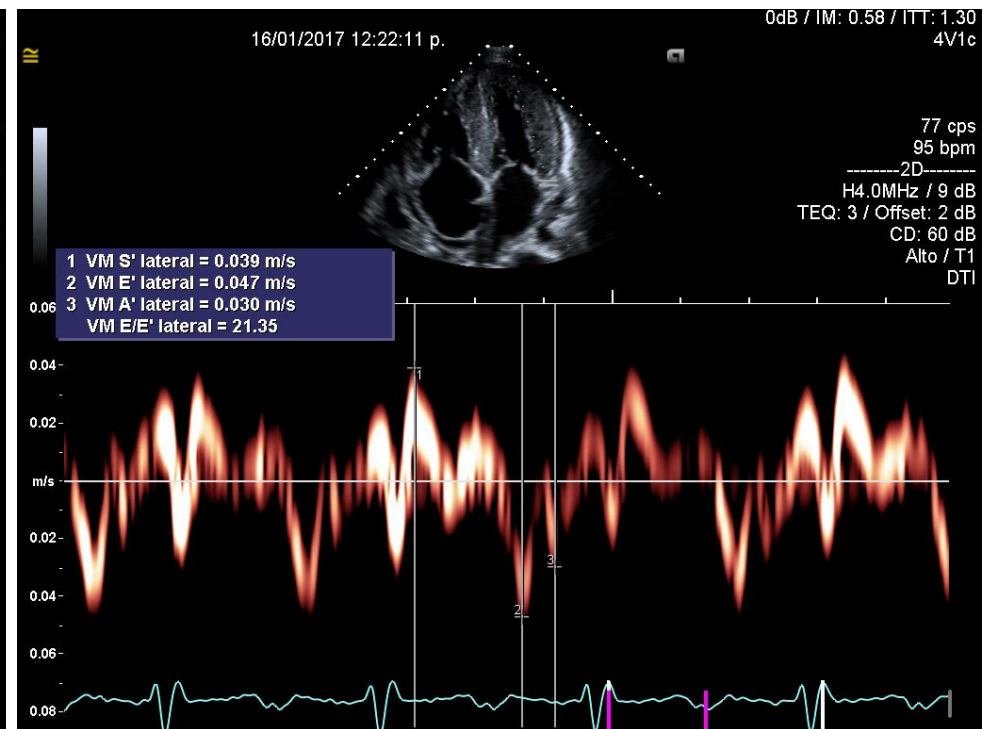
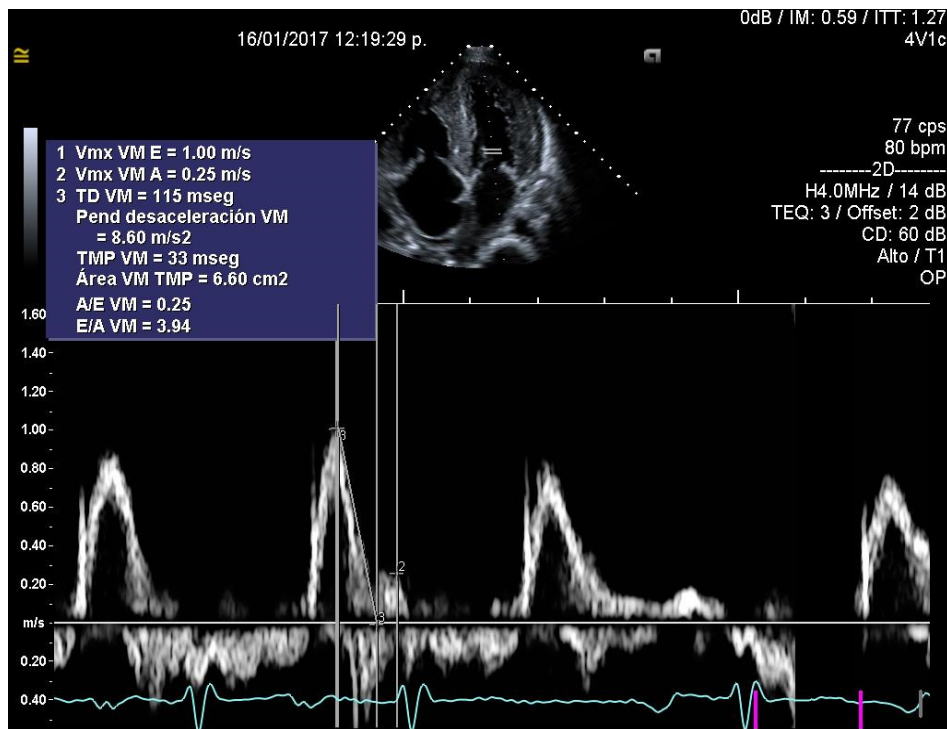
Transthoracic Echocardiogram





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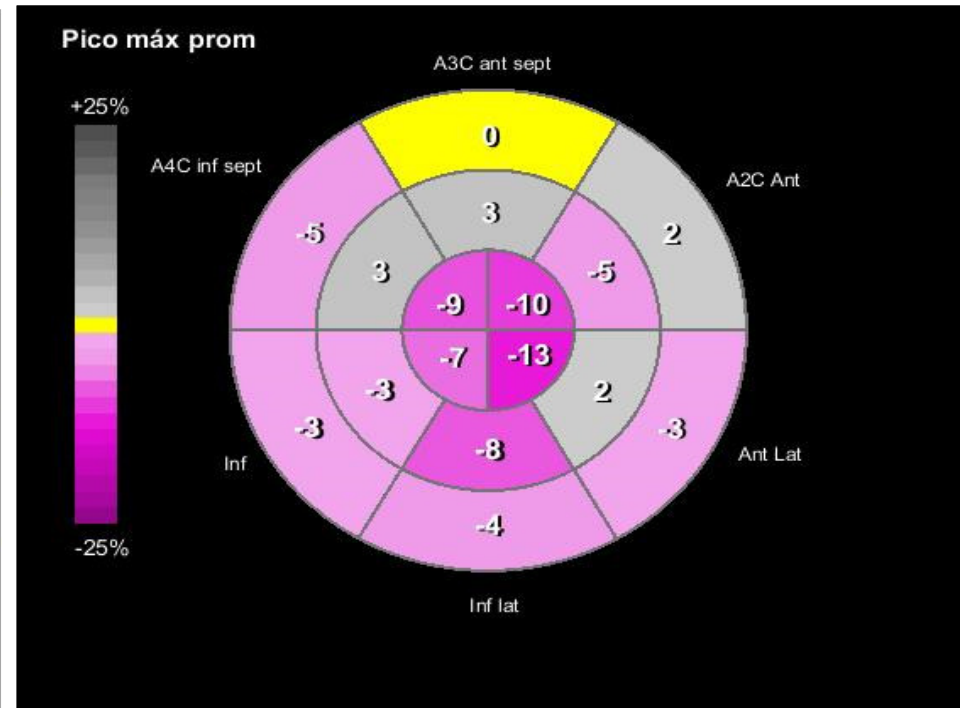
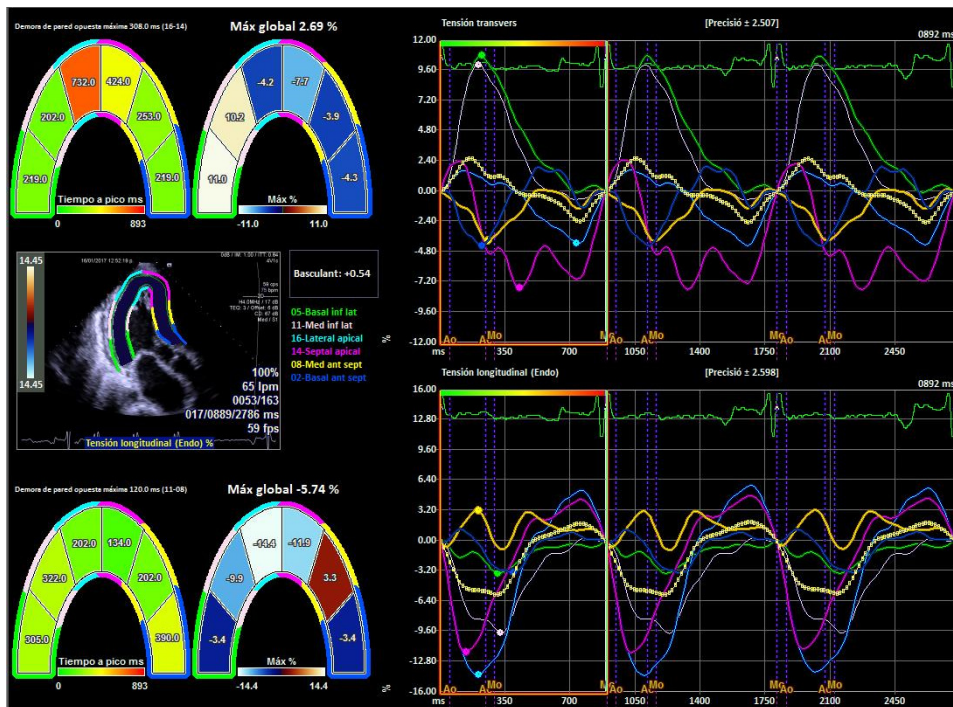
Transthoracic Echocardiogram



Longitudinal Strain



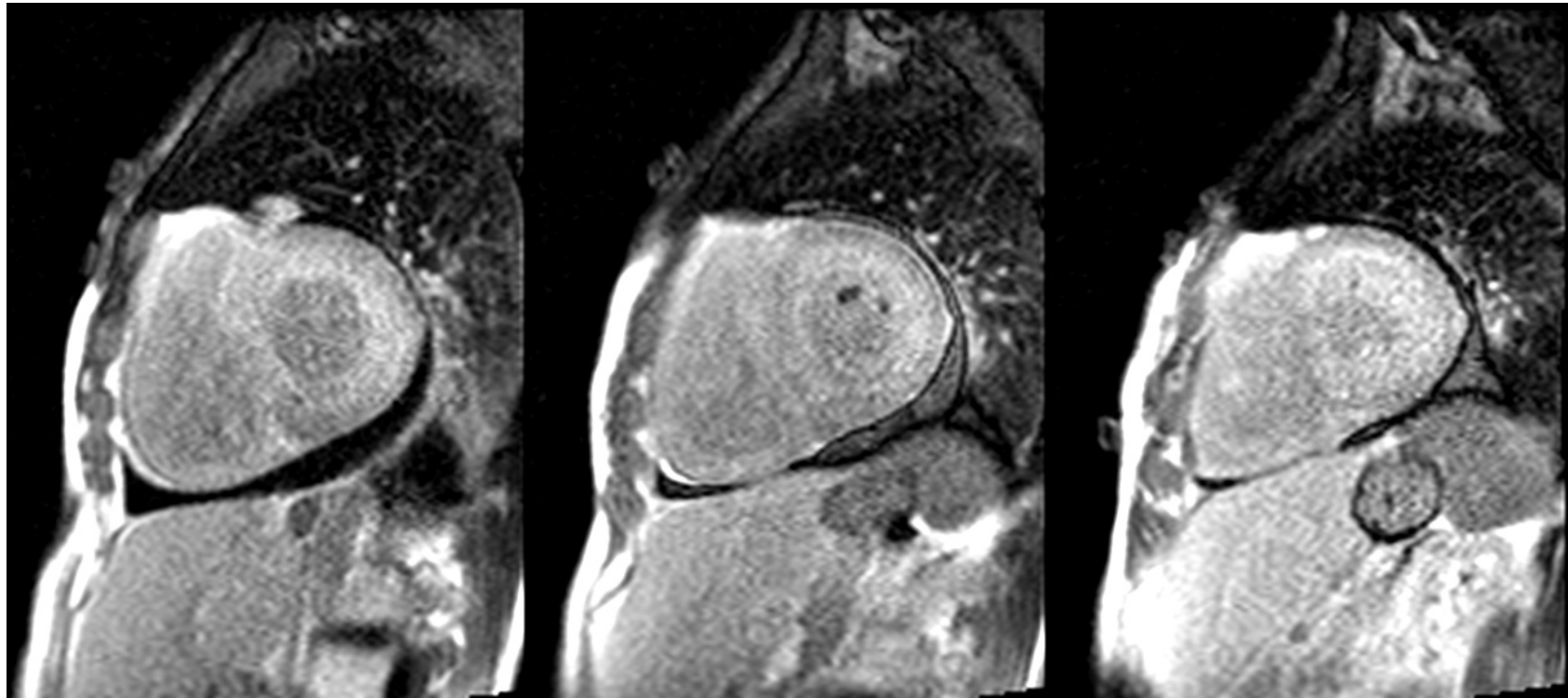
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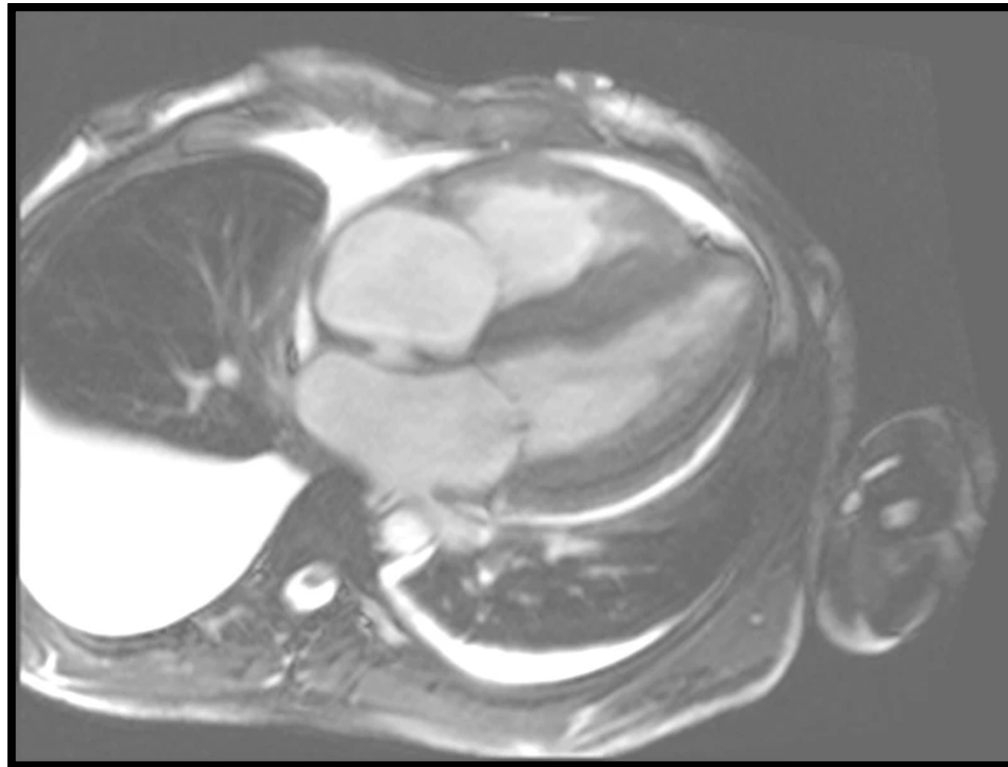
Cardiac Magnetic Resonance



Cardiac Magnetic Resonance



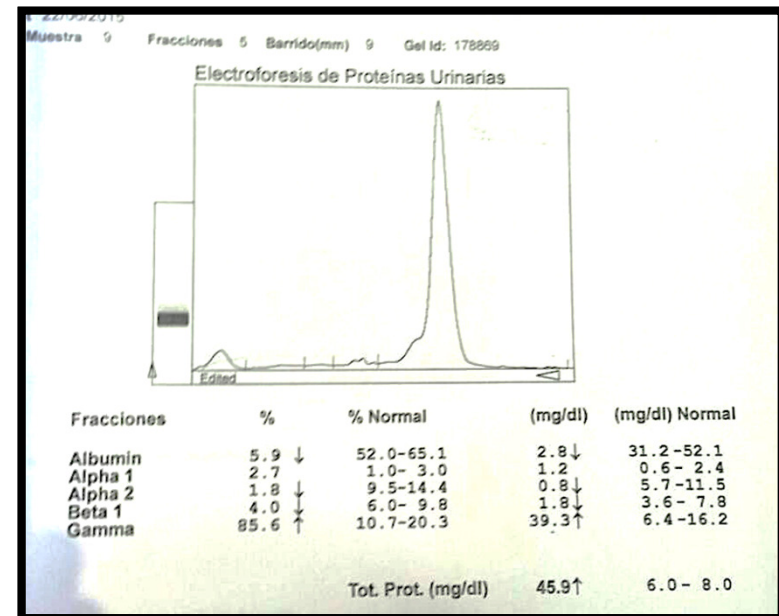
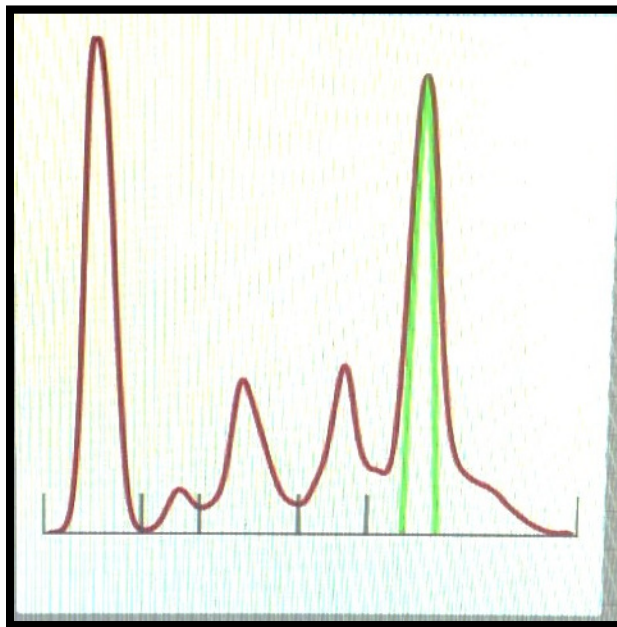
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Serum and Urine Protein Electrophoresis



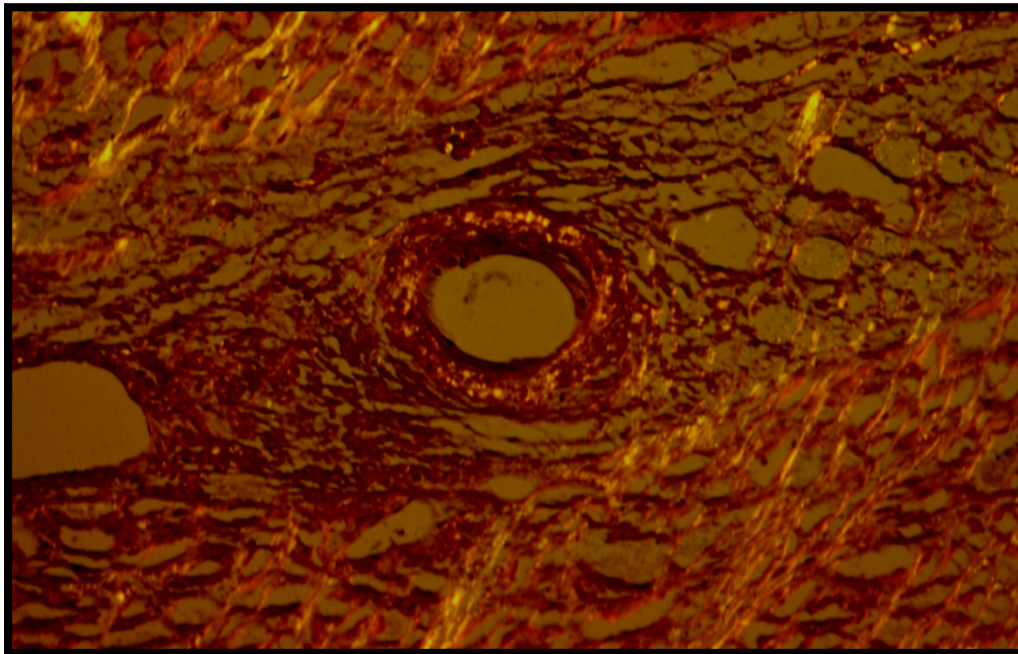
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Endomyocardial biopsy





Clinical Evolution.

- The working diagnosis was hence a case of congestive cardiac failure with underlying restrictive cardiomyopathy.
- Cardiac Light-Chain Amyloidosis was diagnosed.
- Treatment for heart failure was initiated (diuretics).



Clinical Evolution.



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- During hospitalization, the patient presented ventricular tachycardia which degenerated into ventricular fibrillation; despite advanced life support, the patient died.

