Abstract No. **29**

Category: **Heart Failure and Cardiomyopathies**

Title: **Survival After Heart Transplantation for Chagas Cardiomyopathy Using a Conventional Protocol: A Ten-years Experience in a Single Center**

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Abstract:

Background: Chagas disease represents a relevant cause of dilated cardiomyopathy in endemic countries. Heart transplant (HT) remains the most frequently indicated therapy for patients with end-stage heart failure that significantly improves prognosis in Chagas cardiomyopathy (CCM). However, the lack of benznidazole therapy and availability of RT-PCR follow-up in many centers is a major limitation to perform this life-saving intervention, as there are concerns related with the risk of reactivation. This study aimed to describe the outcomes of a cohort of patients with CCM that underwent HT using a conventional protocol with mycophenolate mofetil, without benznidazole prophylaxis or RT-PCR follow-up.

Methods: Retrospective cohort study. Between 2008-2018, forty-three patients with CCM underwent HT at the Fundación Cardiovascular de Colombia. A descriptive analysis to characterize outcomes as rejection, infectious and neoplastic complications and a survival analysis were carried out.

Results: Median of follow-up was 4.3 (IR 4.28) years. Survival at one month, one year, and five years was 95%, 85% and 75%, respectively, being infections the main cause of death (60%). Age and atrial fibrillation before HT were associated with death (HR=1.096;95%CI 1.003-1.198, and HR=5.735;95%CI 1.607-20.462, respectively). Reactivations occurred in only three patients (7.34%) and were not related to mortality.

Conclusion: This cohort of transplanted patients with CCM was managed under a conventional protocol designed for other causes of end-stage heart failure, showing a favorable survival and a low reactivation rate without an impact on mortality. Our results suggest that performing HT in patients with CCM following conventional guidelines and recommendations for other etiologies is a safe approach.