CASE PRESENTATION

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Governor Argentina Chapter
Past President Argentine Society of Cardiology
Sanatorio Güemes
Buenos Aires
F.C. Male 59 y old
T2DBM treated with metphormin
No other medication.
Asyptomatic until the onset of his current disease
Works in a restaurant as a waiter

Two months ago effort dyspnea that began in Functional Class II and progressed to III
Visit ER: asymptomatic at rest, BP 120/80, HR 85 bpm, regular Peripheral oedema Rales in both lungs. S3

Treated with Furosemide and Nitroglycerin IV

Admitted in Cardiology asymptomatic, began ACE inhibitors and spironolactone
Echocardiography LV 53/42. Fey 35% septal, septo apical and lateroapical akinesia
The patient did well, oedema and pulmonary rales disappeared. Lost 5 Kgm in 6 days

What’s next:
Stress scintigraphy?
Stress echo?
MRI?
Coronary angiography?
CABG was performed LIMA to LAD, SVG to circumphlex, RCA an 1st diagonal branch
No posoperative complications
Treated with beta blockers, aspirin, ACE inhibitors, metphormin and high dose statins

6 months later asymptomatic in Functional Class 1
Echo EF 40.5%
CASE DISCUSSION
## Heart Failure in Latin America - Etiology

<table>
<thead>
<tr>
<th>First Author (Ref. #)</th>
<th>Country</th>
<th>Year</th>
<th>N</th>
<th>Mean Age (yrs)</th>
<th>IDC</th>
<th>C/D</th>
<th>Inoh</th>
<th>SH</th>
<th>Vehr</th>
<th>Alco</th>
<th>Periph</th>
<th>Myo</th>
<th>EMF</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Freitas et al. (16)</td>
<td>Brazil</td>
<td>2005</td>
<td>1,220</td>
<td>45</td>
<td>37</td>
<td>20</td>
<td>17</td>
<td>14</td>
<td>5</td>
<td>4</td>
<td>2</td>
<td>1</td>
<td>&lt;1%</td>
<td>&lt;1%</td>
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<tr>
<td>Bocchi et al. (4)</td>
<td>Brazil</td>
<td>2008</td>
<td>350</td>
<td>50 and 52</td>
<td>10-17</td>
<td>21-16</td>
<td>22-28</td>
<td>22-18</td>
<td>3</td>
<td>8-4</td>
<td>NA</td>
<td>—</td>
<td>—</td>
<td>NA</td>
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<tr>
<td>Mendez et al. (31)</td>
<td>Mexico</td>
<td>2007</td>
<td>72</td>
<td>61</td>
<td>44</td>
<td>—</td>
<td>47</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
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<tr>
<td>Silva et al. (39)</td>
<td>Brazil</td>
<td>2007</td>
<td>96</td>
<td>52</td>
<td>28.2</td>
<td>8.6</td>
<td>28.2</td>
<td>20.6</td>
<td>6.5</td>
<td>2.1</td>
<td>3.2</td>
<td>—</td>
<td>—</td>
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<tr>
<td>Ferrante et al. (37)</td>
<td>Argentina</td>
<td>2005</td>
<td>1,618</td>
<td>65</td>
<td>NA</td>
<td>NA</td>
<td>44.4</td>
<td>NA</td>
<td>—</td>
<td>NA</td>
<td>NA</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Dowal et al. (7)</td>
<td>Argentina</td>
<td>1994</td>
<td>516</td>
<td>50 and 52</td>
<td>19.5-23.0</td>
<td>10.5-8.1</td>
<td>38.3-39.6</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>—</td>
<td>—</td>
</tr>
</tbody>
</table>

**DHF**

- Freitas et al. (16) | Brazil | 2005 | 312 | 60 | 2 | 1.5 | 30 | 21 | 15 | NA | NA | NA | NA | — |
- Lataho et al. (18)  | Brazil | 2006 | 299 | 69 | 3 | 9.7 | 49.2 | 25.8 | 11.7 | — | — | 0.7 | — | — |
- Tavare et al. (23)   | Brazil | 2004 | 203 | 50 and 52 | NA | NA | 62-68 | NA | NA | NA | NA | NA | NA | — |
- Fakmon et al. (19)   | Argentina | 2009 | 736 | 74 | NA | 4 | 21 | 76 | 20 | NA | NA | NA | NA | — |
- Perma et al. (6)     | Argentina | 1990-2004 | 2,074 | 65-70 | 1.3-118 | 13-84 | 27.38 | 18.2-22.3 | 16-22 | 1.0-5.4 | — | — | — |
- Castro et al. (11)   | Chile | 2004 | 372 | 69 | 7.4 | — | 31.6 | 35 | 14.8 | 2.2 | NA | NA | NA | Na |
- Bocchi et al. (20)   | Brazil | 2008 | 182 | 55 | NA | 21 | 34 | NA | NA | NA | NA | NA | NA | Na |
- Bascetti et al. (8)  | Brazil | 1998 | 903 | 53 | 25.8 | 6.2 | 32.6 | 7 | 22 | NA | NA | NA | NA | Na |
- Rohde et al. (9)     | Brazil | 2005 | 143 | 73 | NA | 0.6 | 39 | 25 | 10 | NA | NA | NA | NA | Na |
- McSwain et al. (28)  | Antigua-Barbuda | 1999 | 293 | 69 | 5 | — | 33 | 41 | 12 | 2 | NA | NA | NA | Na |
- Thierer et al. (21)  | Argentina | 2002 | 400 | 68 | 5 | 4.3 | 28 | 21.6 | 17 | NA | NA | NA | NA | Na |
- Ricci et al. (22)    | Argentina | 2004 | 615 | 70 | 3.7 | 8.4 | 27.4 | 18.9 | 16.4 | NA | NA | NA | NA | Na |
- Thierer et al. (23)  | Argentina | 2006 | 2,201 | 68 | 9.3 | 6 | 19.8 | 23.7 | 12 | — | — | — | — | — |

Bocchi J Am Coll Cardiol 2013;62:949-58
OPTIMIZE-HF 48612p, 8.7% with CCG

STICHES 10 year follow-up

A. Death from Any Cause (Primary Outcome)

Hazard ratio, 0.84 (95% CI, 0.73–0.97)
P=0.02 by log-rank test

B. Death from Cardiovascular Causes

Hazard ratio, 0.79 (95% CI, 0.66–0.93)
P=0.006 by log-rank test

C. Death from Any Cause or Cardiovascular Hospitalization

Hazard ratio, 0.72 (95% CI, 0.64–0.82)
P<0.001 by log-rank test
Myocardial viability and mortality

A Without Myocardial Viability

B With Myocardial Viability

C

<table>
<thead>
<tr>
<th>Subgroup</th>
<th>No.</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Without viability</td>
<td>114</td>
<td>58</td>
</tr>
<tr>
<td>With viability</td>
<td>487</td>
<td>178</td>
</tr>
</tbody>
</table>

Hazard Ratio (95% CI)

- Without viability: 0.70 (0.41–1.18)
- With viability: 0.86 (0.64–1.16)

P Value for Interaction: 0.53

<table>
<thead>
<tr>
<th>Outcome</th>
<th>2 Years after Randomization</th>
<th>5 Years after Randomization</th>
<th>Patients with Event</th>
<th>P Value*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>PCI number (percent)</td>
<td>CABG number (percent)</td>
<td>PCI number</td>
<td>CABG number</td>
</tr>
<tr>
<td>Primary composite†</td>
<td>121 (13.0)</td>
<td>108 (11.9)</td>
<td>200 (26.6)</td>
<td>146 (18.7)</td>
</tr>
<tr>
<td>Death from any cause</td>
<td>62 (6.7)</td>
<td>57 (6.3)</td>
<td>114 (16.3)</td>
<td>83 (10.9)</td>
</tr>
<tr>
<td>Myocardial infarction</td>
<td>62 (6.7)</td>
<td>42 (4.7)</td>
<td>98 (13.9)</td>
<td>48 (6.0)</td>
</tr>
<tr>
<td>Stroke</td>
<td>14 (1.5)</td>
<td>24 (2.7)</td>
<td>20 (2.4)</td>
<td>37 (5.2)</td>
</tr>
<tr>
<td>Cardiovascular death</td>
<td>9 (0.9)</td>
<td>12 (1.3)</td>
<td>73 (10.9)</td>
<td>52 (6.8)</td>
</tr>
</tbody>
</table>

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