hypertrophic cardiomyopathy: A 3D speckle tracking imaging study

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Objectives. — To assess LV myocardial deformation with 3D echocardiography in HCM and study the impact of hypertrophy on global and regional systolic deformation.

Patients and methods. — A complete rest echocardiography (GE Vivid 9) was performed in 41 HCM and in 114 control patients. Secondary HCM were excluded. LV systolic deformation was assessed by 3D strains. Values of 3D global LV longitudinal (3DGGLS), circumferential (3DGCS), radial (3DRS) and area strain (3DGAS) were obtained from all patients. We classified segments depending on their thickness as first quartile (< 105 mm, n = 157), second quartile (105–131 mm, n = 152), third quartile (131–166 mm, n = 162) and fourth quartile (> 166 mm, n = 165).

Results. — All strain values were significantly higher in control than in HCM pts. There was a significant decrease from second quartile to fourth quartile (P = 0.05), gradually for longitudinal then radial and circumferential strain values (Table 1).

Conclusion. — 3D echocardiography is a useful tool in HCM patients, bringing in one acquisition all global and regional deformations parameters. Hypertrophy has an impact on the global mechanics of LV and on regional kinetics of hypertrophic segment impairing gradually longitudinal then circumferential and radial deformation. However, there is also an impact on mechanics of non-hypertrophic segments suggesting an overall involvement of the myocardium.

Table 1 3D strain values.

<table>
<thead>
<tr>
<th></th>
<th>&gt; 105 mm</th>
<th>105–131 mm</th>
<th>131–166 mm</th>
<th>&gt; 166 mm</th>
<th>HCM patients</th>
<th>Controls</th>
</tr>
</thead>
<tbody>
<tr>
<td>n</td>
<td>n=157</td>
<td>n=152</td>
<td>n=162</td>
<td>n=165</td>
<td>n=41</td>
<td>n=114</td>
</tr>
<tr>
<td>Age (years)</td>
<td>56.6±1.1</td>
<td>56.6±1.1</td>
<td>55.9±12.0</td>
<td>54.9±12.0</td>
<td>62.3±7.1</td>
<td>62.6±4.4</td>
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<tr>
<td>LVF (%)</td>
<td>29.4±10.7</td>
<td>27.3±9.5</td>
<td>23.5±10.8</td>
<td>20.5±7.3</td>
<td>25.0±10d</td>
<td>24.8±3.2</td>
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<tr>
<td>3DGGLS (%)</td>
<td>14.6±8.5</td>
<td>12.6±7.8</td>
<td>9.8±8.1</td>
<td>7.5±7.5</td>
<td>11.2±17c</td>
<td>20.8±2.7</td>
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<tr>
<td>3DGCS (%)</td>
<td>18.6±6.5</td>
<td>17.9±6.7</td>
<td>16.2±7.0</td>
<td>14.6±6.5</td>
<td>16.8±6.5</td>
<td>18.7±2.9</td>
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<tr>
<td>3DRS (%)</td>
<td>47.3±21.7</td>
<td>42.0±19b</td>
<td>35.4±19c</td>
<td>28.4±14c</td>
<td>38.3±20d</td>
<td>54.6±9.0</td>
</tr>
</tbody>
</table>

Table 1.3D strain values.

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31 Is there a cardiac involvement in patients with hemoglobin sickle cell disease?
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Background. — Adult’s patients with hemoglobin sickle cell disease have usually a dramatic left ventricular enlargement and a cardiac high output. Pulmonary hypertension is frequent in this population. Hemoglobin sickle cell disease is currently considered to be a mild variant of homozygous sickle cell disease with less severe anemia. At date no study have been dedicated to describe cardiac involvement of this disease.

Objective. — To investigate cardiac involvement in adults patients with hemoglobin sickle cell disease (SC).

Methods. — Using a case-control design, 64 adults with SC in stable condition (mean age 33.1±10.9years, 34 women) and 64 age and sex-matched healthy subjects were studied. All patients underwent a complete echocardiography including measurement of the following parameters: Left ventricular ejection fraction (LVEF) and left ventricular end-diastolic volume index (LVEDVI) by biplane method, cardiac index (CI), mitral E to Ea ratio (E/Ea) and tricuspid regurgitation peak velocity (TRV). The exams were reviewed; each parameter was the average of 3 measurements.

Results. — The observed values of LVEDVI, LVEF and E/Ea in patients were significantly different than the corresponding values observed in the control group. However, no patient had LVEF<50% and no patient had E/Ea ratio>15.

Conclusion. — Contrary to the patients with homozygous sickle cell disease, patients with hemoglobin sickle cell disease have only a mild left ventricular remodelling. In these patients, pulmonary pressure appears to be normal.

Diagnostic value of three-dimensional contrast-enhanced echocardiography for left ventricular volume and ejection fraction measurement in patients with poor acoustic windows: An echo MRI comparison

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Objectives. — Three-dimensional echocardiography (3DE) led to significant improvement in the accuracy and reproducibility of left ventricular volumes (LVV) and ejection fraction (EF) measurements but remains sensitive to patient echogenicity. The aim of this study was to evaluate the impact of temporal resolution, spatial resolution and image dynamic range on the ability of 3-dimensional contrast-enhanced echocardiography (C3DE) to assess LV function compared to CMR.