Peripartum Cardiomyopathy; Time to Look to the Right

Mohamed Jabaren, Khaleid Suleiman, Ehud Rozner, Limor Ilan Bushari, Lev Bloch, Yoav Turgeman

Heart Institute, Cardiology, HaE'mek Medical Center, Afula, Israel

Background:
The outcome of patients with peripartum cardiomyopathy (PPC) is highly variable, moreover the pathogenesis of this disorder is not well defined. Clinical and echocardiographic status improve rapidly in some patients, but others deteriorated and do not responed to medical therapy.
Aim*:* To evaluate the early echocardiographic parameters in patients with rapid recovery versus those who do not improve.
Methods:
We conducted a retrospective chart review of patients admitted with dyspnea and had the diagnostic criteria of PPC. Between January 2000 and November 2007 we identified 11 patients (mean age 33.3 ±6.7) admitted with this clinical entity. Echocardiographic data at presentation and at one year follow up were collected.

Results:
Patients were categorized on the basis of their follow up LVEF. Improved group with LVEF greater than 45% and the non improved less than 45%. Six patients had improved and five remain with reduced LVEF.

Echocardiographic parameters at presentation	One-year follow up		P value*
	Improvement (LVEF>45%) (n=6)	No Improvement (LVEF<45%) (n=5)	
Age (years)	35.2±6.6	31.0±7.1	0.198
LV-EDD (mm)	50.2±3.3	57.2±3.8	0.028
LV-ESD (mm)	39.0±5.4	48.2±6.5	0.110
LVEF (%)	38.8±12.4	23.6±5.0	0.021
RV-EDD (mm)	26.5±3.3	38.0±1.2	0.006
MR (Grade)	2.3±0.8	3.0±1.2	0.210
TR (Grade)	1.2±1.0	2.4±0.9	0.062
PAP (mmHg)	33.3±12.6	43.2±2.9	0.167

*Mann-Whitney test

One patient from the LVEF<45% group died at early follow up.

Conclusion:
1- Echocardiographic parameters associated with lack of recovery at initial assessment were significant RV enlargement, LV dilatation and dysfunction.
2- Bilateral ventricular enlargement may predict a diffuse cardiac involvement with unfavorable outcome.