FEATURES OF PERIPARTUM DILATED CARDIOMYOPATHY

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OBJECTIVE
To study the clinical course and prognosis of patients with peripartum cardiomyopathy form (PPCM).

METHODS
A total of 50 PPCM patients aged 20 to 41 years (mean age 28,2 ± 0,8 years). All patients underwent: Holter ECG, echocardiogram, 6-minute walking test (6MWT) with the definition of NYHA class, and life prognosis. Studying the dynamics of the disease lasted from 3 to 175 months (med 67,4 ± 5,4 months), while the mortality rate was 34% (17 patients). Patients were divided into 2 groups: I- amounted 17 patients died in the period from 3 to 131 months of observation (36,6 ± 7,2 months.), II -33 patients, survivors in the 31 to 175 months (On average 83,1 ± 5,7 months; p <0.001) surveillance. The nature of therapy in these groups did not differ.

RESULTS
A group of patients with lethal outcome, compared with patients surviving in the control period was characterized by significantly higher NYHA class: 3,6 ± 0,1 and 3,2 ± 0,1 respectively (p = 0,01), and disease duration was 7,8 ± 1,8 and 6,2 ± 1,2 months, respectively (p> 0.05). The length of the distance by 6MWT in the reference period in group I was 25.6% lower than in the group II, and amounted to 170.3 ± 15.7 m and 214 ± 12,1 m (p = 0.02) respectively. In group I there is a marked decrease in the ejection fraction (EF) of LV (32,6 ± 1,7% and 37,6 ± 1,8%; p = 0.01), which was accompanied by significant differences in the linear dimensions of the heart; EDD 6,8 ± 0,2 and 6,4 ± 0,09 sm (p = 0.04), ESD 5,9 ± 0,1 and 5,5 ± 0,3 sm (p = 0.01). In the analysis of ECG, a worse performance observed in group I; violation of AV conduction of I degree found in 5 (29.4%) and 4 (12.1%) pts, atrial fibrillation, paroxysmal in 3 (17.6%) and 1 (3.03%) cases, respectively, met group I and II, but was not statistically significant. Holter ECG showed that the PVCs of high grade was detected significantly more often in the deceased group (both P <0.05); Man 12 (70.6%) and 12 (36.4%), 6 (35.3%) and 3 (9.1%), an unstable ventricular tachycardia (less than 30 seconds) is set at 1 (5.9%) (30 seconds) of cases recorded only in the deceased group.

CONCLUSION
The results of the study of the life prognosis of patients with PPCM with prolonged follow-up (67,4 ± 5,4 months) showed that mortality rates was 34% (17 cases). The case of fatal heart failure is characterized by relatively severe symptoms, accompanied by a deterioration of the main parameters of intracardiac hemodynamics and accompanied by a significant increase in the incidence of ventricular arrhythmias of high gradation.