Shanbhag et al. Journal of Cardiovascular Magnetic Resonance 2016, **18**(Suppl 1):O61 http://www.jcmr-online.com/content/18/S1/O61



ORAL PRESENTATION



Prevalence and prognosis of non-ischemic patterns of late gadolinium enhancement in older adults by cardiovascular MR in the ICELAND-MI study

Sujata M Shanbhag^{7*}, Thor Aspelund^{1,2}, Anders M Greve^{3,7}, Gudmundur Thorgeirsson⁴, Erik B Schelbert^{5,7}, Jie J Cao^{6,7}, Sigurdur Sigurdsson¹, Peter Kellman⁷, Gudny Eiriksdottir¹, Tamara Harris⁸, Lenore Launer⁸, Vilmundur Gudnason¹, Andrew E Arai⁷

From 19th Annual SCMR Scientific Sessions Los Angeles, CA, USA. 27-30 January 2016

Background

Late gadolinium enhancement (LGE) can detect and discriminate myocardial scar/fibrosis of ischemic and non-ischemic etiologies. Our objective was to determine the prevalence and prognosis for ischemic and nonischemic patterns of LGE in a community-based sample of older adults.

Methods

ICELAND-MI is a nested cohort of the Age, Gene/ Environment Susceptibility-Reykjavik Study of community-dwelling older adults that intentionally oversampled diabetic subjects. After excluding subjects with pre-existing heart failure, the cohort size was 900. CMR was used to detect myocardial infarction (MI), major patterns of non-ischemic patterns of LGE as defined by Vöhringer (Herz 2007;32:129-37), and minor patterns of non-ischemic LGE including LGE near the aortic root, mitral annulus, or right ventricular insertion points. The composite end-point was adjudicated hospitalization for heart failure and death.

Results

The median age was 76 (IQR 72-81), 48% were male, and 35% had diabetes. The prevalence of MI, major non-ischemic patterns of LGE, and minor non-ischemic patterns of LGE were 23.4%(N = 211), 6.0%(N = 54), and 26.4%(N = 238) respectively. Major non-ischemic

⁷NIH/NHLBI, Bethesda, MD, USA

LGE demonstrated the highest risk (HR 3.5, p < 0.0001, Figure 1), MI had similar risk (HR 2.5, p < 0.0001), and minor non-ischemic LGE had lower but significantly higher risk (HR1.5, p = 0.03) compared to those without LGE. Controlling for age, gender, LVEF, diabetes, and hypertension, major non-ischemic LGE remained strongly predictive of the composite endpoint (HR 2.3, p = 0.001) while minor non-ischemic patterns of LGE were of borderline significance (p = 0.07).

Conclusions

Subjects with major non-ischemic LGE patterns are at increased risk of developing heart failure and death.

Authors' details

¹ Icelandic Heart Association, Kopavogur, Iceland. ²Public Health Sciences, University of Iceland, Reykjavik, Iceland. ³Gentofte Hospital, Copenhagen, Iceland. ⁴University of Iceland, Reykjavik, Iceland. ⁵Division of Cardiology, UPMC Heart and Vascular Institute, Pittsburgh, PA, USA. ⁶Cardiology, St. Francis Hospital, Roslyn, NY, USA. ⁷NIH/NHLBI, Bethesda, MD, USA. ⁸National Institute on Aging, NIH, Bethesda, MD, USA.

Published: 27 January 2016

doi:10.1186/1532-429X-18-S1-O61 Cite this article as: Shanbhag *et al.*: Prevalence and prognosis of nonischemic patterns of late gadolinium enhancement in older adults by cardiovascular MR in the ICELAND-MI study. *Journal of Cardiovascular Magnetic Resonance* 2016 18(Suppl 1):O61.



© 2016 Shanbhag et al. This is an Open Access article distributed under the terms of the Creative Commons Attribution License (http://creativecommons.org/licenses/by/4.0), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited. The Creative Commons Public Domain Dedication waiver (http://creativecommons.org/ publicdomain/zero/1.0/) applies to the data made available in this article, unless otherwise stated.

Full list of author information is available at the end of the article

