CARDIAC ALLOGRAFT VASCULOPATHY AND SURVIVAL AFTER HEART TRANSPLANTATION FOR CHAGAS’ HEART DISEASE

ACC Moderated Poster Contributions
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Authors: Mirta Diez, Liliana Favaloro, Alejandro Bertolotti, Carlos Vigliano, Margarita Peradejordi, Alejandro Schijman, Roberto Favaloro, University Hospital Favaloro Foundation, Buenos Aires, Argentina, INGEBI-CONICET, Buenos Aires, Argentina

Background: Chagas’ disease is one of the world most neglected diseases. It is estimated that 16 million infected people are living in Latin-American and due to immigration, more than 100,000 are living in USA. Chagas cardiomyopathy (ChC) is an important cause of end-stage heart failure. Goal: to evaluate the incidence of reactivation (Ra) and cardiac allograft vasculopathy (CAV) in patients (pts) with heart transplant (HTx) due to Chagas’ cardiomyopathy (ChC) and compare the outcome of this pts to others aetiologies.

Methods: 23 out of 284 (pts) who underwent HTx had ChC (Group 1). The aetiologies in the 261 remainder pts (Group 2) was idiopathic cardiomyopathy in 66 pts (25%), ischemic 79 pts (30 %) an others 116 pts (45%). Mean follow-up was 5.6 ± 2.7 yr in G1 and 5.6 ± 5.1 yr in G2. Parasitemia was assessed using the Strout method. To detect T.cruzi DNA, two PCR strategies with different degree of sensitivity were carried out. The pts were started on immunosuppression with triple drug: calcineurin inhibitors, azathioprine or mycophenolate mofetil (MMF) and corticosteroids; they were not given prophylactic benznidazole (BNZ). Definition of CAV was based on the ISHLT Consensus Statement 2010.

Results: the in-hospital mortality rate was 13% in G1 vs 15% in G2 (p: 0.8). Eight ChC pts exhibited Ra (34.7%); 6 had skin lesions, 1 had parasitemia and 1 had Chagas’ myocarditis; 1 pt had ChC myocarditis relapsed. The mean Ra time was 75 days (d) (range 38-120); 1 pts showed a positive Strout result 15 d before the Ra; positive results were observed in the rest of the pts when the clinical lesion was detected. k-DNA and SL-DNA PCR were positive 50 and 36 d before Ra. The use of MMF was no related to Ra episodes: 2/8 pts in Ra group vs 6/15 in non Ra group (p: 0.47). All the Ra were successfully treated with BNZ. The incidence of CAV was 12.4% in G1 and 12.5% in G2. Survival at 1, 3 and 5 yr was 82%, 82% and 68% for G1 and 80%, 75% and 71% in G2 (log rank test p: 0.7).

Conclusions: Ra was observed in 34.7% in chagasic recipients, treatment with BZN was successful and any pts died because of Ra. The incidence of CAV and the survival results after HTx are similar between chagasic and no chagasic recipients. This confirms that HTx is a valuable treatment option in ChC.