

uretic peptide (NT-proBNP) test, performed in one case, was high (5375 ng/l). Chest X-Ray showed cardiomegaly in 8 cases and a cardiac bottle aspect in 2 cases. In 4 patients, low voltage aspect of the electrocardiogram was the leading sign. Echocardiography revealed hypertrophic cardiomyopathy (10 cases), thickened interventricular septum (2 cases) and granular myocardial sparkling (2 cases). Five patients had a pericardial effusion. Cardiac magnetic resonance imaging, performed in one case, helped to characterize myocardial tissue deposits and cardiac function. Type AL amyloidosis was observed in 57% and type AA in 21.4%.

Comments Cardiac amyloidosis has a poor prognosis, with a risk of sudden death, arterial or ventricular arrhythmia, complete or incomplete heart block, and heart failure. Some biological tests (NT pro BNP and cardiac troponin, recently ultrasensitive troponin) and nuclear imaging may be helpful for an early assessment of cardiac involvements and treatment.

The author hereby declares no conflict of interest

0541

Management of heart failure: experiences in African patients

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Aim To determine clinical characteristics and mode of treatment of patients with heart failure in Yaoundé military hospital (YMH).

Methods Data of patients with heart failure (HF) followed on a period of 6 months in YMH were used to determine clinical characteristics and mode of treatment.

Results A total of 72 patients were consecutively studied comprising 45 men (62.5%) and 27 women (37.5%) aged 62.8 ± 16.5 and 61.1 ± 19.4 years, respectively. All the patients presented with NYHA functional class III or IV. Alcohol was the most common etiological factor of HF (66.7%) hypertension was the most common risk factor for HF (37.5%) while only 16.7% of the patients were smokers. Global heart failure was the common presentation (60.9%). Left bundle branch was present in 47% of electrocardiograms while 8.7% of the patients were in atrial fibrillation. Dilated cardiomyopathy was the common lesion (80%). Most patients presented with severe left ventricular (LV) systolic dysfunction (66.6%). Male subjects had worse LV systolic dysfunction compare to women without significant difference (56.3% vs 43.8% $p=0.8$). Diabete was not associated with severe LV dysfunction (78.9% on non diabetic vs 6.3% of diabetic patients). Current recommended pharmacology therapies were used in most of the cases. Diuretics were used in 100% while ACE inhibitors were in 91.3% of cases. 52.4% of patients had beta blockers.

Conclusion Most heart failure patients in Cameroon present in the sixth decade with severe heart failure. All the recommended therapies are not available in our country.

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0409

Prognosis of peripartum cardiomyopathy at the Institut of Cardiology of Abidjan

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Background Peripartum cardiomyopathy (PPCM) is a clinical entity that is part of cardiovascular pathologies that make all the gravity of the peripartum period.

Objective Look for poor prognostic factors to improve care.

Methods A retrospective study conducted from 1 January 2010 to 31 December 2014 allowed to collect 49 cases of PPCM. We researched and

analyzed the poor prognostic factors: the occurrence in antepartum, late diagnosis, DTDVG ≥ 60 mm, LVEF $< 30\%$ and no recovery of LVEF in 6 months.

Results The average age was 29.6 ± 6.5 years. The average parity was 3.3 ± 2.1 . The majority of patients had given birth by natural means (85.7%). pathology occur postpartum (100%), especially in the first month after delivery (53.1%) with a time to onset of 1.9 ± 1.6 months. They were in congestive heart failure in almost all cases (81.6%). The average DTDVG was 61mm. The DTDVG was > 60 mm in 51.8% of cases. LVEF averaged $33 \pm 11.2\%$ and $< 30\%$ in 32.7% of cases. 4 only for the recovery of the LVEF was observed after 6 months.

Conclusion PPCM occurs in young patients with a poor prognosis.

Keywords peripartum cardiomyopathy-prognosis

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Liver dysfunction in chronic heart failure: prevalence, characteristics and prognostic significance: Moroccan profile

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Background Abnormal liver function tests are common in ambulatory chronic heart failure but characterization and importance of liver dysfunction are poorly defined.

The aim of this study was to evaluate the incidence of liver dysfunction in ambulatory patients diagnosed with chronic heart failure in order to establish a correlation with the risk factors, evolution and prognosis.

Methods 1613 consecutive ambulatory patients with chronic heart failure were enrolled from 2006 to 2013 and registered in the therapeutic unit of chronic heart failure. Clinical, echocardiographic and biological data were investigated.

In only 358 HF patients, liver function was determined by aspartate and alanine aminotransferase (AST, ALT). We divided our population into three groups: group 1 with elevated $ALT > 45$ UI/l, group 2 with elevated $AST > 45$ UI/l and group 3 with normal liver enzymes.

Results Liver dysfunction was present in 13.68%. Mean serum levels of ALT and AST were 98.44 UI/l and 88.43 UI/l respectively. Liver dysfunction was associated with male sex ($p=0.019$), dyslipidemia, smoker and coronary heart disease ($p=0.004$). Compared with a normal liver function, those with dysfunction had a higher heart rate and more cardiac right and left decompensation. Also Transaminases elevated were associated with more tricuspid regurgitation ($p < 0.00001$), pulmonary hypertension ($p < 0.00026$), right ventricular dysfunction ($p=0.02$), kidney dysfunction ($DFG < 60$ mL/min/mm³) ($p=0.018$), higher doses of diuretics ($p < 0.02$), whereas beta-blockers were inversely associated ($P < 0.0001$). No correlation between liver function and using statins and spironolactone was found ($p=0.8$ and 0.1 respectively).

Conclusions Liver dysfunction is frequent in chronic heart failure. Patients with heart failure and abnormal liver function had less optimized treatment with more hospitalizations for cardiac decompensation

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Arrhythmic storm in the early phase of Heart Mate® II device implantation. Incidence, risk factors and management

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Rhythmic complications seem common after left ventricular (LV) assist device (LVAD), especially in the early phase of implantation (< 30 days). We sought to identify the incidence and risk factors of arrhythmic storm (AS) occurring after