CLINICAL DIAGNOSES AND AUTOPSY FINDINGS AFTER HEART TRANSPLANTATION: DISCREPANCIES AFFECTING MANAGEMENT AND SURVIVAL - NEHTS STUDY (NECROPSY HEART TRANSPLANTATION STUDY)

ACC Moderated Poster Contributions
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Background: Discrepancies between clinical and autopsy diagnosis of causes of death (COD) and its consequences in the management of patients were not evaluated after heart transplantation (HT).

Objective: To identify discrepancies between clinical COD and autopsy results.

Methods: We studied retrospectively 48 autopsies of HT receptors from 2000 to 2010 (39% of the deaths). We used the Goldman classification to study the discrepancies.

Results: 31.3% missed major diagnosis with potential adverse impact on survival and that would have changed management (Class I), 2.1% missed major and minor diagnosis without potential adverse impact on survival and that would have not changed management (Class II and III), 60.4% absolute agreement (Class V), and 6.3% uncertain autopsy diagnosis (Class VI). The main discrepancies between autopsy and clinical COD and missed diagnosis were errors in the diagnosis of causes of transplanted organ dysfunction (40%), acute humoral rejection (20%), cardiac allograft disease (20%), pulmonary embolism (6.7%), disseminated intravascular coagulation (6.7%), and causes of shock (6.7%).

Conclusions: This study found significant discrepancies with potential impact on therapy and outcome of HT patients. This reinforces the importance of the postmortem examination in confirming diagnostic accuracy and improving the quality of care of HT patients.