MALE GENDER AND STRUCTURAL RIGHT VENTRICULAR ABNORMALITY BY IMAGING INDEPENDENTLY PREDICT SYMPTOMS IN PATIENTS WITH ARRHYTHMOGENIC RIGHT VENTRICULAR CARDIOMYOPATHY

Oral Contributions
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Background: Revision of arrhythmogenic right ventricular cardiomyopathy (ARVC) Task Force diagnostic criteria in 2010 (TF2010) increased the sensitivity for detection of patients at early stages of the disease. The association between TF2010 and symptoms, however, has not been fully clarified. Our aim was to review baseline clinical and demographic characteristics of patients enrolled in the Nordic ARVC Registry and assess their relation to the early manifestations of the disease.

Methods: Patients with definite ARVC according to TF2010 enrolled in the registry at 8 sites in Denmark, Finland, Norway and Sweden were included in the cross-sectional analysis: n=169 (127 families), age 47±15 years, 64% male. Patients were defined as symptomatic based on the occurrence of syncope, documented ventricular tachycardia or appropriate ICD therapy (VT) or aborted cardiac arrest (ACA) at any time. The performance of TF2010 diagnostic criteria was tested for prediction of symptoms. Minor criteria were assigned 1 point and major criteria 2 points when calculating the total diagnostic score.

Results: Study population comprised 127 probands and 42 relatives. Mean diagnostic score was 5.9±1.7. Initial disease manifestations were VT (n=86, 50.9%), syncope (n=32, 18.9%) or ACA (n=11, 6.4%), while 40 patients did not have any of these symptoms at baseline (23.7%). Male gender (OR=2.9; 95%CI 1.3-6.3, p=0.006) and the presence of major imaging criterion (OR=4.1; 95%CI 1.9-8.9, p<0.001) were independently associated with either ACA, VT or syncope. Neither ECG abnormalities nor tissue characteristics or family history criteria were predictive of these symptoms.

Conclusions: In patients with definite ARVC by TF2010 enrolled in the Nordic ARVC Registry, male gender and presence of major imaging diagnostic criterion were associated with history of syncope, VT or ACA while none of other diagnostic criteria has shown any significant association with the symptoms.