Cardiomyopathies: where are we in Marrakech?

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Background: Hyperthyroidism may complicate preexisting cardiac disease or may cause cardiac complications in individuals with structurally normal hearts defining cardiothyrotoxicosis. They are underdiagnosed, due to its low occurrence in series from Africa. The aim of this study is to assess the incidence, the demographic data, diagnostic features and etiological aspects of cardiothyrotoxicosis among hyperthyroidisms.

Methods and results: Since August 2004 we have prospectively enrolled 348 patients with hyperthyroidism in cardiology and endocrinology departments in 03 hospitals of Marrakech, we have divided them into 2 groups: 58 cases with cardiothyrotoxicosis (group I) and 290 with only hyperthyroidism (group II).

Cardiomyopathy was observed with an incidence of 16.6%. The mean age was respectively of 45.5±13.3 versus 33.8±11.4 years (p<10-6). Cardiomyopathy was related to multinodular goiters (30 cases, 52%), while the principal cause of hyperthyroidism was toxic adenoma (122 cases, 42%). The clinical profiles of cardiomyopathy were dominated by heart failure in 44 cases (75%) and atrial fibrillation in 33 cases (57%). The other modes of presentation were: The atrial flutter in 02 cases, ventricular extrasystoles (trigeminism) in 02 cases, second auriculoventricular block in 02 cases, dilated cardiomyopathy in 10 cases, coronary heart disease occurred in 05 cases and severe mitral regurgitation in 02 cases. Treatment requires necessarily return to euthyroidism.

Conclusion: This study confirms the relative frequency of cardiomyopathy and angiotesin conversion enzyme inhibitor (the PRECARDIA study)

Preclinical mutation carriers from families with dilated cardiomyopathy and angiotesin conversion enzyme inhibitor (the PRECARDIA study)

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Context: Dilated Cardiomyopathy (DCM) is familial in at least 30% of cases, usually with autosomal dominant inheritance, and underlying genes/mutations are increasingly identified. Familial DCM is characterized by age-related penetrance, that means that the cardiac expression of the disease is usually absent for a long period and progressively appears with advanced age, usually after 20 years of age.

Aim: Study the impact of ACE inhibitors (ACEi) in subjects who carry a mutation (leading to a genetic form of heart failure) but have not yet developed DCM (cardiac expression).

Design: This is a multicentre European double-blind randomized and controlled trial with perindopril or placebo in the context of a European consortium “INHERITANCE” (FP7 European Union, HEALTH-2009-2.4.2-3, Grant agreement n° 241924). The PRECARDIA trial was recently approved by the Head of medicines Agencies in Europe (HMA) and by AFSSAPS in France. We plan to enroll 200 participants from 7 European centres/countries. Follow-up duration is 3 years after inclusion. Primary Endpoint is a composite end-point: occurrence of DCM or deterioration of LV end diastolic diameter/volume or Ejection fraction (echocardiographic or magnetic resonance imaging). Secondary Endpoints are related to the evolution of other echocardiographic parameters or hormonal biomarkers (including Mid-Regional pro-Adrenomedullin).