Résumé

Thème : 02-Insuffisance Cardiaque et Cardiomyopathies

Correspondant : Dr F. Tournoux, Hôpital Laroiboisière - APHP, Cardiologie (Paris, France)

OMAGA: the 2009-2010 French Registry on Myocarditis

Louise Christiaen [Orateur] (1), Damien Logeart (1), Alain Combes (2), Francois Tournoux (1)

(1) Hôpital Laroiboisière - APHP, Cardiologie, Paris, France - (2) Hôpital de La Pitié Salpètrière, Réanimation, Paris, France

Christiaen L, Logeart D, Combes A, Tournoux F.Dr Christiaen : orateur, compétition jeunes chercheurs, recherche clinique

On behalf of the Working Group on Cardiomyopathies and Heart Failure of Société Française de Cardiologie and of the Société de Réanimation de Langue Française

Background: Acute myocarditis (AM) is a rare and potentially lethal condition for which diagnosis and treatment remain challenging. The recent H1N1 flu pandemic was an opportunity to improve our knowledge about this pathology.
Methods: Since October 2009, we have prospectively enrolled patients diagnosed with AM from intensive care units and cardiology departments in France using the following criteria : anatomo-pathological proof of AM OR presence of infectious context and >1 cardiac symptom and abnormal troponin level and abnormal ECG, echo or cardiac MRI and absence of significant coronary artery disease.
Results: 71 patients (59 male, mean age 39±20) have been enrolled. Presenting symptoms were chest pain (77,5%), dyspnea (33,8%), cardiogenic shock (11,3%) and conduction disorder or significant arrhythmia (8,4%). ST segment or T wave changes were present in 88,7%. Mean troponin and CRP levels were 9,1±9,8μg/l and 56±59 mg/l, respectively. Echocardiography showed a mean ejection fraction of 51±15%, wall motion abnormalities in 39%, and pericardial effusion in 18%. In 62% of cases, cardiac MRI was performed showing oedema (43%) and late enhancement (68%). Only 3 patients underwent a biopsy. Complications were congestive heart failure (22,5%) and ventricular arrhythmia (7%). Two patients died before hospital discharge. Viral origin of the AM was proven or presumed in 83% of patients, including 4 diagnosed with H1N1 flu. Treatment generally included beta-blockers, ACE inhibitors and aspirin.
Conclusion: AM affects mainly young patients whose prognosis may be compromised by severe complications. Follow-up of this registry will provide insight into the prognosis and the long-term impact of medical therapy.