



REGARD CROISÉ NEUROLOGIE/CARDIOLOGIE DANS L'HATTR

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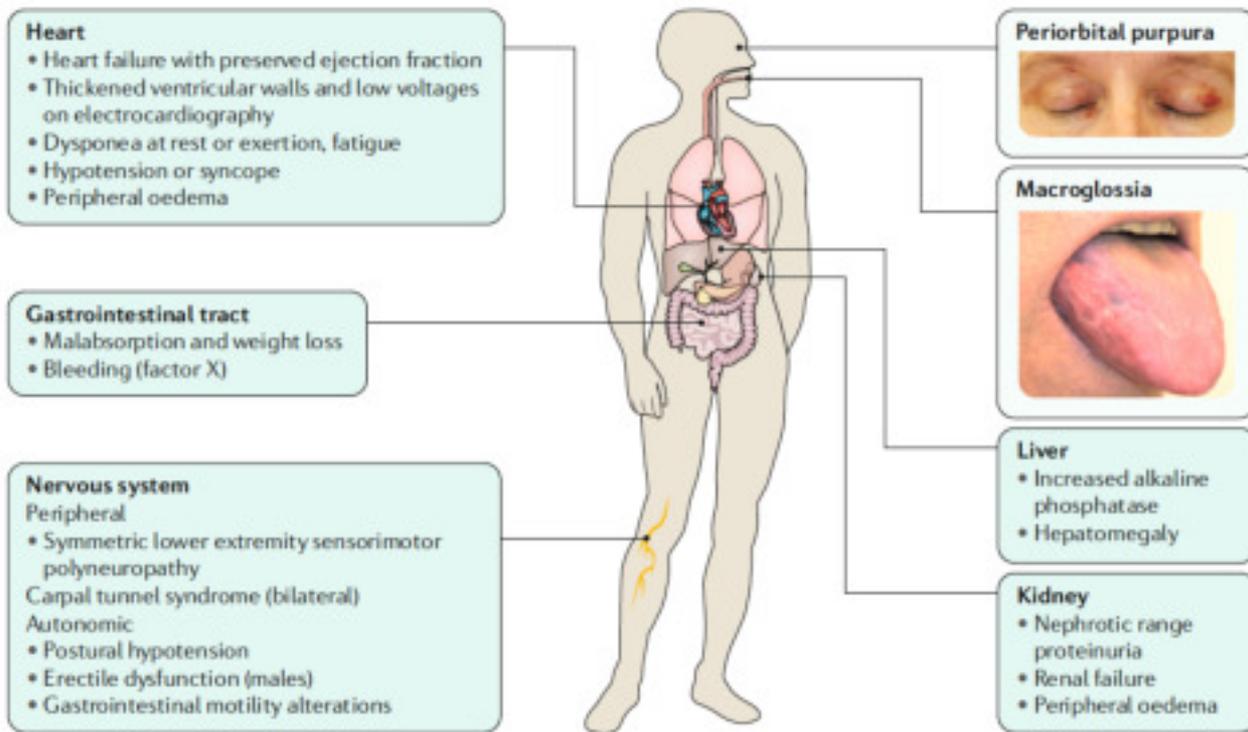


AMYLOIDOSIS





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AMYLOIDOSIS

Classification of cardiac amyloid types

Amyloidosis type	Precursor	Comment
Light chain or light chain/heavy chain	Immunoglobulin light chain	Systemic plasma cell dyscrasia
Mutant transthyretin-related	<i>TTR</i> point mutation	Inherited autosomal-dominant mutation, expressed after fifth decade
Wild-type transthyretin-related	None	Formerly known as senile cardiac amyloidosis
Amyloid A	Serum amyloid A	Sustained inflammatory process, cardiac involvement rare

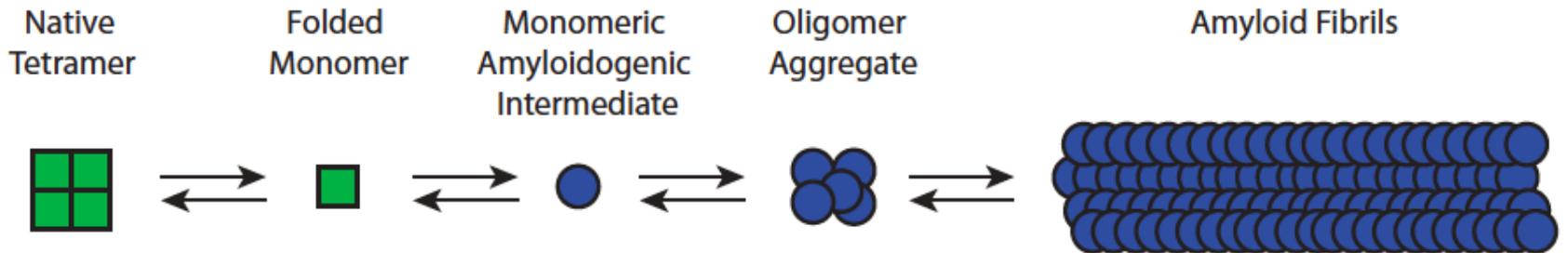


TRANSTHYRETIN

Tetrameric protein physiologically present in human serum and responsible for the transport of thyroxine and retinol-binding protein

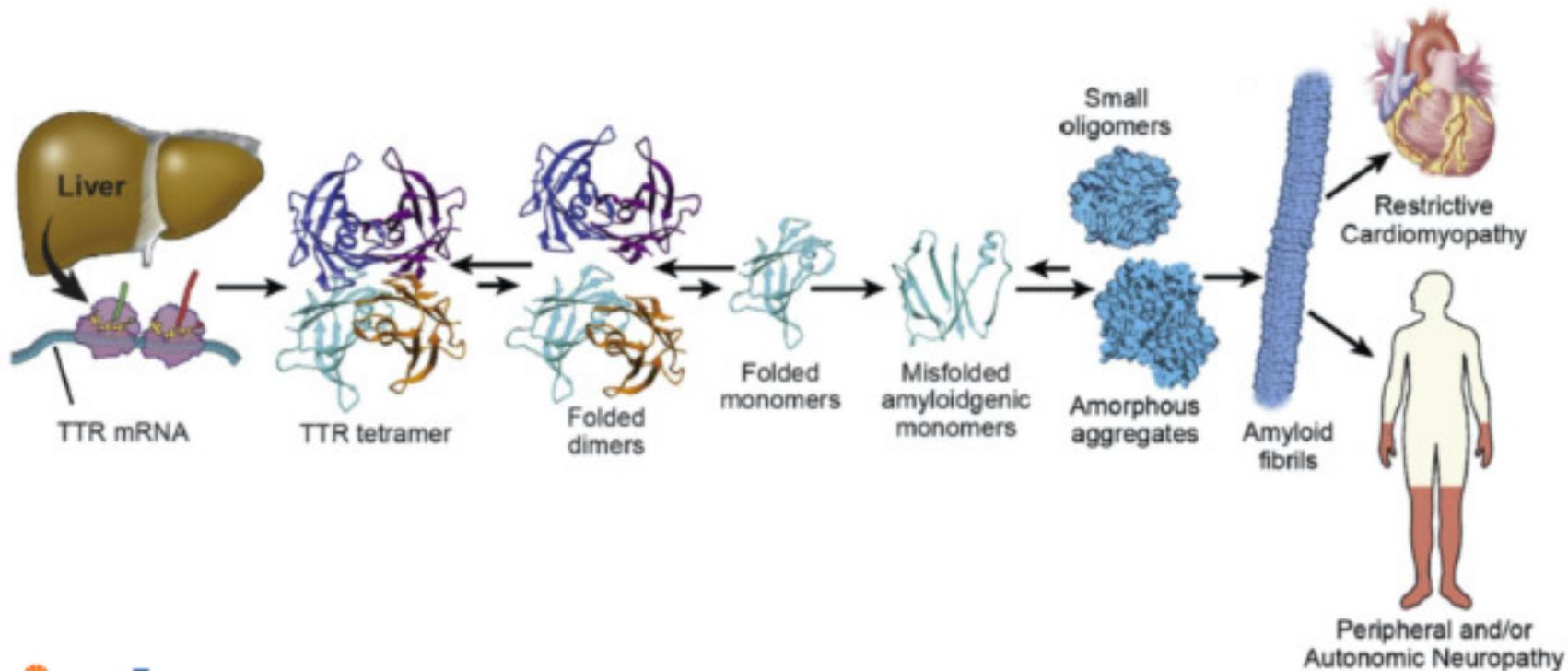
Synthesized mainly by the liver

Aggregation capacity of insoluble amyloid fibrils



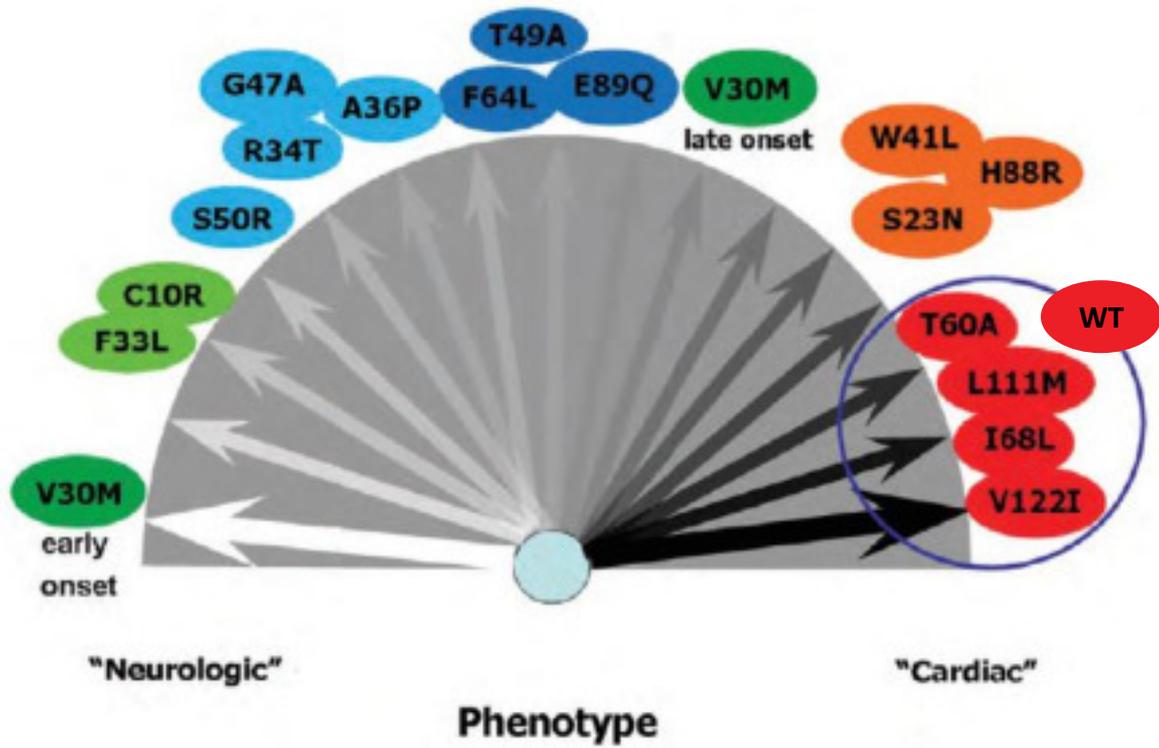


TRANSTHYRETIN AMYLOIDOSIS



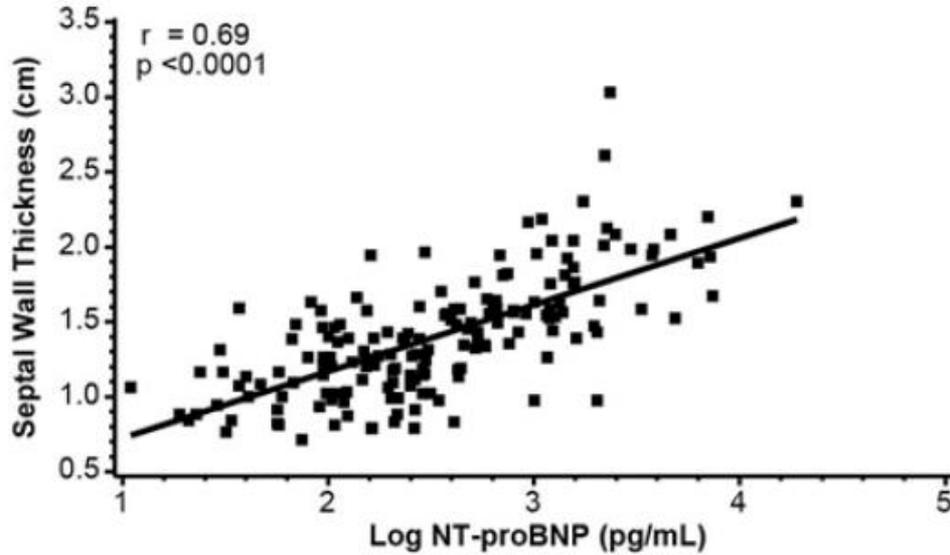


TRANSTHYRETIN AMYLOIDOSIS



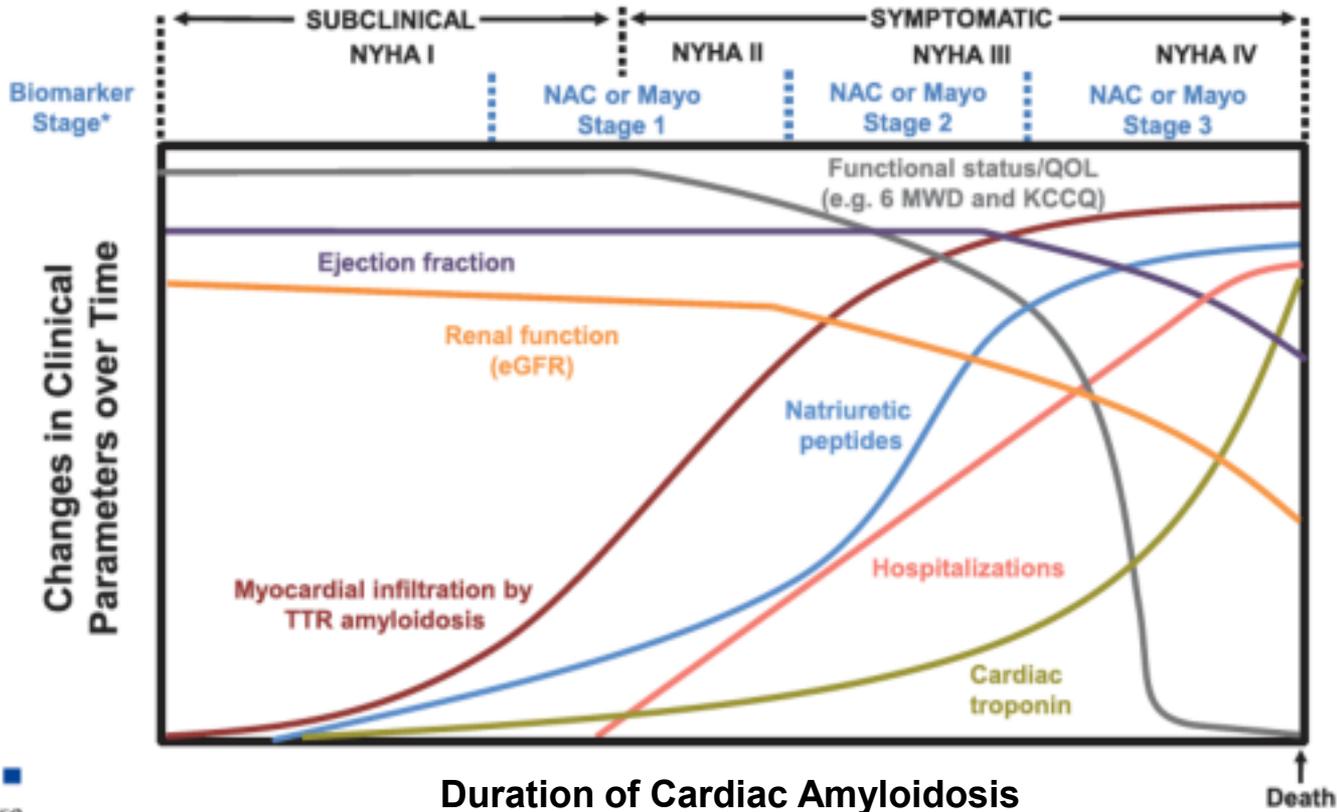


FIBRILS ACCUMULATION WITHIN THE MYOCARDIUM





NATURAL HISTORY OF CARDIAC AMYLOIDOSIS





PREVALENCE



AUTOPSY SERIES

85 postmortem examinations of subjects over 80-year-old
Age ranging from 80 to 98-year-old (mean 85-year-old)

Frequency of Localized and Generalized Cardiovascular Amyloid in 85 Elderly Patients

Type of Amyloid	Number of Patients	Percentage
Senile aortic amyloid	85	100
Isolated atrial amyloid	66	78
ASc ₁	21	25



AUTOPSY SERIES

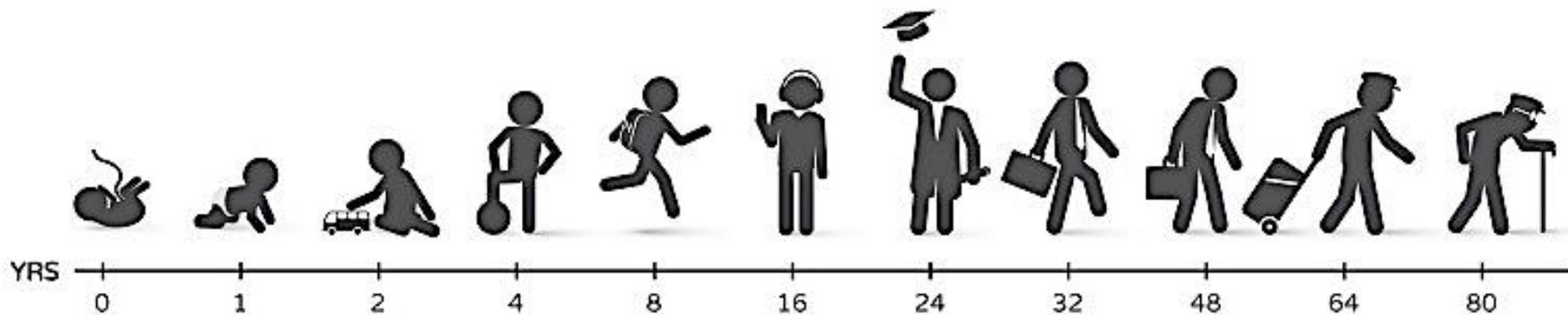
256 postmortem examinations of subjects over 85 years
Age ranging from 85 to 106-year-old (mean 93-year-old)

ATTR cardiomyopathy:

- 25% (63/256) of the whole study population
- 17% (11/65) among 85–89-year-old
- 23% (29/127) among 90–94-year-old
- 32% (18/56) among 95–100-year-old
- 63% (5/8) among > 100-year-old

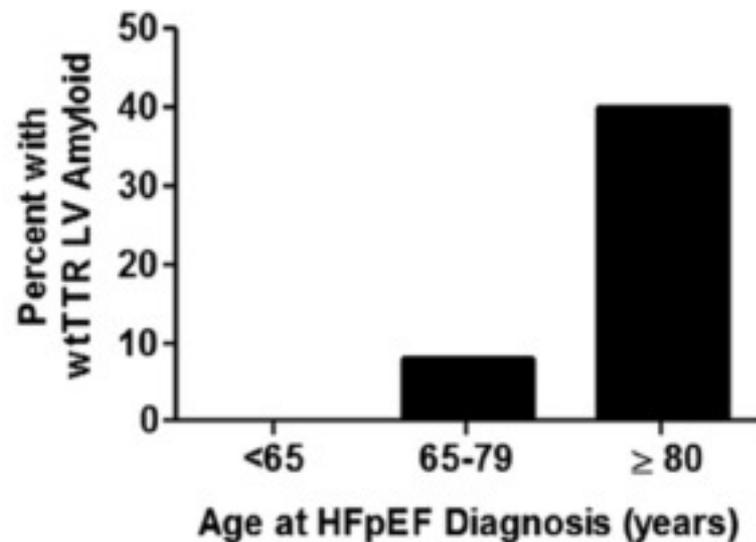
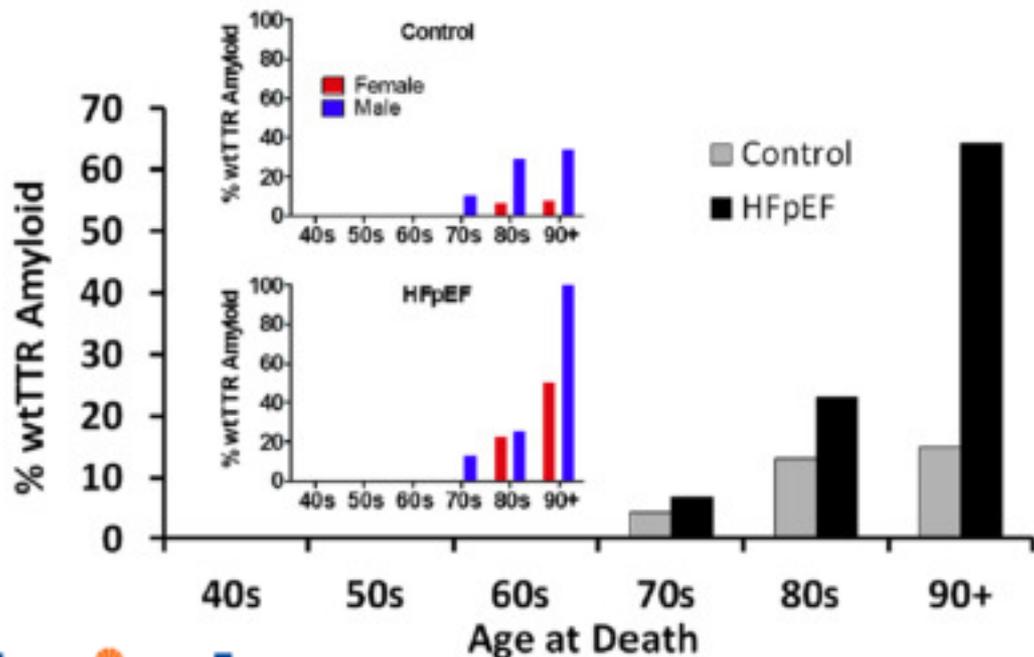


IS TTR DEPOSITION A PART OF THE PHYSIOLOGICAL AGING PROCESS?





Left Ventricular Amyloid Deposition in Patients With Heart Failure and Preserved Ejection Fraction





IN CLINICAL PRACTICE

Patient populations deemed at-risk of ATTR-CM

Heart failure OR
presence of "red flag"
signs/symptoms

AND

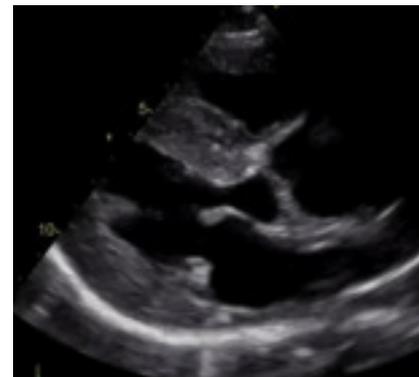
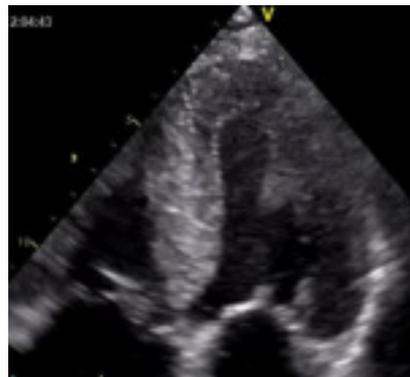
Increased wall
thickness ≥ 14 mm

+

Male
>65 years

OR

Female
>70 years

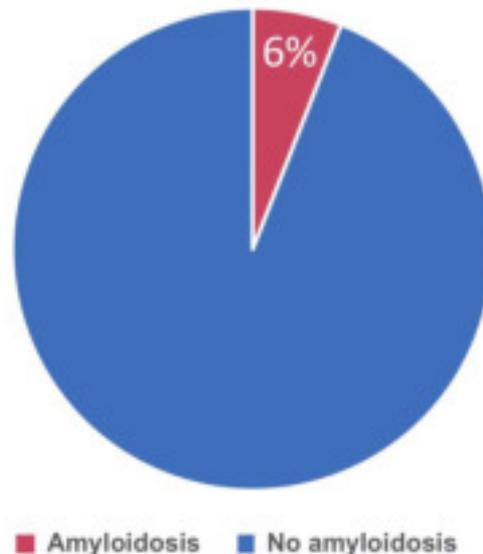




Occult Transthyretin Cardiac Amyloid in Severe Calcific Aortic Stenosis

Prevalence and Prognosis in Patients Undergoing Surgical Aortic Valve Replacement

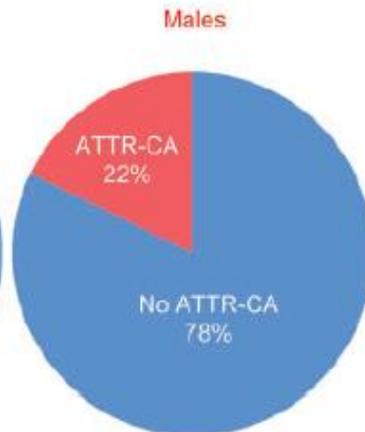
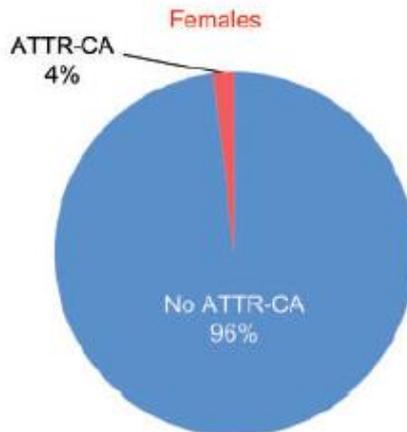
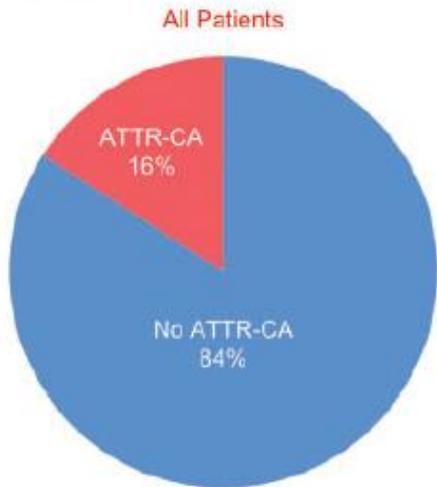
Prevalence of ATTR cardiomyopathy of 6% among patients > 65-year-old referred for surgical aortic valve replacement





Unveiling transthyretin cardiac amyloidosis and its predictors among elderly patients with severe aortic stenosis undergoing transcatheter aortic valve replacement

Prevalence of ATTR-CA

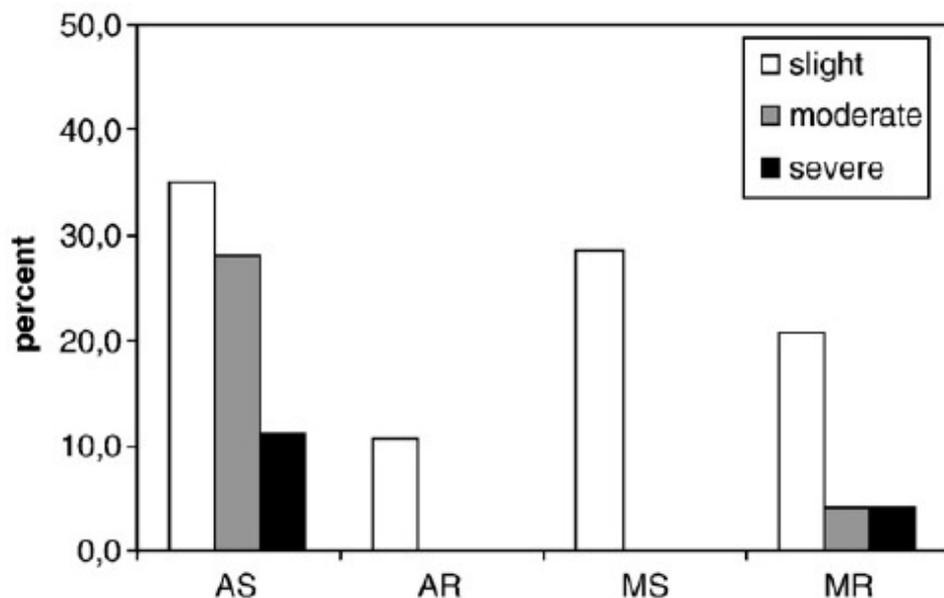




High prevalence of amyloid in 150 surgically removed heart valves—a comparison of histological and clinical data reveals a correlation to atheroinflammatory conditions

150 surgically resected heart valve specimens
Amyloid found in 55% specimens with highest prevalence in AS

AS	
Without amyloid (n=26)	With amyloid (n=74)

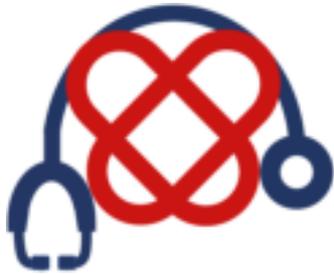




Clinical practice update on heart failure 2019: pharmacotherapy, procedures, devices and patient management. An expert consensus meeting report of the Heart Failure Association of the European Society of Cardiology

Consensus recommendation

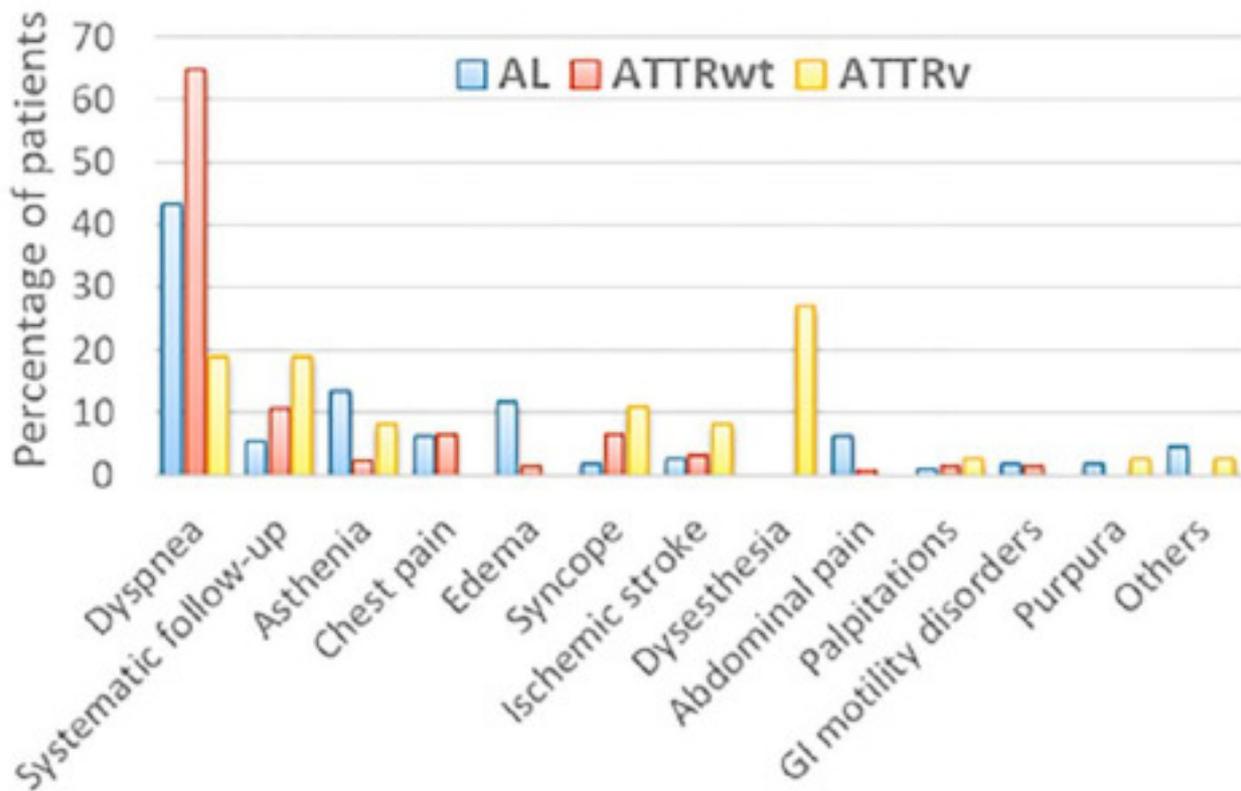
Older patients with symptomatic HF, particularly those with HFpEF (who are not hypertensive) or those who have features of hypertrophic or restrictive cardiomyopathy, or degenerative aortic stenosis and end-diastolic interventricular septal wall thickness exceeding 12 mm, *should be considered for screening for cardiac transthyretin amyloidosis (ATTR).*



GATEWAY & JOURNEY

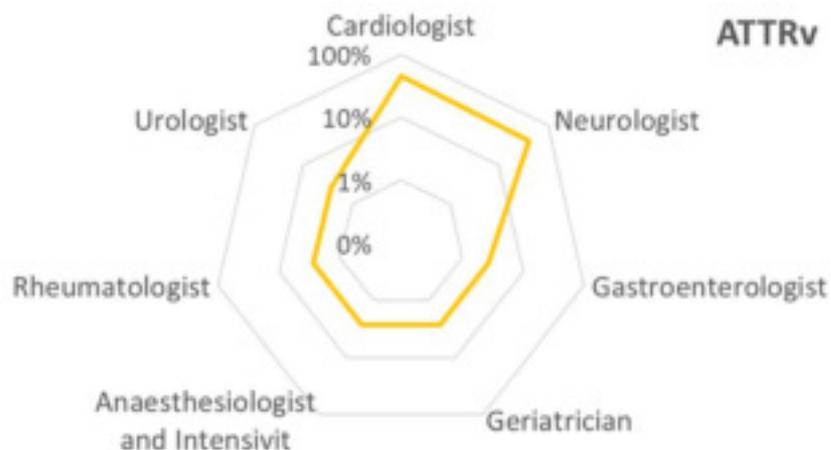
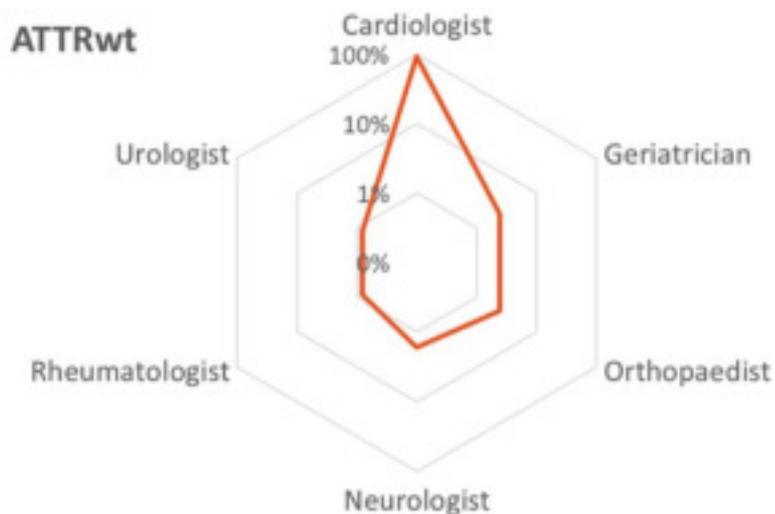


FIRST SYMPTOM





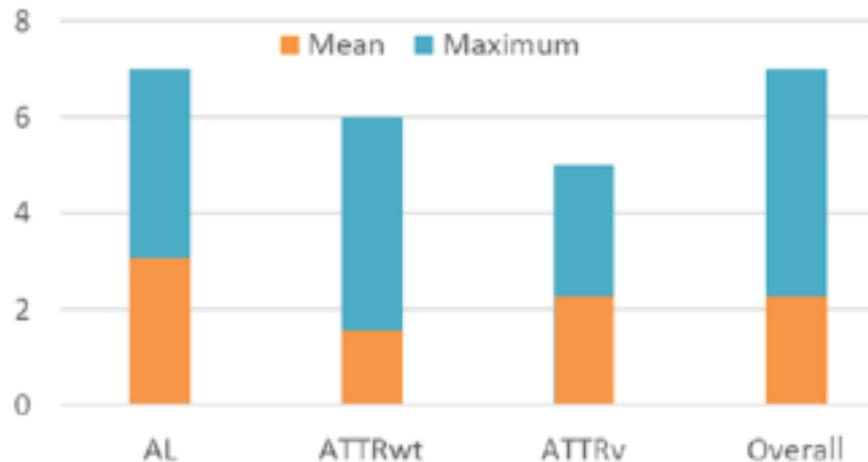
FIRST SPECIALIST



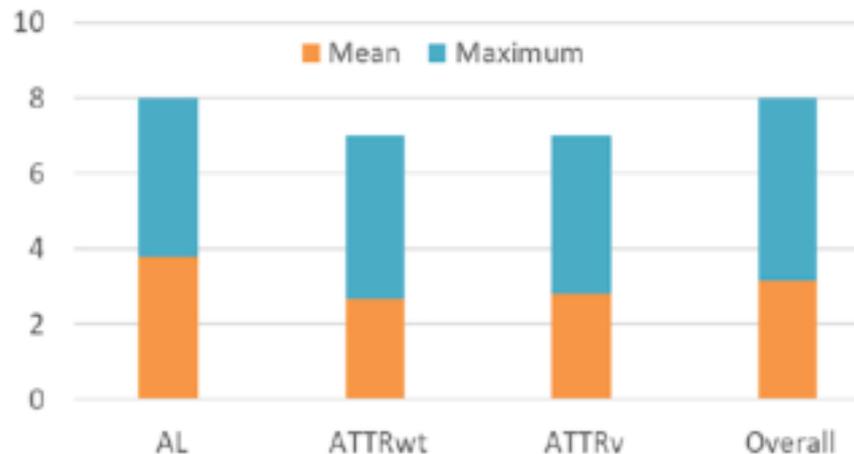


NUMBER OF SPECIALISTS AND TESTS

Number of Physician Specialists

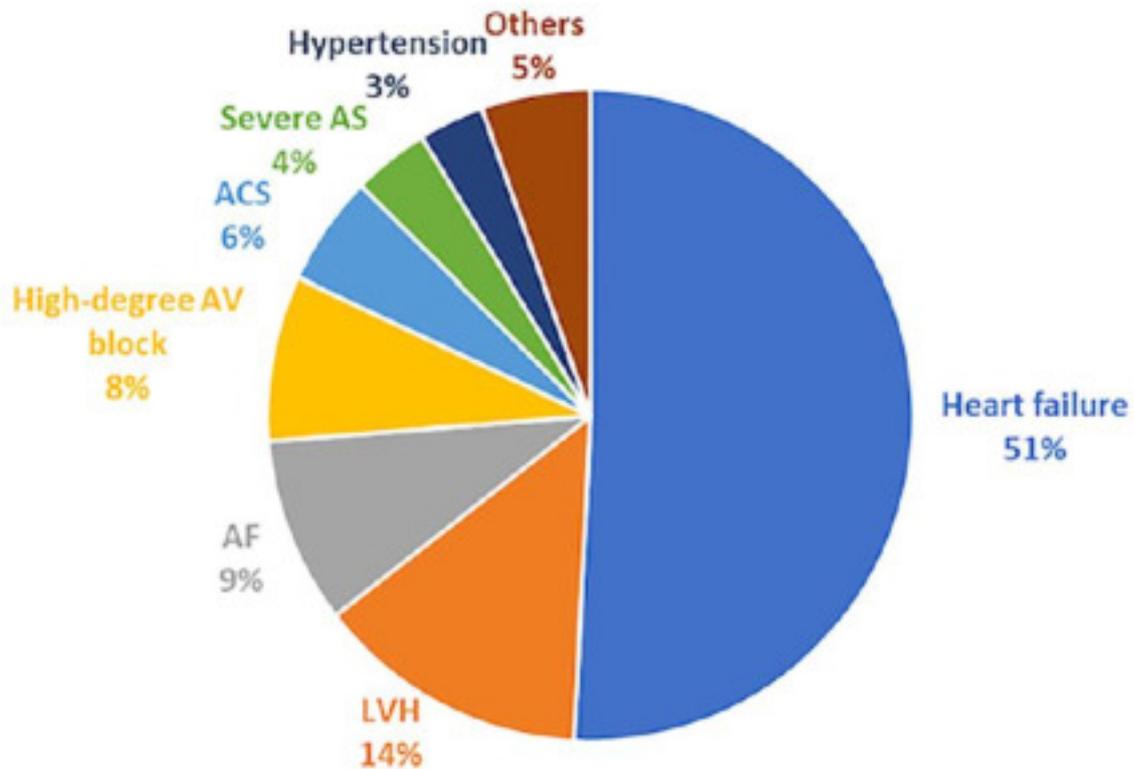


Number of tests



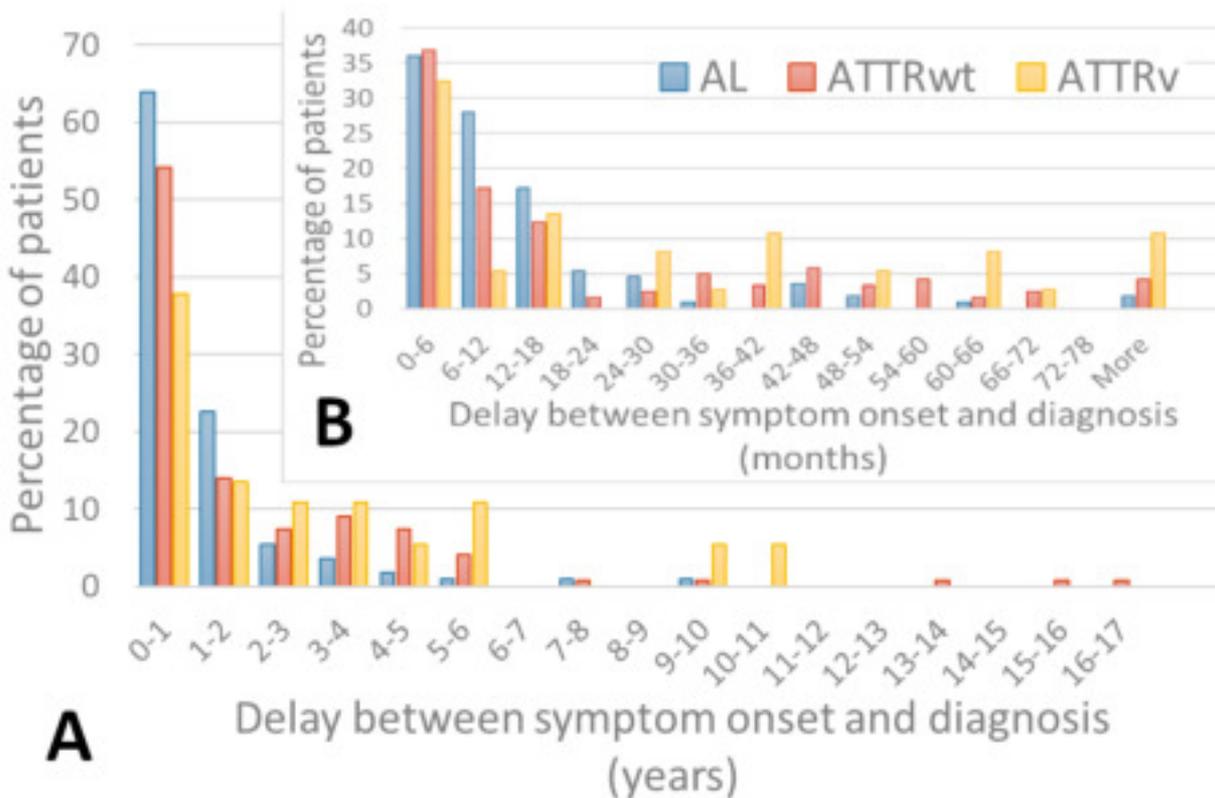


GATEWAY IN CARDIOLOGY





DELAY

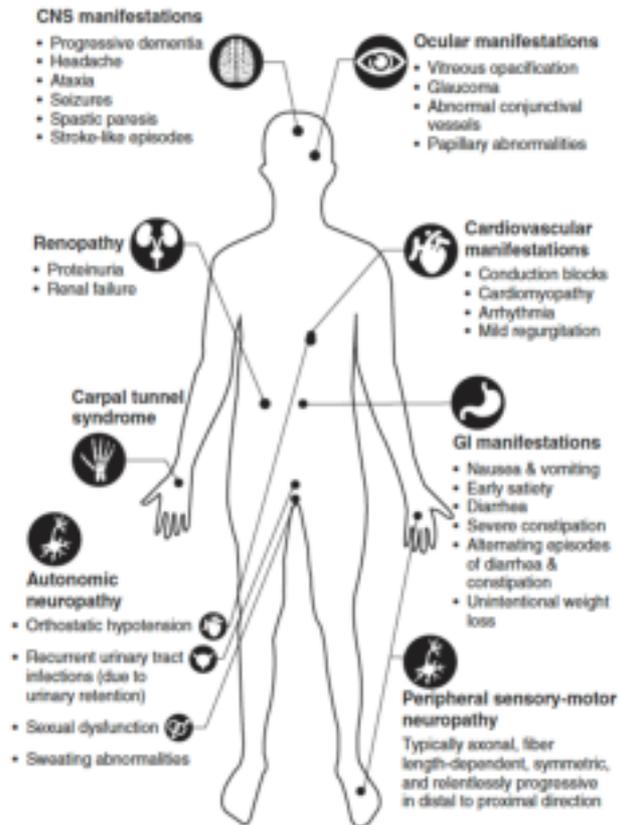




'RED FLAGS' SIGNS

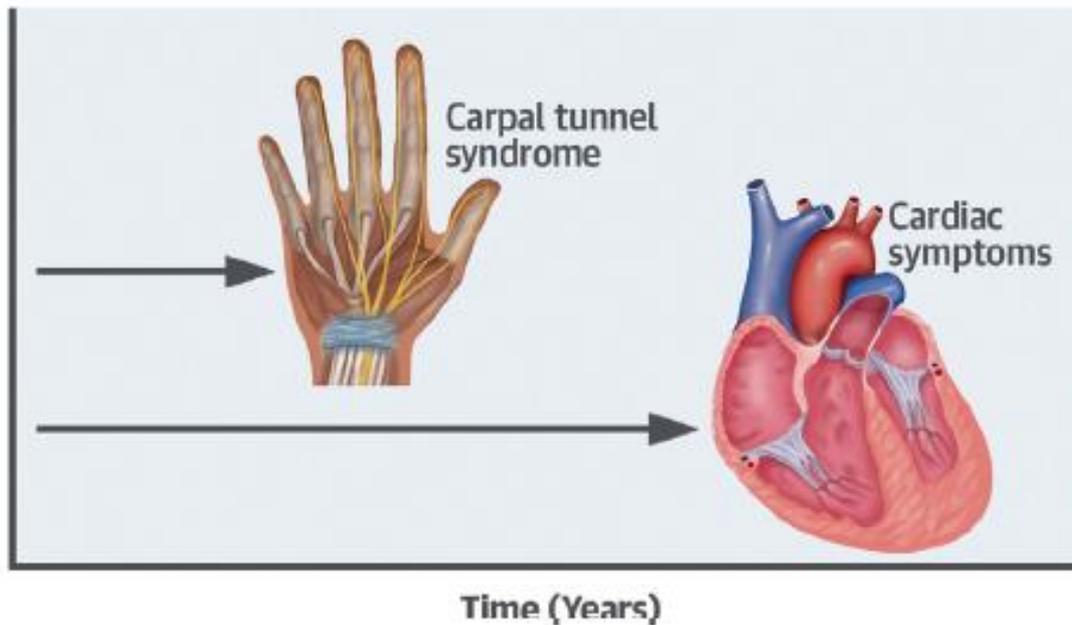


SYSTEMIC DISEASE





Tenosynovial and Cardiac Amyloidosis in Patients Undergoing Carpal Tunnel Release





POPEYE'S SIGN

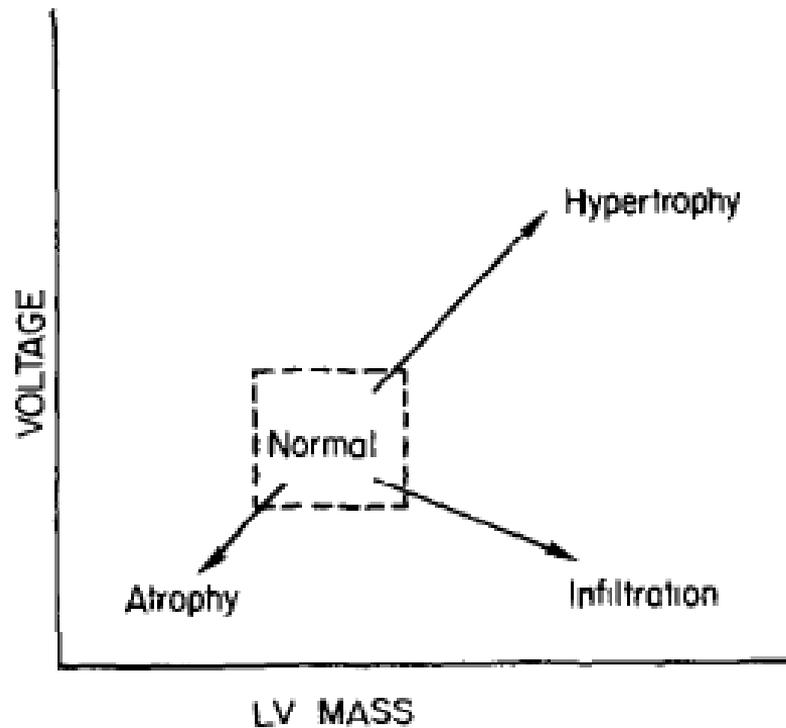
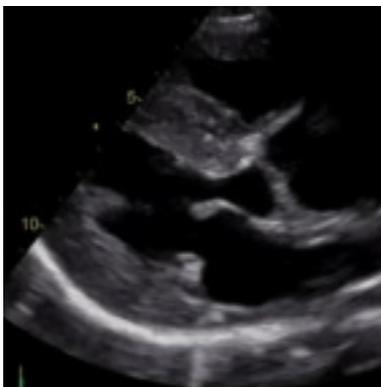
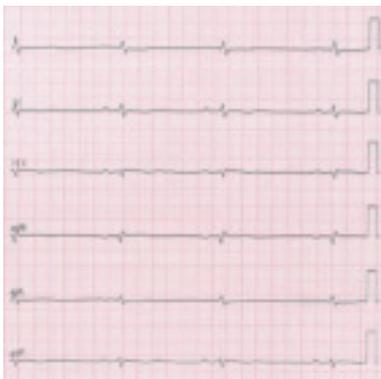




SUSPECT AMYLOIDOSIS

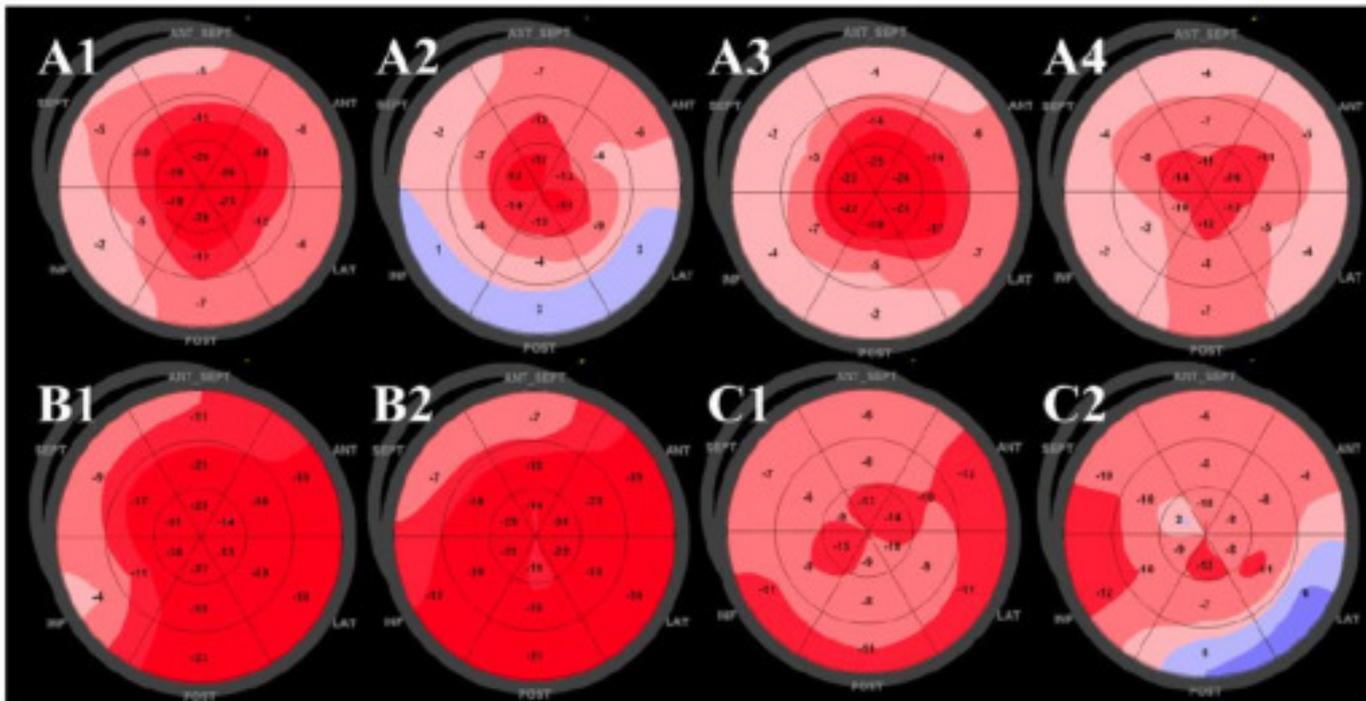


ECG & IMAGING DISCREPANCY





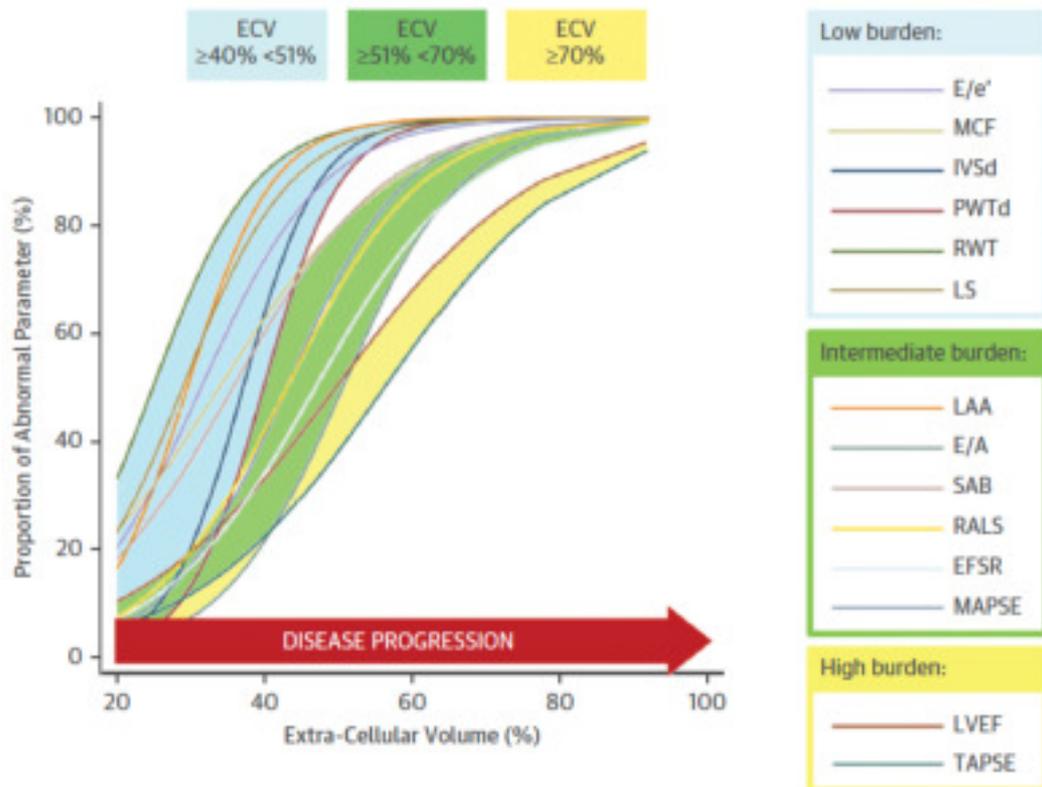
Relative apical sparing of longitudinal strain using two-dimensional speckle-tracking echocardiography is both sensitive and specific for the diagnosis of cardiac amyloidosis





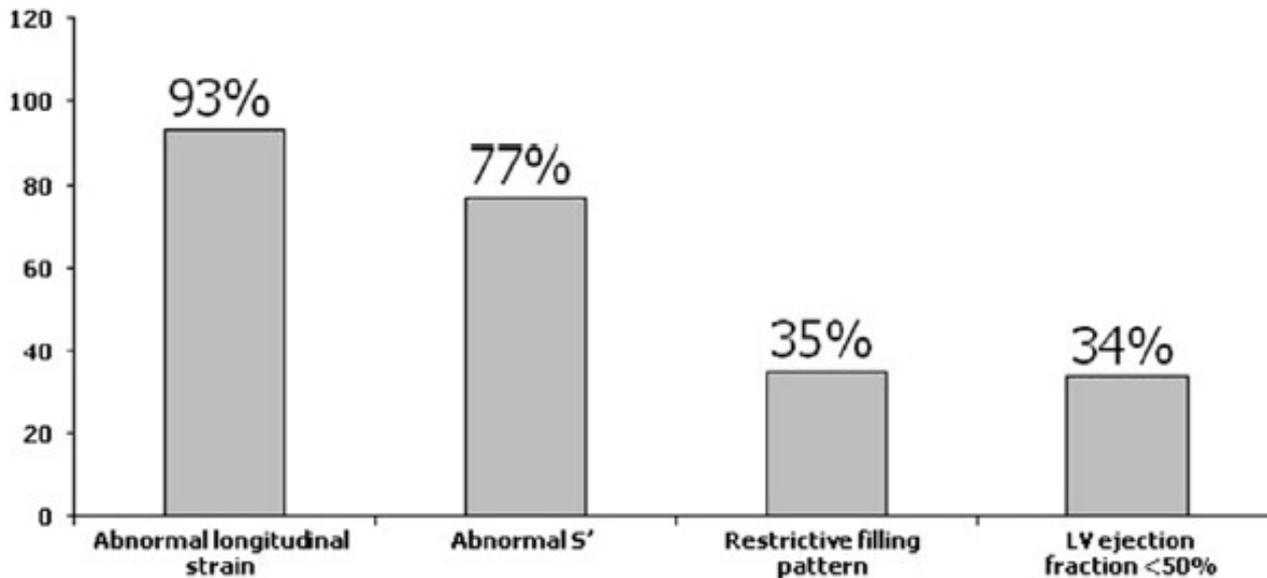
Multiparametric Echocardiography Scores for the Diagnosis of Cardiac Amyloidosis

Variable Cut-Offs and Details About Calculation of the AL and IWT Scores		
	Cut-Off	Points
AL score		
RWT	>0.52	2
E/e'	>10	2
TAPSE, mm	≤19	1
LS, %	≥ -14	1
IWT score		
RWT	>0.6	3
E/e'	>11	1
TAPSE, mm	≤19	2
LS, %	≥ -13	1
SAB	>2.9	3





LEFT VENTRICULAR STRUCTURE & FUNCTION



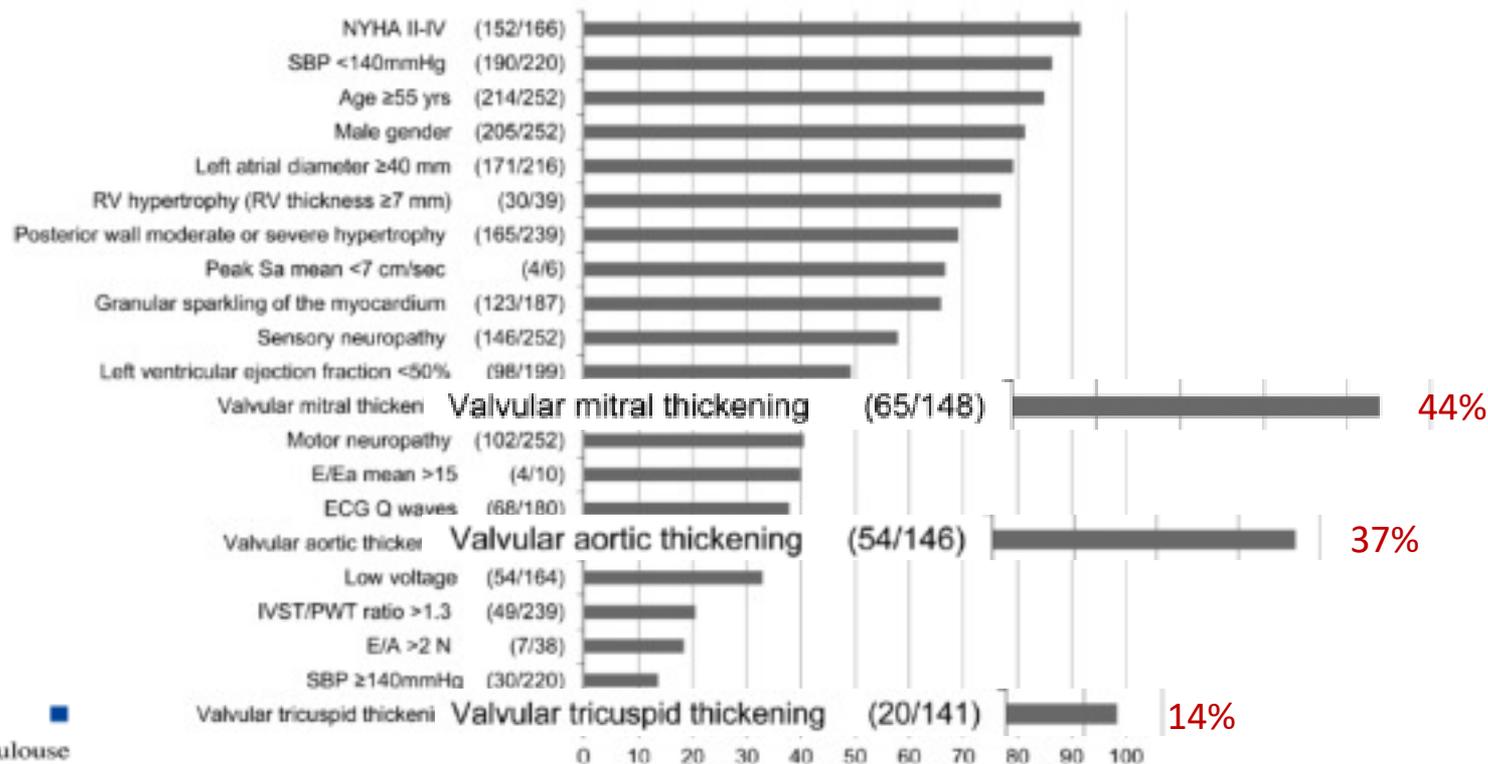


VALVULAR THICKENING



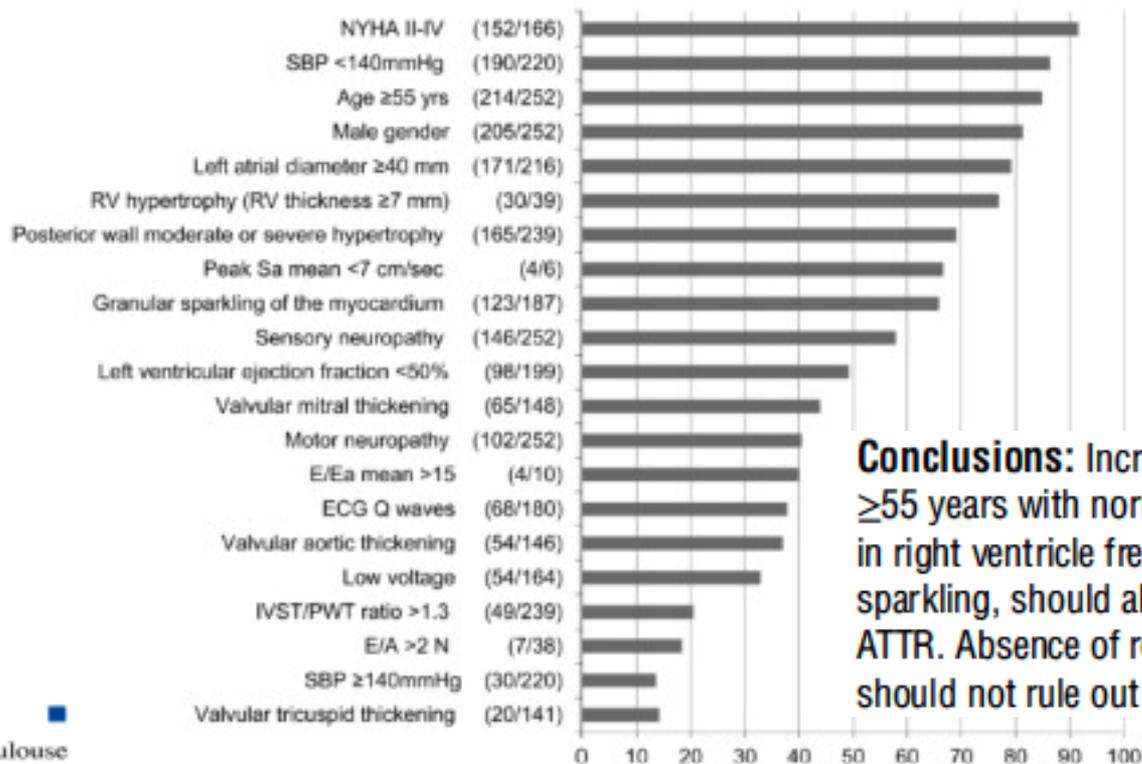


Clinical, ECG and echocardiographic clues to the diagnosis of TTR-related cardiomyopathy





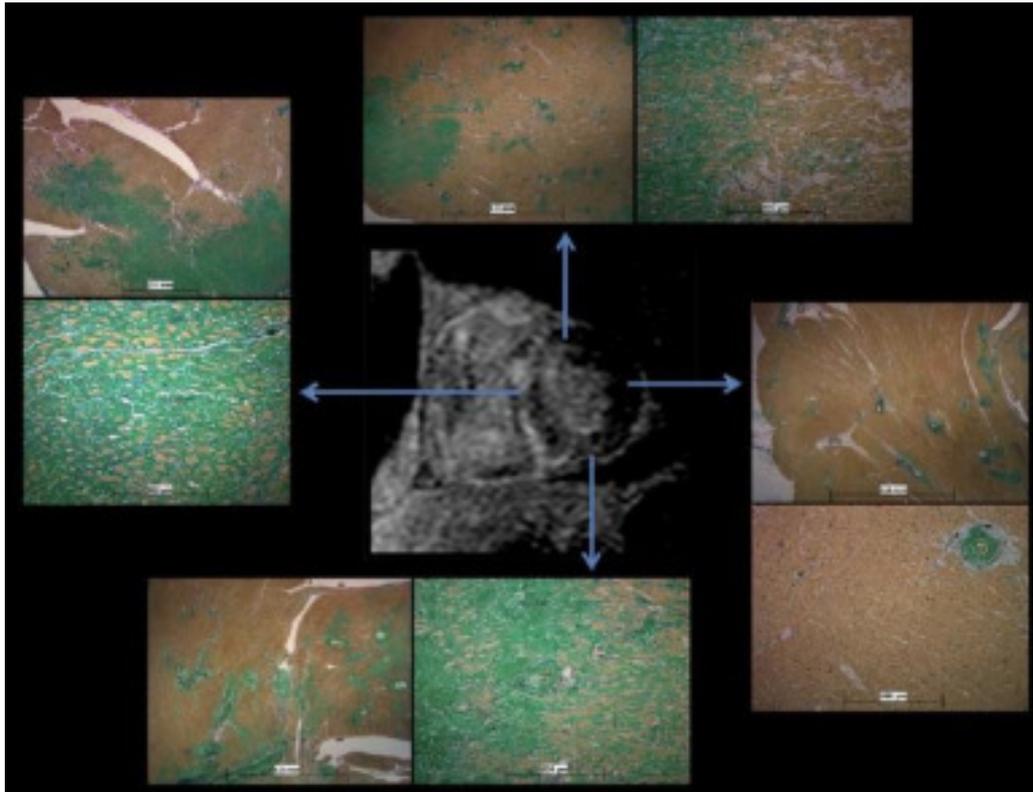
Clinical, ECG and echocardiographic clues to the diagnosis of TTR-related cardiomyopathy



Conclusions: Increased IVST, especially in men ≥55 years with normal systolic blood pressure, increase in right ventricle free wall and valve thicknesses, and sparkling, should alert practitioners to the possibility of ATTR. Absence of restrictive pattern and low voltage should not rule out the suspicion.

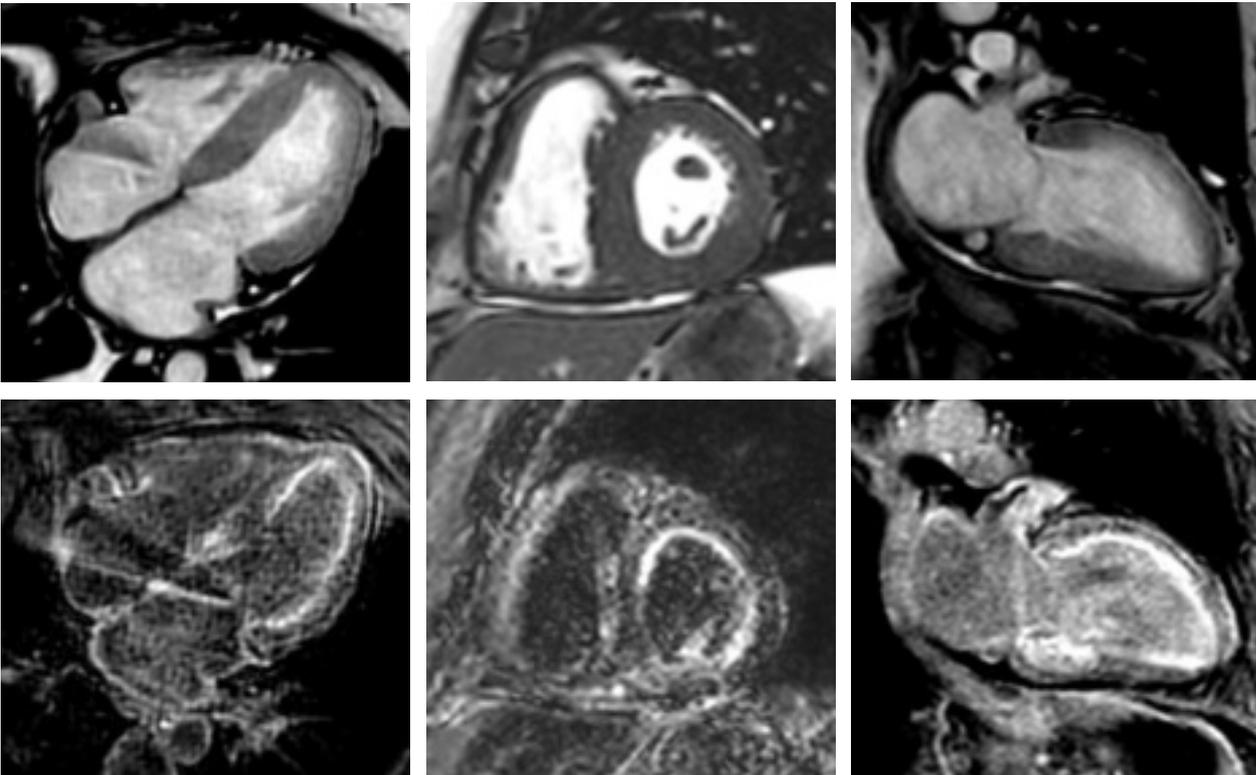
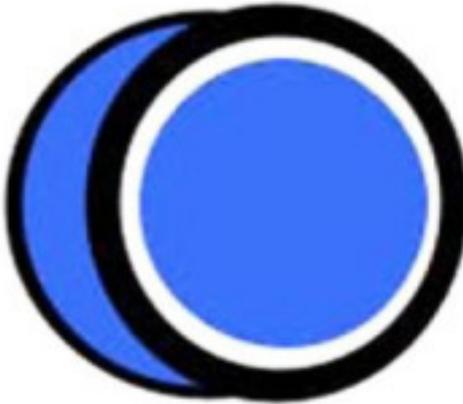


VALUE OF CARDIAC MRI



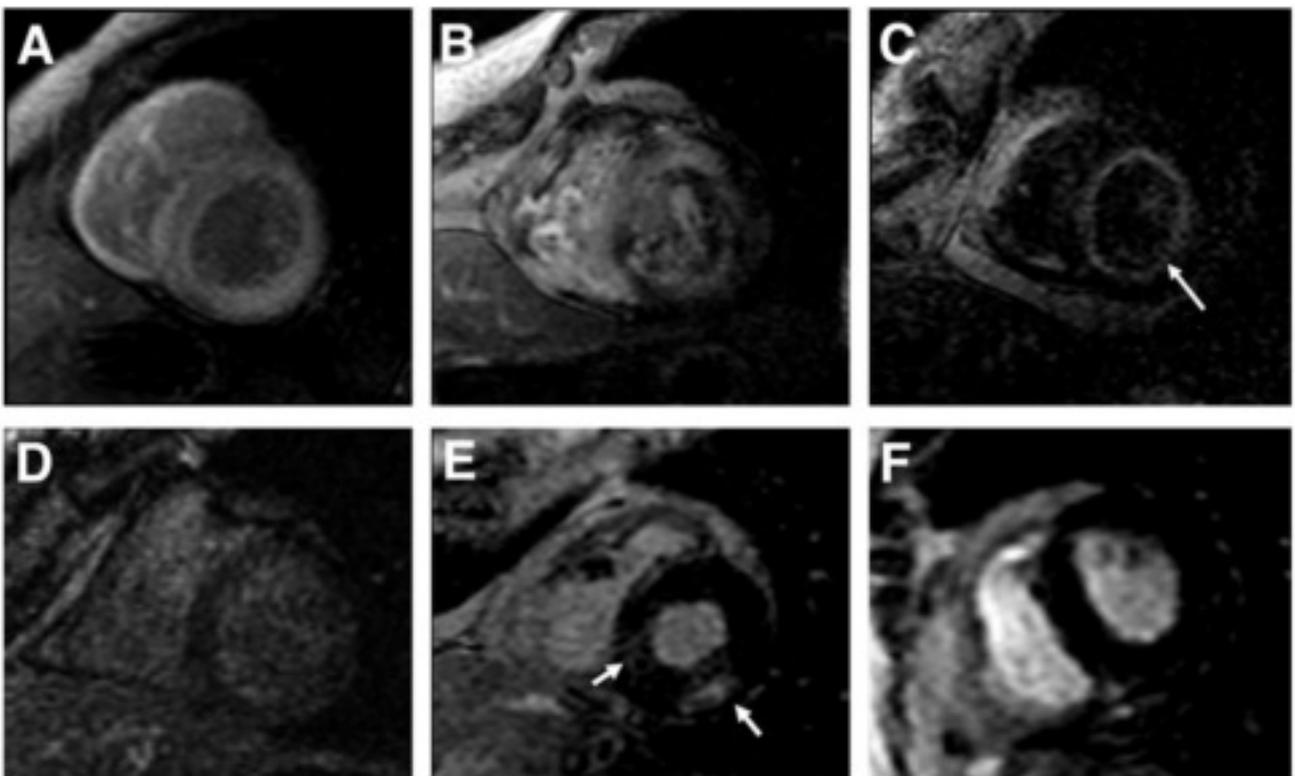


LATE GADOLINIUM ENHANCEMENT





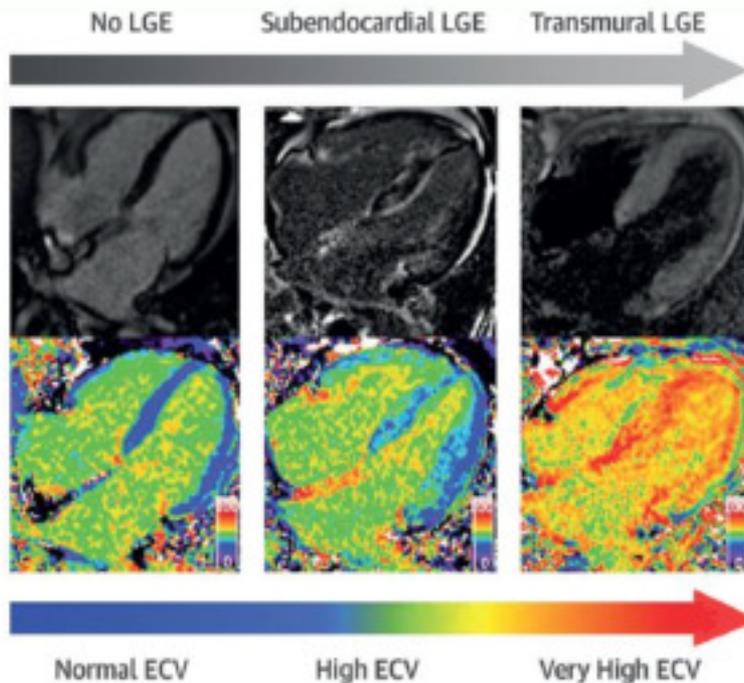
VALUE OF CARDIAC MRI





VALUE OF CARDIAC MRI

Relationship Between LGE and ECV

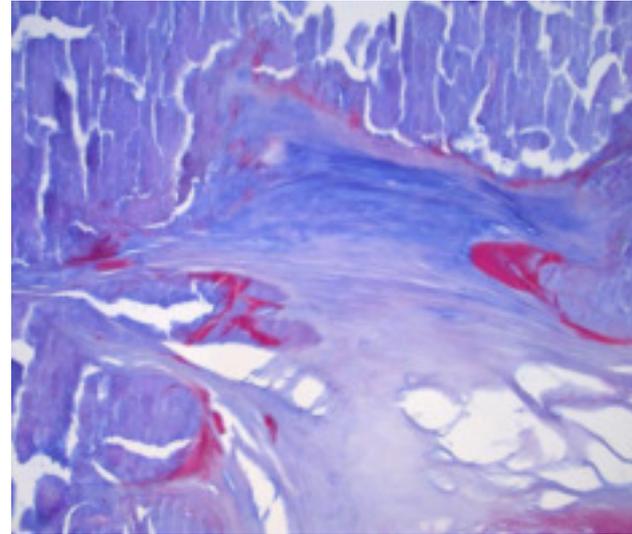
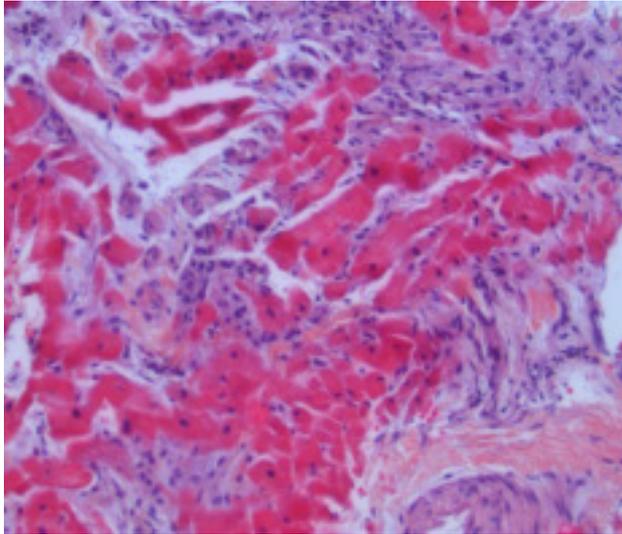




TYPE AMYLOIDOSIS

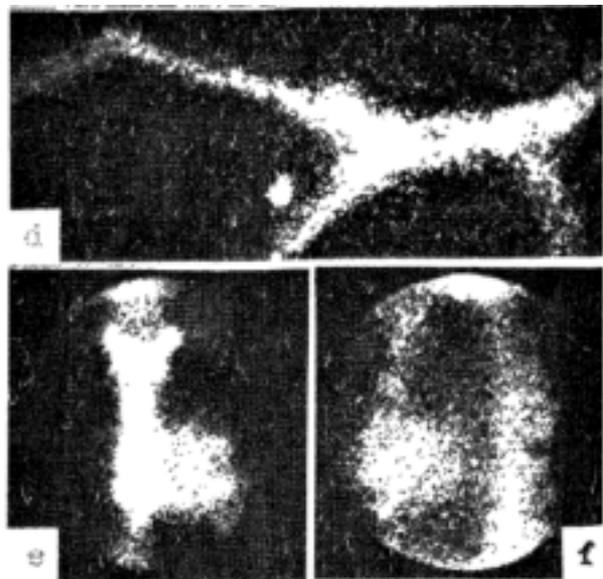


TISSUE BIOPSY & IMMUNOSTAINING





HISTORY OF BONE SCINTIGRAPHY IN THE FIELD OF AMYLOIDOSIS

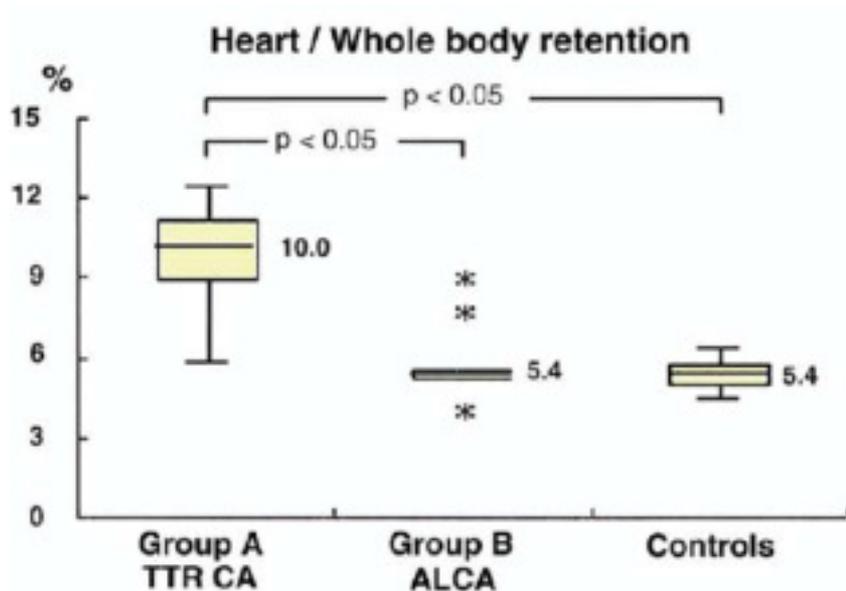
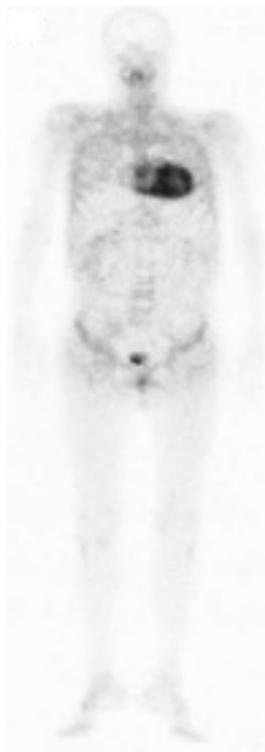


SCANNING FOR SOFT-TISSUE AMYLOID

SIR,—Two patients, a 15-year-old girl with hereditary amyloidosis and a 59-year-old man with amyloidosis associated with a kappa light-chain myeloma, **showed excessive, diffuse soft-tissue localisation** when individual limbs were scanned 5–6 h after the administration of 10 mCi technetium-99m diphosphonate.¹ **The soft-tissue localisation was so great that it obscured the normal bone localisation**

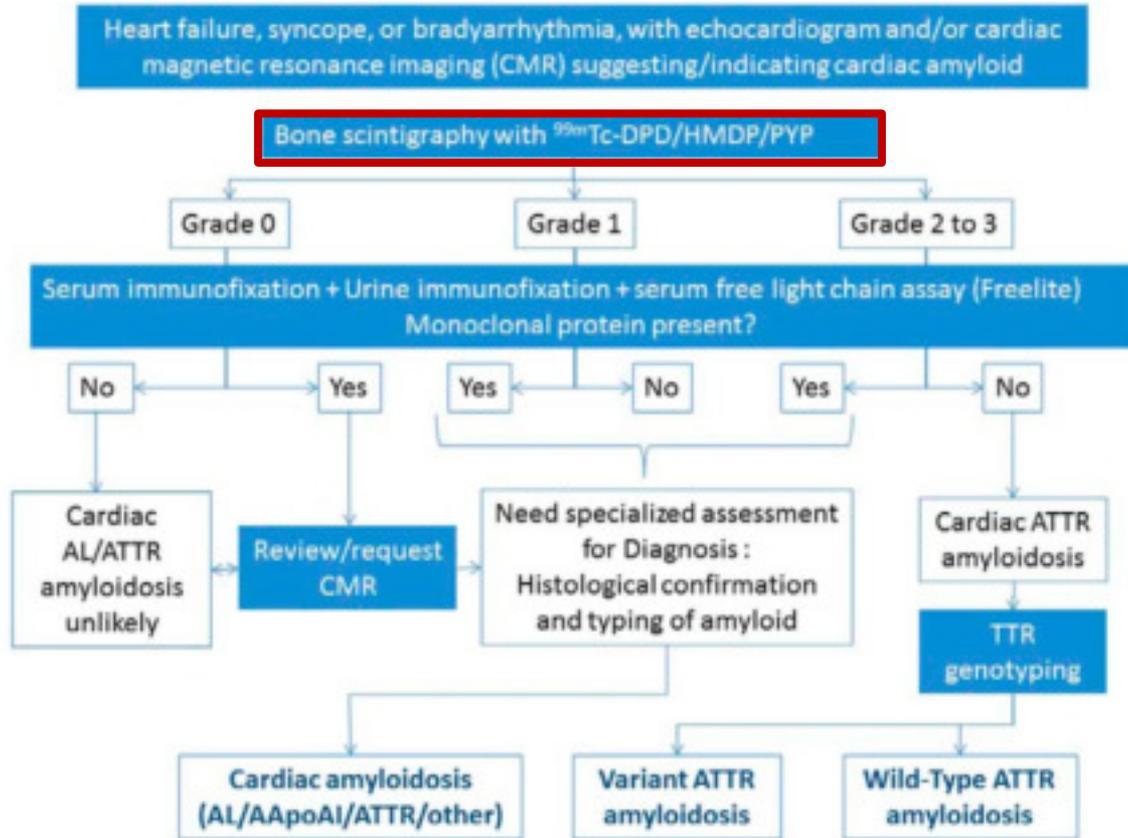


Noninvasive Etiologic Diagnosis of Cardiac Amyloidosis Using ^{99m}Tc -3,3-Diphosphono-1,2-Propanodicarboxylic Acid Scintigraphy



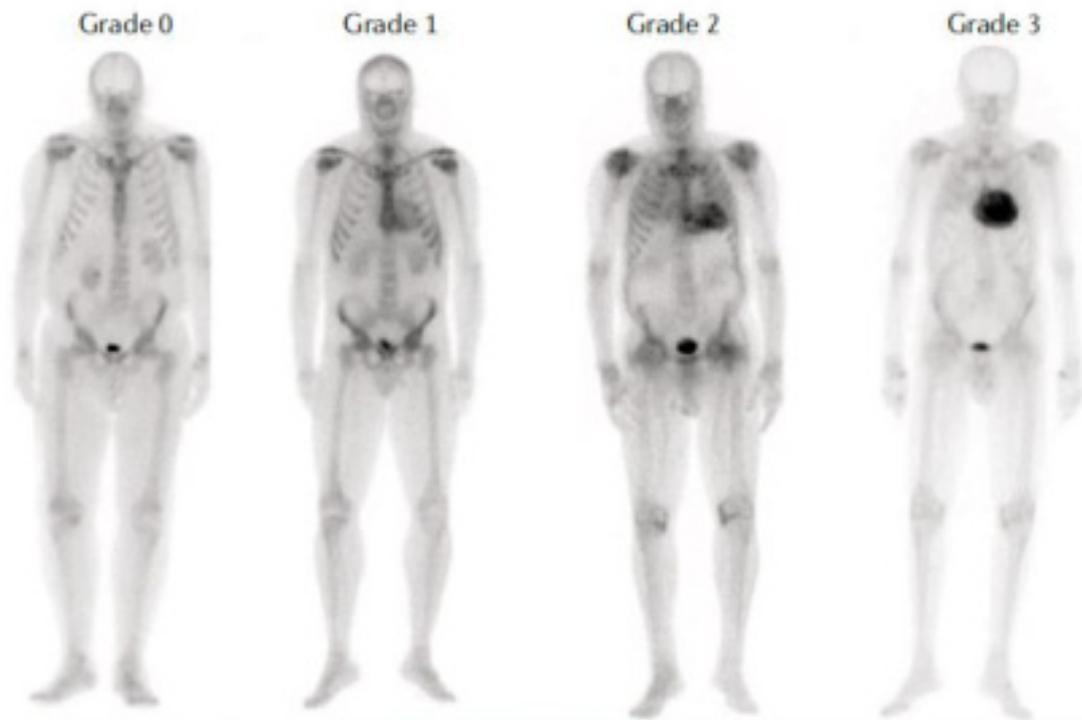


Nonbiopsy Diagnosis of Cardiac Transthyretin Amyloidosis





THE ROLE OF BONE SCINTIGRAPHY



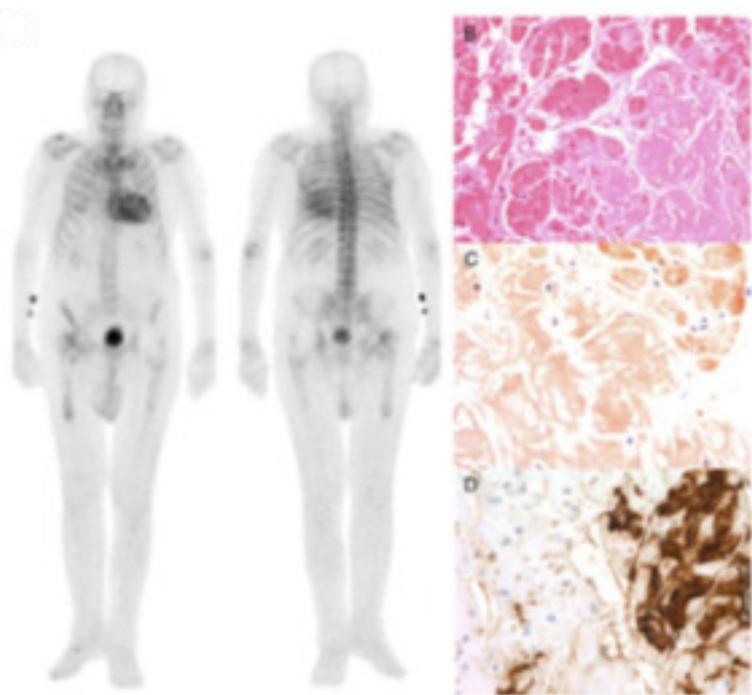
Bone

Cardiac



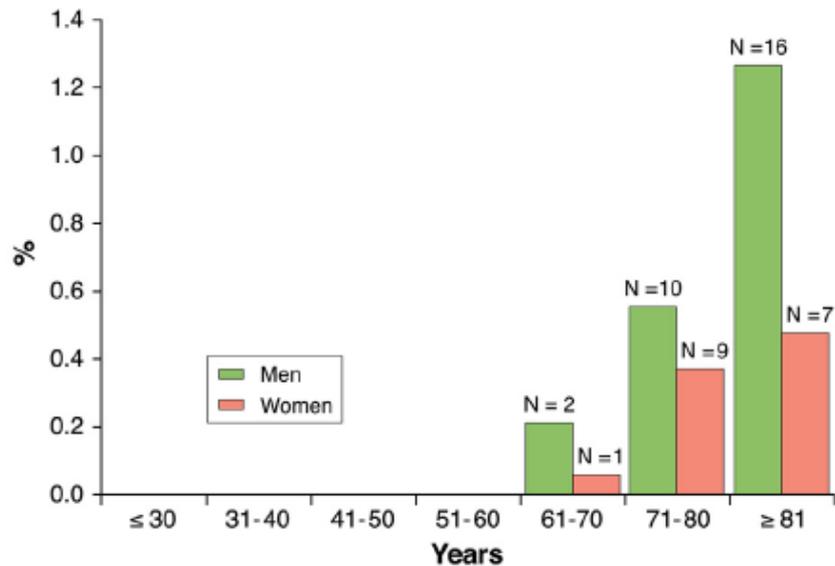
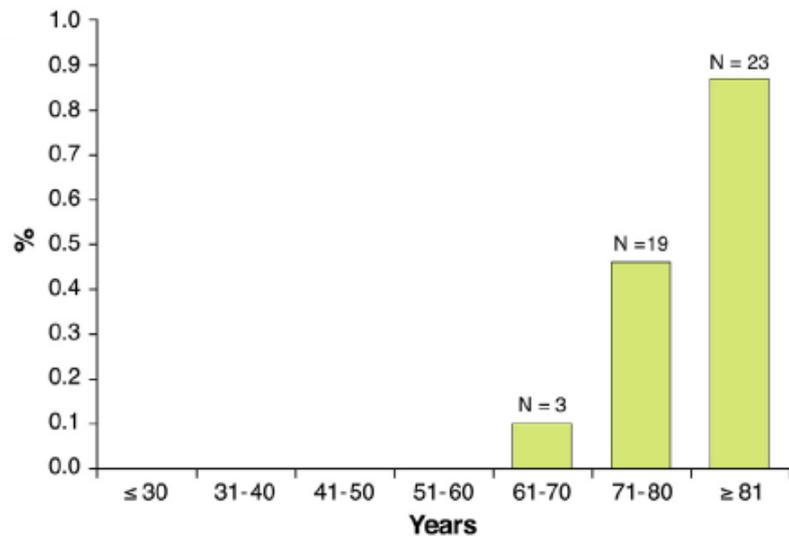
Wild-type transthyretin amyloidosis as a cause of heart failure with preserved ejection fraction

Thirteen percent of ^{99m}Tc -DPD scintigraphy myocardial uptake among patients over 60-year-old admitted for HFpEF with left ventricular hypertrophy (≥ 12 mm)





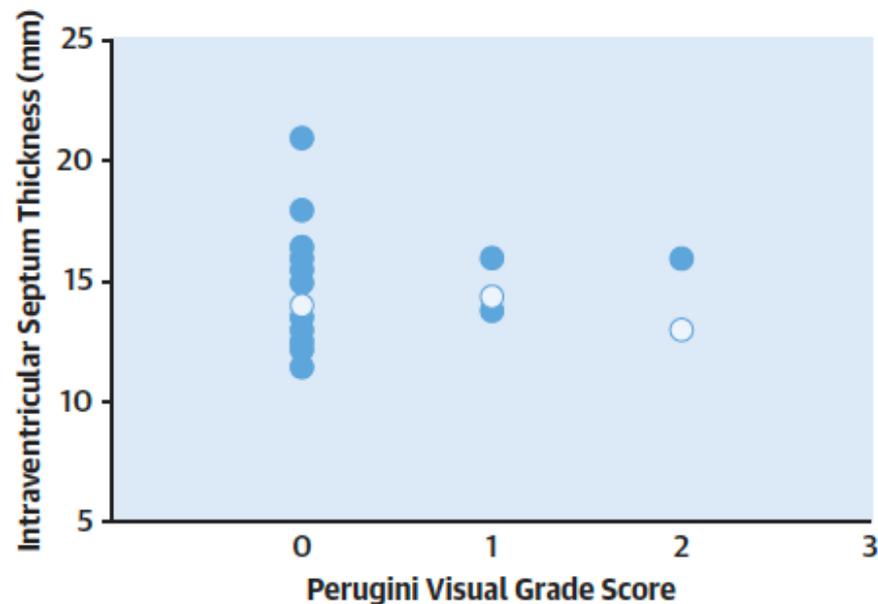
Identification of TTR-Related Subclinical Amyloidosis With ^{99m}Tc -DPD Scintigraphy





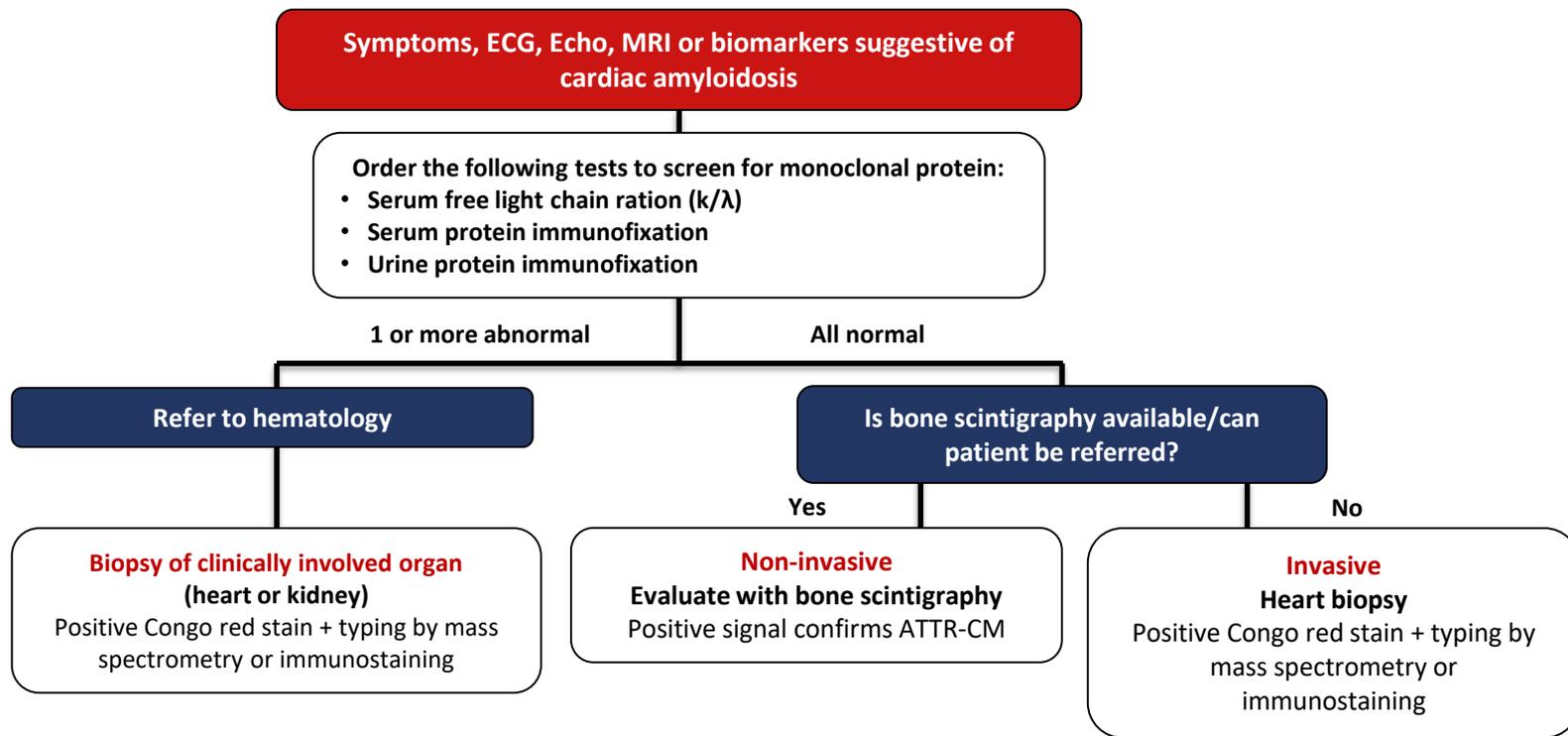
Low Sensitivity of Bone Scintigraphy in Detecting Phe64Leu Mutation-Related Transthyretin Cardiac Amyloidosis

55 patients with Phe64Leu TTR mutation.
26 patients with cardiac involvement (IVS \geq 12 mm).
19 underwent bone scintigraphy.
17 (89.5%) patients had low or absent myocardial bone tracer uptake.
2 (10.5%) showed high-grade myocardial uptake.



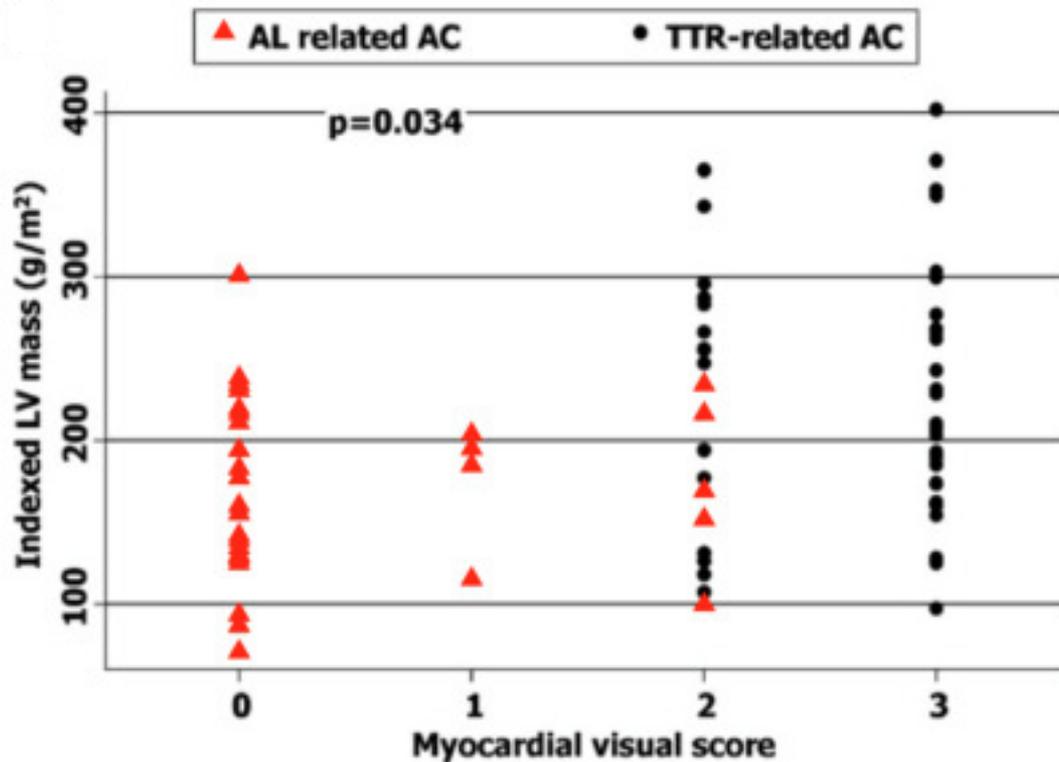


DIAGNOSTIC ALGORITHM





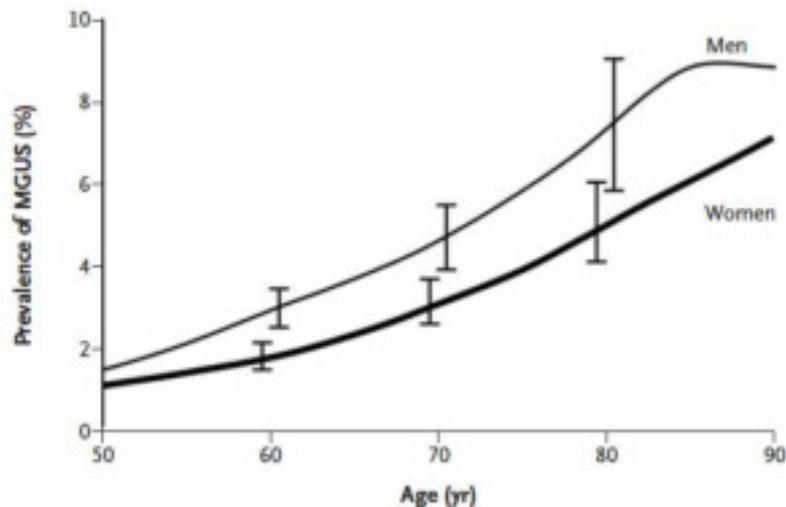
TRAPS OF BONE SCINTIGRAPHY





Prevalence of Monoclonal Gammopathy of Undetermined Significance

Age	Men	Women		Total
		number/total number	percent)*	
50–59 yr	82/4038 (2.0)	59/4335 (1.4)	141/8373 (1.7)	
60–69 yr	105/2864 (3.7)	73/3155 (2.3)	178/6019 (3.0)	
70–79 yr	104/1858 (5.6)	101/2650 (3.8)	205/4508 (4.6)	
≥80 yr	59/709 (8.3)	111/1854 (6.0)	170/2563 (6.6)	
Total	350/9469 (3.7)†	344/11,994 (2.9)†	694/21,463 (3.2)†‡	





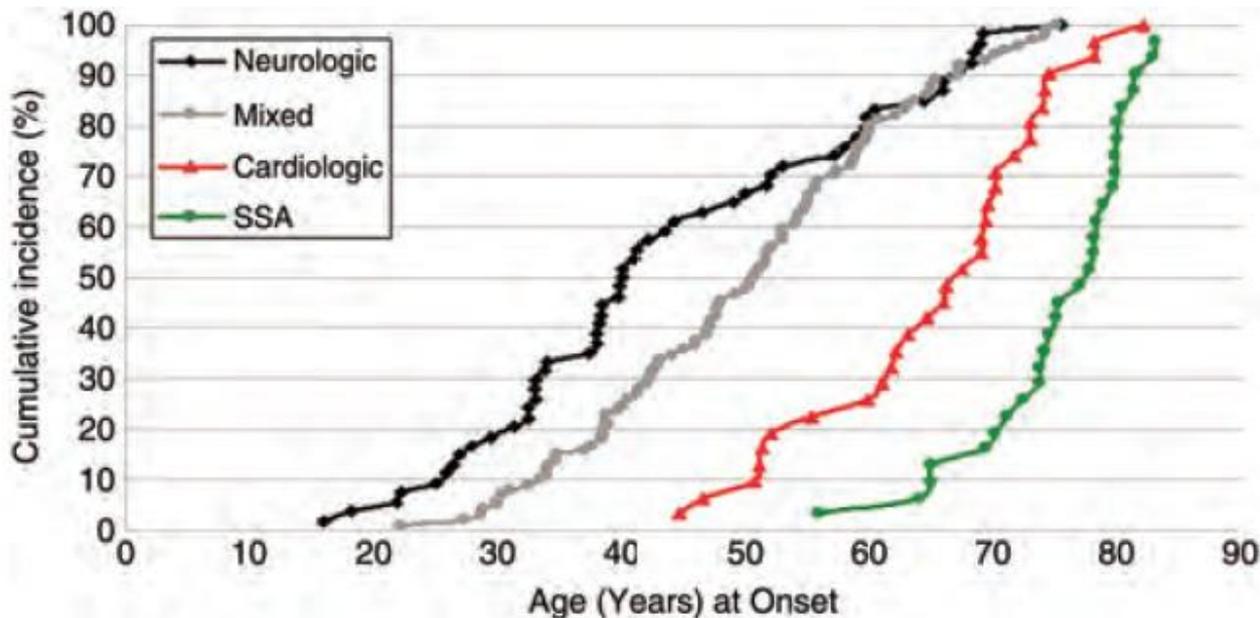
Diagnostic sensitivity of abdominal fat aspiration in cardiac amyloidosis

Diagnostic sensitivity of fat pad fine needle aspiration in different cardiac amyloidoses

Amyloid type	<i>n</i>	Number positive by Congo red staining	Diagnostic sensitivity (CI)
Systemic AL amyloidosis	216	181	84% (78–88%)
ATTRm	113	51	45% (36–54%)
Val122Ile	69	23	33%
Thr60Ala	21	14	67%
ATTRwt	271	42	15% (11–20%)



Disease profile and differential diagnosis of hereditary transthyretin-related amyloidosis with exclusively cardiac phenotype: an Italian perspective



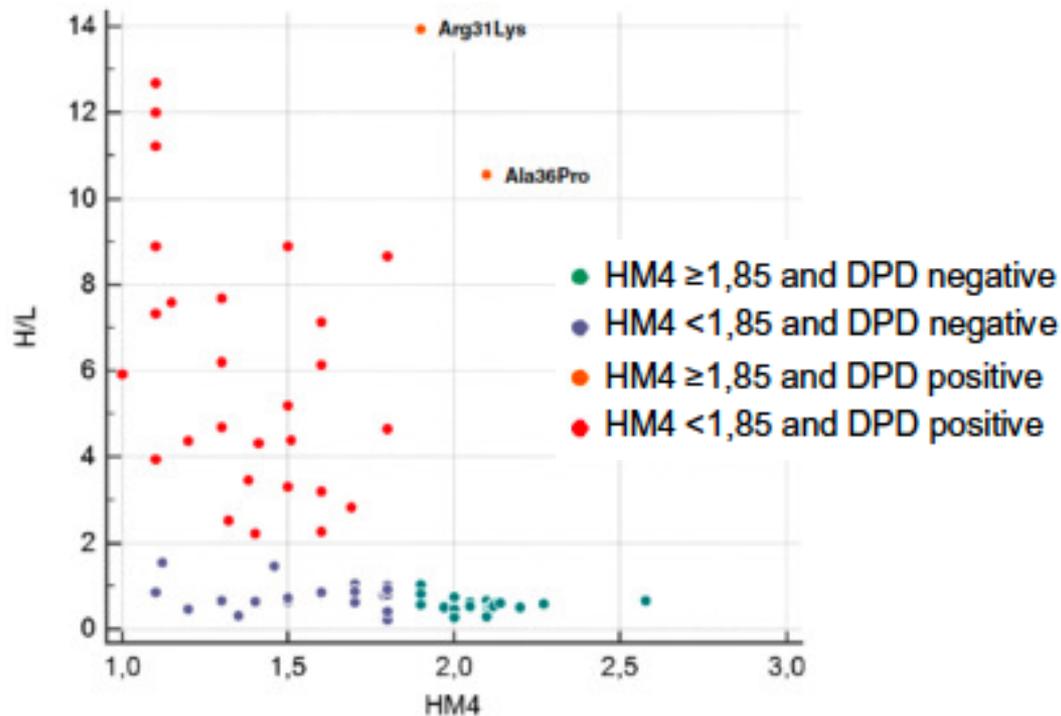
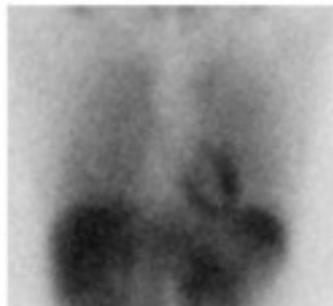


Cardiac denervation evidenced by MIBG occurs earlier than amyloid deposits detection by diphosphonate scintigraphy in TTR mutation carriers

^{99m}Tc -DPD



^{123}I -MIBG





TREATMENTS



Treatment of cardiac transthyretin amyloidosis: an update

Diuretic therapy for dyspnea

Avoid beta-blockers

ACEI & ARB can be poorly tolerated but are not contra-indicated

Avoid digoxin (?)

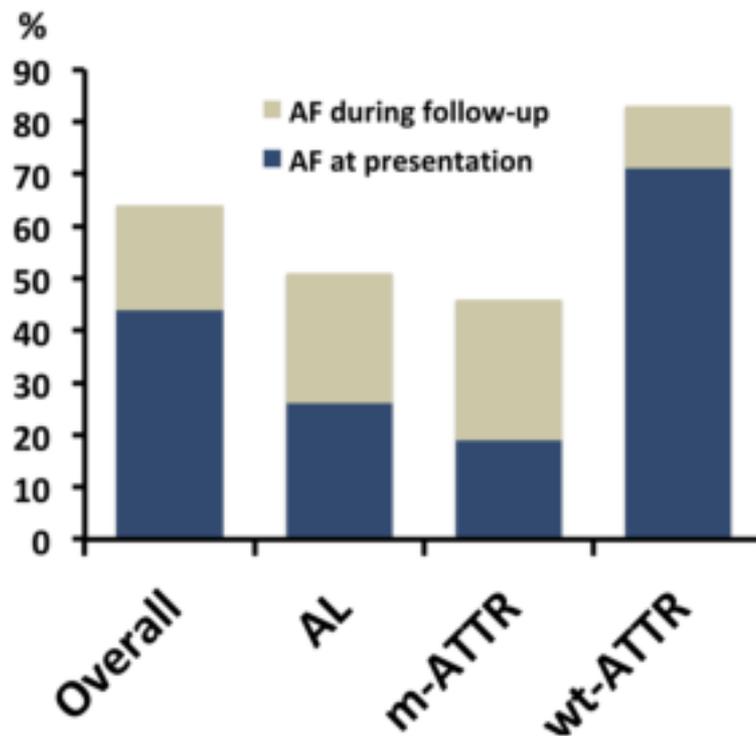
Non-dihydropyridine calcium channel blockers contraindicated because of their negative inotropic effect

Impaired chronotropic reserve with amiodarone

Increased risk of atrial thrombosis even in sinus rhythm, likely because of a loss of atrial mechanical function

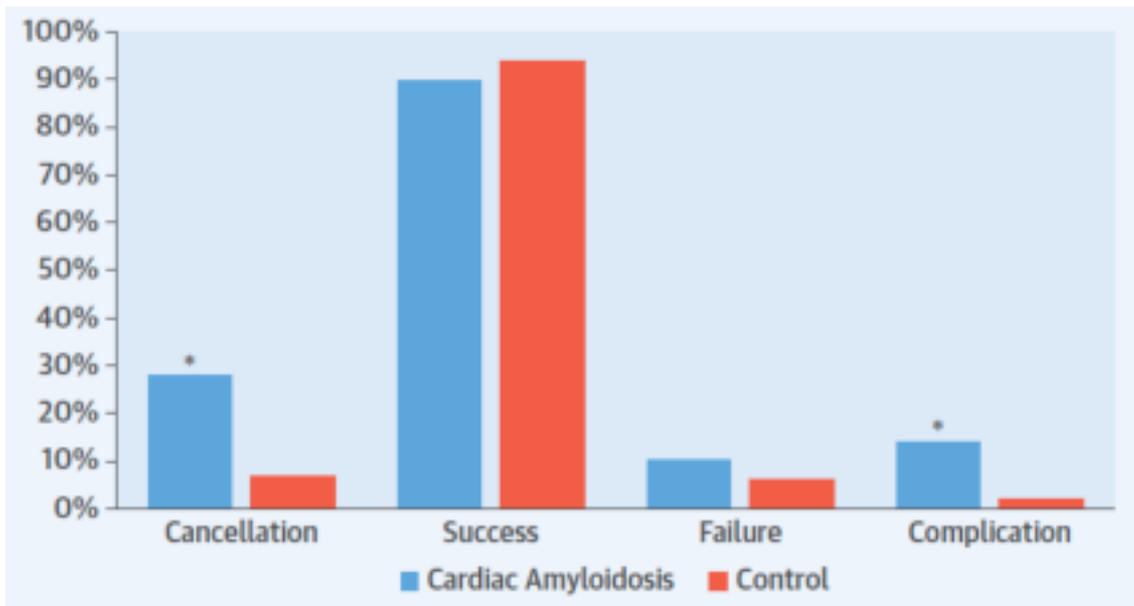


ATRIAL FIBRILLATION



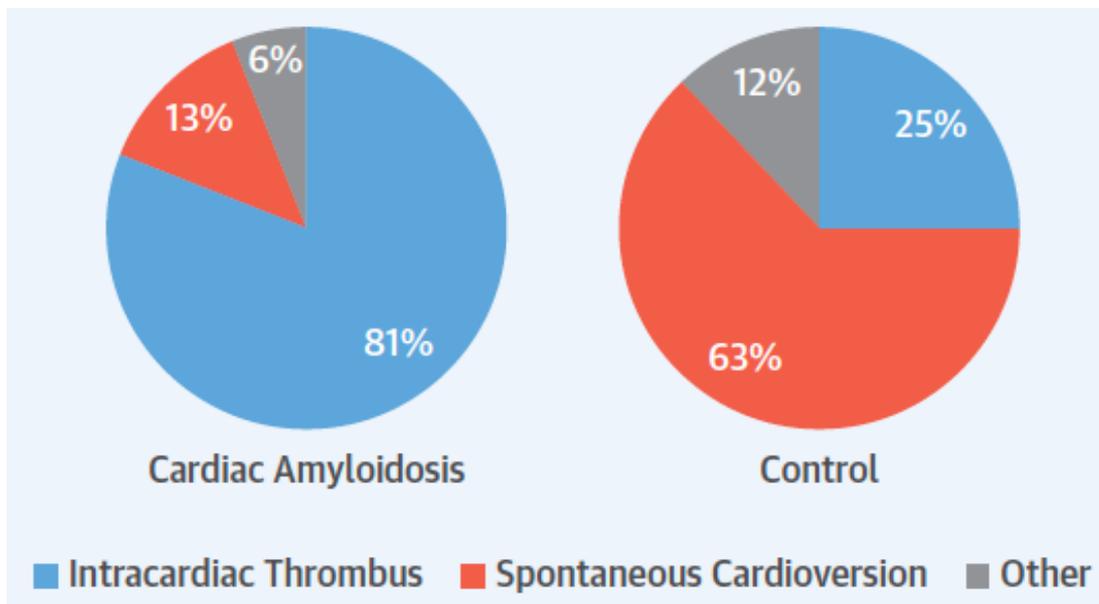


Direct Current Cardioversion of Atrial Arrhythmias in Adults With Cardiac Amyloidosis





Direct Current Cardioversion of Atrial Arrhythmias in Adults With Cardiac Amyloidosis



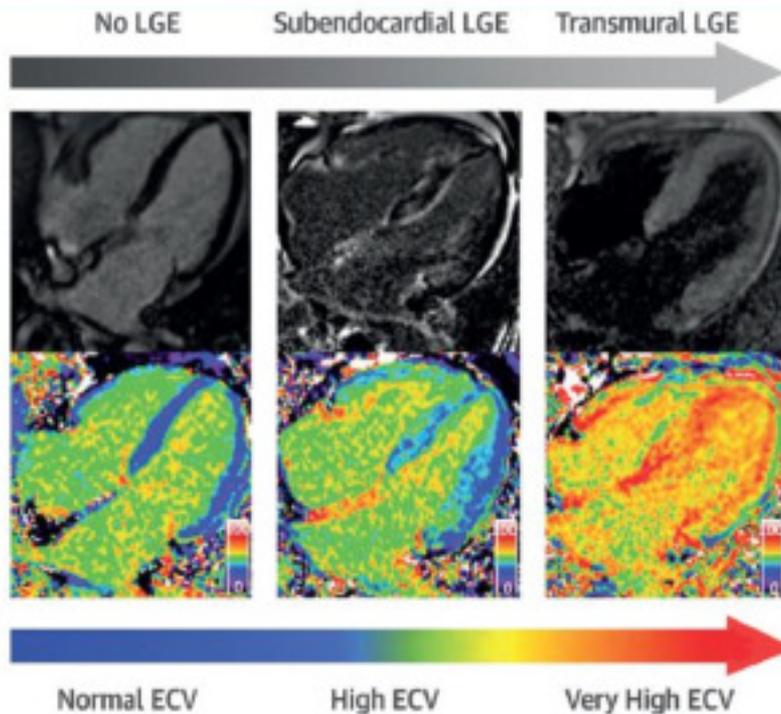


FOLLOW-UP



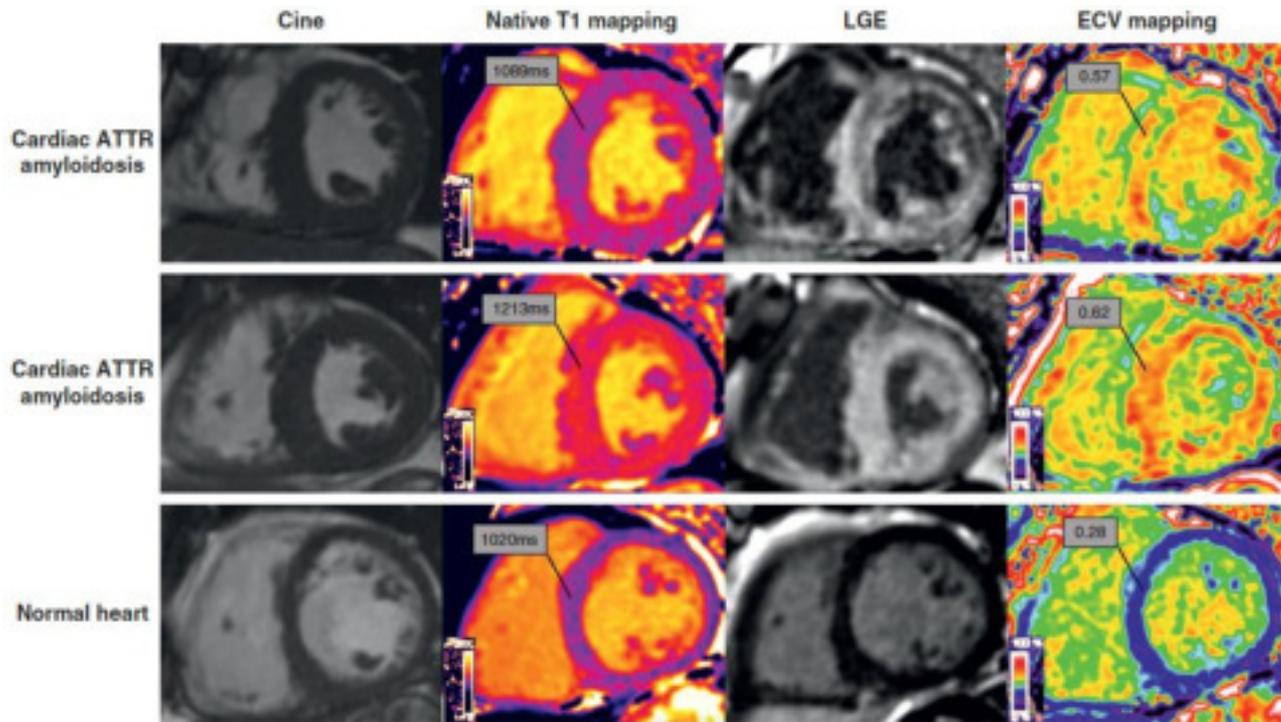
CARDIAC MRI

Relationship Between LGE and ECV



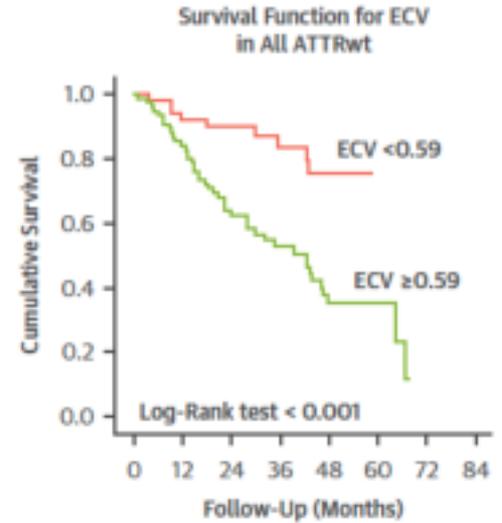
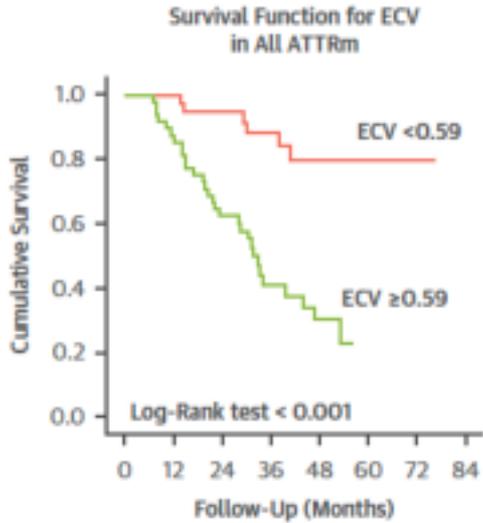
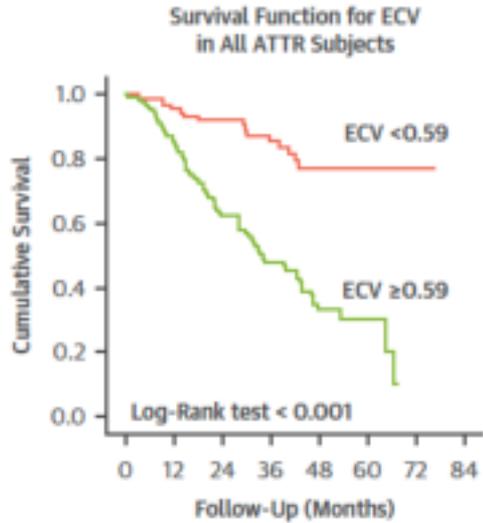


NATIVE T1 & EXTRACELLULAR VOLUME





CARDIAC MRI FOR THE QUANTIFICATION & THE FOLLOW-UP





MANAGEMENT



MULTIDISCIPLINARY APPROACH

**ANATOMO-
PATHOLOGIE**

**HÉMATOLOG
IE**

CARDIOLOGIE

**GASTRO-
ENTÉROLOGIE**

GÉNÉTIQUE

IMAGERIE

**MÉDECINE
INTERNE**

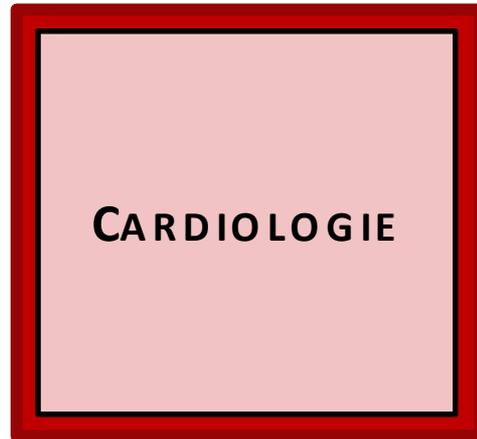
NÉPHROLOGIE

NEUROLOGIE

UROLOGIE

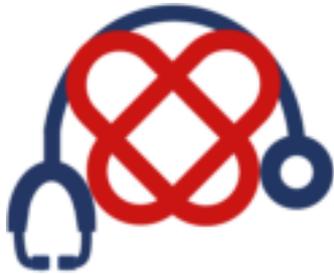


MULTIDISCIPLINARY APPROACH



IMAGEURS
INTERVENTIONNELS
RYTHMOLOGUES

CLINIENS

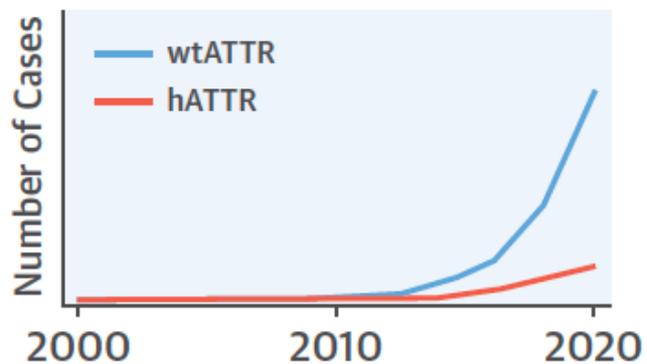


TAKE HOME MESSAGES

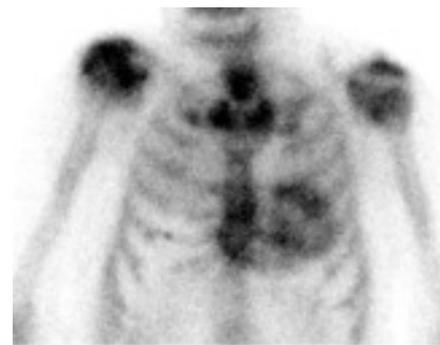
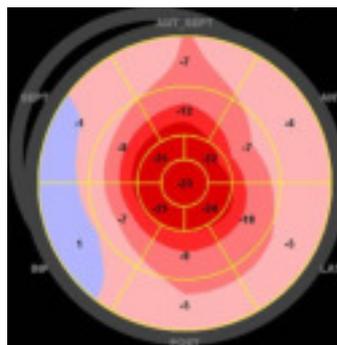


TAKE HOME MESSAGES

Recognition of ATTR-CM



Noninvasive- Imaging





TAKE HOME MESSAGES

Patient populations deemed at-risk of ATTR-CM

Heart failure OR
presence of "red flag"
signs/symptoms

AND

Increased wall
thickness ≥ 14 mm

+



Male
>65 years

OR



Female
>70 years

"Red flags" for ATTR-CM

- Red flag: Reduction in longitudinal strain with apical sparing
- Red flag: Discrepancy between left ventricular thickness and QRS voltage (with a lack of left ventricular hypertrophy on EKG)
- Red flag: Atrioventricular block, in the presence of increased left ventricular wall thickness
- Red flag: Echocardiographic hypertrophic phenotype with associated infiltrative features, including increased thickness of the atrioventricular valves, interatrial septum and right ventricular free wall
- Red flag: Marked extracellular volume expansion, abnormal nulling time for the myocardium or diffuse late gadolinium enhancement on CMR
- Red flag: Symptoms of polyneuropathy and / or dysautonomia
- Red flag: History of bilateral carpal tunnel syndrome
- Red flag: Mild increase in troponin levels on repeated occasions



CLINICAL PRACTICE

Diastolic Heart Failure

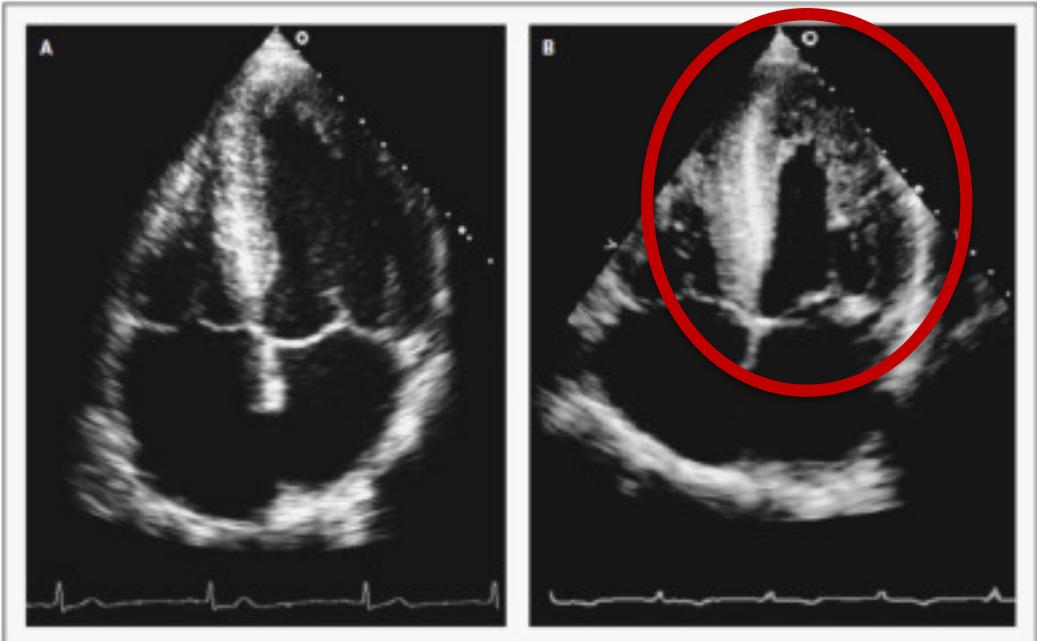


Figure 1. Echocardiographic Images in a Normal Person (Panel A) and the Patient with Diastolic Heart Failure (Panel B). The patient with diastolic heart failure has a thickened left ventricular wall and a normal left chamber volume.



TTR02-FRA-00174 – Décembre 2020