

Peripartum Cardiomyopathy: Echocardiographic Characteristics and Medication Use in Patients With Versus Without Recovery of Ventricular Function

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PURPOSE

- Peripartum cardiomyopathy (PPCM) is a rare condition with unpredictable outcomes.
- Why only some patients recover ventricular function following diagnosis remains unclear.
- The purpose of this study was to identify if baseline echocardiographic characteristics or medication use predicted ventricular recovery in a large cohort of patients with PPCM.

METHODS

- The Utah PPCM Registry was queried for eligible patients age ≥ 18 years with a confirmed diagnosis of PPCM:
 - new reduced left ventricular ejection fraction (LVEF) $< 45\%$
 - no known etiology
 - diagnosed in the last month of pregnancy up to the 5th postpartum month
- Patients were grouped according to recovery (LVEF $> 50\%$) (Rec) and no recovery (LVEF $< 50\%$) (NoRec).
- Echocardiographic measures of LVEF and left ventricular internal dimension at end-diastole (LVIDD) and medication use were tracked in both groups.

RESULTS

- n=58 patients with PPCM
- Average age 30 years
- 36 patients (62%) had recovery of cardiac function.
- Average time to recovery was 8.9 months
- Echocardiographic measures and medication use (Table below).

CONCLUSIONS

- Patients with PPCM who have recovery of ventricular function are more likely to have a higher baseline LVEF, smaller left ventricular dimensions, and have higher use of standard heart failure medications.
- The neurohormonal antagonists studied here appear to have a meaningful impact on clinical characteristics for patients with PPCM and should be used as tolerated.

	Rec (n=36)	NoRec (n=22)	p value
EF, %			
Initial	32	27	0.05
Best	59	33	< 0.05
LVIDD, cm			
Initial	5.4	6.1	< 0.05
Best	4.8	5.6	< 0.05
B-blocker use, %			
Baseline	67	73	0.63
6 months	83 (n=35)	65 (n=20)	0.14
1 year	79 (n=34)	61 (n=18)	0.16
ACEI use, %			
Baseline	83	82	0.88
6 months	77 (n=35)	50 (n=20)	0.04
1 year	59 (n=34)	50 (n=18)	0.55