

**PP086 ARRHYTHMIA IN
HYPERTROPHIC
CARDIOMYOPATHY (HCM)**

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INTRODUCTION

We report a case of a patient with hypertrophic cardiomyopathy (HCM), who presented with failure symptoms and a new onset arrhythmia.

CASE REPORT

A 65-year-old woman presented with a 2-day history of dyspnoea and decrease in effort tolerance. The patient is a known case of Hypertrophic Cardiomyopathy (HCM), confirmed by previous echocardiography and Cardiac Magnetic Resonance (CMR) imaging. On presentation, she was tachypnoic, but not tachycardic. Her Jugular Venous pressure was raised with pitting oedema of both lower limbs. Electrocardiography (ECG) showed atrial fibrillation (AF) with left ventricular hypertrophy (LVH). She was treated for congestive cardiac failure (CCF) with new onset AF. Her Echocardiography showed good left ventricular (LV) function with an asymmetrical septal hypertrophy.

DISCUSSION AND CONCLUSION

HCM is one of the most common inherited cardiac disorders produced by mutations in genes coding for sarcomeric proteins. HCM is characterized by left ventricular hypertrophy (LVH) and a non-dilated left ventricle, in the absence of any stimulus for an increase in cardiac afterload. Typical symptoms include dyspnoea, angina, palpitation, exertional syncope. The ECG is usually abnormal, however no particular changes is pathognomonic for HCM. ECG changes includes LVH, P-mitrale, prominent Q waves in the lateral and

inferior leads or giant T-waves inversion in precordial leads. Atrial fibrillation, supraventricular tachycardias and Wolff-Parkinson-White (WPW) syndrome are common. Ventricular dysrhythmias may be present and may be the cause of sudden death. Echocardiography is the preferred diagnostic modality for HCM. The cardinal feature is LVH with diastolic wall thickness ≥ 15 mm. CMR imaging is useful when echocardiography is questionable, particularly with apical hypertrophy. Atrial fibrillation occurs up to 30% of HCM patients and may lead to clinical deterioration, as seen in our patient. Treatment aims is to alleviate the symptoms of heart failure and manage the new onset AF, including the risk of stroke.