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PREVALENCE AND CLINICAL CHARACTERISTICS OF TRANSTHYRETIN CARDIAC AMYLOIDOSIS AMONG HEART FAILURE WITH PRESERVED EJECTION FRACTION

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Transthyretin cardiac amyloidosis (ATTR-CA) is an increasingly recognized cause of heart failure. This study aimed to identify the prevalence and characteristics of ATTR-CA among heart failure with preserved ejection fraction (HFpEF). A prospective single-center study included patients aged > 65 years with a diagnosis of HFpEF (EF >50%) between November 2021 and December 2022. A total 124 patients were included (median age 82.9 years, 78% male) was conducted. Clinical, analytical, and diagnostic imaging data were collected. Visual grading was evaluated with 99mTc-DPD bone scintigraphy. ATTR CA was diagnosed by positive scintigraphy (Perugini grade 2 or 3) and exclusion of light-chain amyloidosis or positive biopsy typing. ATTR-CA prevalence among HFpEF was 9.7% (12/124). AATR-CA patients were older (p=0.0019) and had higher values of septal wall thickness (p=0.001), posterior wall thickness (p<0.001), left ventricular mass index (p=0.021), relative wall thickness (p<0.001), and N-terminal pro-B-type natriuretic peptide (NT-proBNP, p<0.001). On the other hand, there was no significant difference in Agent Orange exposure history, body mass index, presence of hypertension, diabetes, hyperlipidemia, atrial fibrillation, heart rate, left ventricular EF, stroke volume, left ventricular mass, ratio of peak velocity of early diastolic transmitral flow to peak velocity of early diastolic mitral
annular motion, and estimated glomerular filtration rate values. This study identified a higher prevalence of ATTR-CA in HFpEF than in the general population. Additionally, these patients tended to have thicker ventricular walls, higher LV mass index, and higher levels of NT-proBNP. We should realize that ATTR-CA may be one cause of HFpEF.

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