

Cardiomyopathy	Description/ Systolic-Diastolic	Symptoms	CXR/Labs/EKG	Treatment	Misc
**Pericarditis	-Inflammation surrounding the heart	-Fever -Pleuritic chest pain -*Pt feels better leaning forward than supine	CXR: nonspecific but cardiomegaly Labs: *elevated inflam. Markers (CRP + ESR) EKG: *diffuse ST-T elevations	-NSAIDS/Aspirin -Colchicine -Steroid prednisone (if severe)	-*is only dangerous if pericardial effusion develops
Pericardial Effusion -> Tamponade	-Diastolic? -↑ intrapericardial pressure that ↓ venous return and ↓ ventricular filling	-tachycardia -Beck's Triad for tamp.: -hypotension -muffled heart sounds -↑ JVP	CXR: cardiomegaly ECG: ST-T changes, electrical alternans, low voltage	-For small effusions: closely follow -Tamponade: urgent pericardiocentesis or cardiac surgery Repeated drainage of fluid	-Speed of fluid accumulation determines the physiologic importance
***Constrictive Pericarditis	-Diastolic dysfunction -Thickened, fibrotic pericardium -Restricts diastolic filling, causing ↑ venous pressures	-↑ venous pressures, ↓ SV, ↓ CO -hepatic congestion, edema, ascites, elevated JVP -JVP ↑ with inspiration *(Kussmaul sign)	CXR: normal or enlarged Echo: thickened pericardium Cardiac Cath: usually confirmatory (check pressures of the heart)	Treat the cause! -NSAIDS -Diuresis - lasix if pt BP is stable (help w edema) -Pericardiectomy (if severe)	-Most common after bacterial pericarditis -experiencing right sided sxs bc it's a filling issue
Myocarditis	-systolic dysfunction (dec EF) -Inflammation of heart muscle (thick/swollen) -myocellular damage -> myocardial necrosis and dysfunction -> HF	-flu-like sxs, dyspnea, chest pain -*sinus tachycardia (HR>100) Noninfectious myocarditis: medications, drugs, toxic substances -> cause myocardial injuries	-Biomarkers: *↑ troponin release d/t myocardial necrosis CXR: cardiomegaly w signs of CHF *Endomyocardial biopsy (confirmation)	-ACE inhibitors -Beta blockers -NSAIDS -Suppression of arrhythmias -Fulminant myocarditis (IABP and LVAD)	IABP: balloon pump to keep BP ↑ LVAD-LV assistive device to make the heart beat while pt waits for heart transplant Chemotherapy - large cause of some cardiomyopathies

<p>***Dilated Cardiomyopathy</p>	<p>-systolic dysfunction -> ventricular dilation -> dilated and *weak/floppy heart (dec EF)</p>	<p>-sxs of HF -rales -↑ JVP -edema -ascites</p>	<p>-CXR: cardiomegaly -*S3 gallop rhythm -BNP & troponin</p>	<p>-manage HF -ACE-I/ARBS -Beta blockers -Spironolactone (aldosterone antag.) -Diuretics (lasix) -Digoxin (help w heart contractility)</p>	<p>-95% of cases -most common in men -Poor prognosis <5 yrs Causes: -Idiopathic -viral (coxsackie) -alcoholic -*doxorubicin (chemo drug) = buzz word for D.C.</p>
<p>Takotsubo Cardiomyopathy</p>	<p>-systolic? -LV ventricular ballooning -caused by stress, catecholamine surge</p>	<p>-angina, dyspnea</p>	<p>EKG: ST elevations, T wave inversion -Troponin released -no thrombosis on cath.</p>	<p>-similar to MI -ASA -Beta blockers -ACE-I</p>	<p>-associated w dilated cardiomyopathy bc weak contractions -good prognosis</p>
<p>Restrictive Cardiomyopathy</p>	<p>-diastolic myocardium is restricted - stiffened, less compliant, filling disturbed bc stiffness prevents expansion</p>	<p>-right sided sxs more common than left</p>	<p>-EKG: low voltage -Echo: -ventricles non dilated w normal wall thickness -marked dilation of both atria -diastolic dysfunction</p>	<p>-tx of amyloidosis with chemo & stem cell transplantation -Beta blockers -Diuretics</p>	<p>-*amyloidosis is most common cause then sarcoidosis -digoxin may cause arrhythmias and should be avoided</p>
<p>***Hypertrophic cardiomyopathy</p>	<p>-diastolic dysfunction -LV is hypertrophy -*subaortic outflow obstruction by thickening of interventricular septum</p>	<p>-dyspnea and chest pain -syncope -arrhythmias -> a. fib</p>	<p>-ECG: LVH, dysrhythmias -CXR: unimpressive unless HF -Echo: diagnostic, showing LVH involving the septum (show outflow obstruction)</p>	<p>-beta blockers (initial - to slow HR and improve diastolic filling) -calcium channel blockers -diuretics if sxs of HF -alcohol septal ablation (ethanol destroys extra myocardial tissue - prevents thickening) -AICDs for ventricular arrhythmias</p>	<p>-*↑ risk of sudden death (athletes) -genetic, autosomal dominant - so genetic testing may be helpful -*crescendo decrescendo murmur (more intense with valsalva, less intense with squatting) -amount of obstruction is preload and afterload dependent</p>