

Cirrhotic Cardiomyopathy in Egyptian Patients

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Abstract

Background: Cirrhotic cardiomyopathy is the term used to describe a constellation of features indicative of abnormal heart structure and function in patients with liver cirrhosis. Aim of this study is to assess the pattern and the extent of cardiac affection in cirrhotic patients and its relation to the presence or absence of ascites. Patients and methods: This study included 70 patients with liver cirrhosis and 30 healthy controls. All persons were subjected to careful history taking, physical examination, laboratory investigations, abdominal ultrasonography, and echocardiography. Results: Left ventricle end diastolic diameter was significantly increased in cirrhotic patients with ascites (5.40 ± 0.58) and without ascites (5.31 ± 0.51), compared to the control group (4.52 ± 0.58) ($p < 0.05$), left ventricle end systolic diameter was increased in cirrhotic patients with ascites (3.57 ± 2.2) and without ascites (3.46 ± 3.1), compared to the control group (3.18 ± 2.5) ($p > 0.05$). Left atrium diameter, right ventricular end diastolic diameter and pulmonary artery systolic pressure were significantly increased in cirrhotic patients compared to the control group ($p < 0.05$). Conclusion: Liver cirrhosis was associated with significant enlarged cardiac chambers and diastolic dysfunction compared to the control group especially in the presence of ascites.

Keywords: Cirrhosis, Ascites, Echocardiography, Cardiomyopathy, Diastolic Dysfunction

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