

CIRRHOTIC CARDIOMYOPATHY

Thesis

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In Internal medicine

By

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Abstract

The comorbidity of liver cirrhosis and heart failure has always been a matter of interest. While the occurrence of liver cirrhosis in cases of advanced heart failure was well recognized long ago, the development of heart failure as a complication of liver cirrhosis was only brought to light few decades ago.

The term “cirrhotic cardiomyopathy” which refers to a state of hyperdynamic circulation with a baseline increase in cardiac output, decrease in peripheral vascular resistance, blunted systo-diastolic response to physical and pharmacological stress, electrophysiological abnormalities, and slight histo-morphological changes in the context of liver cirrhosis (**Milani et al, 2007**).

The pathophysiology of cirrhotic cardiomyopathy is not yet fully understood, but abnormal membrane biophysical characteristics, impaired β -adrenergic receptor signal transduction and increased activity of negative inotropic pathways mediated by cGMP may be implicated. Although some authorities contend that cirrhotic cardiomyopathy is a latent pathology which manifests only under stress, we hypothesize that patients with liver cirrhosis may exhibit clinical and/or echocardiographic signs of cardiac dysfunction even at rest (**Baik et al, 2007**).

This study is meant to evaluate the cardiac function in cirrhotic patients at rest which may be of value when screening for the prevalence of cardiac dysfunction in cirrhotic patients and which may help in determining candidacy for liver transplantation without the need for more stressful testing techniques.

Keywords:

Liver cirrhosis

Cirrhotic cardiomyopathy