

29th World Cardiology Conference

November 19-20, 2018 | Edinburgh, Scotland

Right Ventricular Failure (RVF)

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As brain storming, the presentation starts with a case presentation of a 37 year old former drug abuser lady with RVF. The possible etiologies and the diagnostic work-up will be discussed. Cardiologists have become “LV centric” though circulation is a closed system and the RV plays an integral part in it. A complex interventricular dependence between both ventricles is present. The RV fails when there is pressure or volume overload or myocardial disease such as RV infarction or cardiomyopathy. However, the commonest cause of RV failure is pulmonary hypertension. Epidemiologically, the most frequent pathology for pulmonary hypertension development is LV failure. Diagnosis of RV failure is a clinical exercise. An algorithm will be presented. ECG and markers such as lactate and BNP are helpful. Echo is very important in the diagnosis to exclude extrinsic causes and to quantify, in particular, PASP, IVC diameter and collapsibility index and TAPSE. CT and cardiac MRI have become increasingly useful tools in elucidating the underlying pathology. A brief management pathway of RVF will be discussed.

Biography

Ibrahim has been trained in Egypt & UK. He became a national leader in heart failure, starting a specialized Heart Failure Clinic in Egypt, and founded the first Heart Failure Unit. The unit registry includes more than 700 patients. Ibrahim introduced the discipline of HF specialized nurse and shared in the establishment of the first heart failure patient support group. Currently he is the lead of heart failure services in North Cumbria. Dr Ibrahim has a special interest in right ventricular failure, peripartum cardiomyopathy, and HF with preserved EF. Ibrahim is the Principal Investigator of site of several international trials and Registries including; TIMI 51, QUALIFY, ESC HF-long term, REPORT-HF, and Peripartum CM.

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