

Gender Features of Left Ventricular Myocardial Remodeling and the Development of Chronic Heart Failure in Patients with Postinfarction Cardiosclerosis

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Abstract : Aim: Determine gender differences in the etiology and clinical outcomes, as well as in the remodeling of the left ventricle (LV) in patients with chronic heart failure (CHF), suffering from arterial hypertension (AH) and coronary heart disease (CHD). Material and methods: The study included 112 patients of both sexes; aged 45 to 60 years with postinfarction cardiosclerosis had functional class (FC) heart failure II-IV of NYHA which were examined on the basis of Azerbaijan Scientific Research Institute of Cardiology. The patients were divided into 2 groups: 1st c. 60 males, mean age $54,8 \pm 3,3$ years, and 2nd gr 52 women, mean age $55,8 \pm 3,1$ years. To assess cardiac hemodynamic all patients underwent echocardiography (B-M-modes) using 'Vivid 3'. Thus on the basis of indicators such as the index of the relative thickness of the left ventricle wall and the index of left ventricular mass (LVMI) was identified the architectonic model of the left ventricle. Results: According to our research leading cause of heart failure in women is 50.5% of cases of hypertension, ischemic heart disease 23.7% (with 79.5% of the cases developed in patients with chronic heart failure who did not have a history of myocardial infarction). While in men is the undisputed leader of CHD, forming 78.3% of CHF (80.3% in men with CHF occurred after myocardial infarction). According to our research in women more often than men CHF develops a type of diastolic dysfunction (DD, and left ventricular ejection fraction remained unchanged. Since DD occurs in men at 65,8% vs. 76,4% of women when $p < 0,05$. In the group of women was more common prognostic neblagopryatnye remodeling - eccentric hypertrophy of the left ventricle: 68% vs. 54.5% among men ($p < 0,05$), concentric left ventricular hypertrophy: 21% in women vs 19,1% ($p > 0,05$). Conclusions: Patients with heart failure are a number of gender-specific: the prevalence of hypertension in women, and coronary heart disease in men. While in women with heart failure often recorded diastolic dysfunction and characterized by the development of prognostically unfavorable remodeling types: eccentric and concentric LV hypertrophy.

Keywords : chronic heart failure, arterial hypertension, remodeling, diastolic dysfunction, men, women, ischemic heart disease

Conference Title : ICCCS 2015 : International Conference on Cardiology and Cardiac Surgery

Conference Location : Kyoto, Japan

Conference Dates : November 12-13, 2015