

Heart Failure/Transplant

“Tip of the Iceberg”

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Nebraska
Medicine

Disclosures

- None





Case Presentation

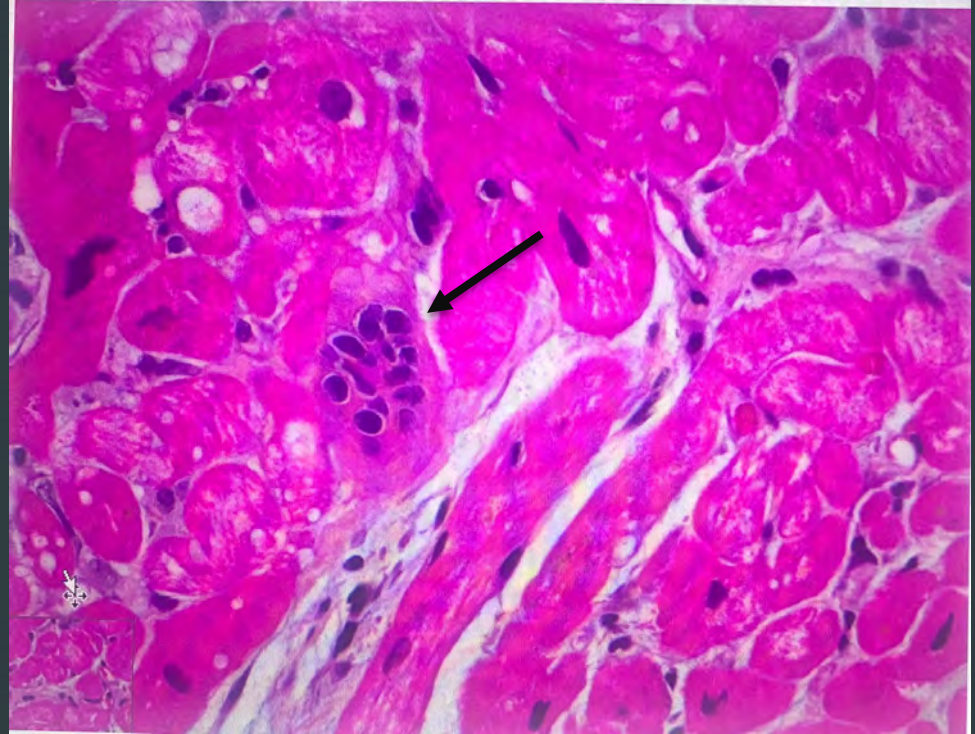
A 54-year-old female with PMH of HTN..

- **CC:** Progressively worsening dyspnea, fatigue x 2 months
- **1st admission** for Heart Failure; LVEF 40-45%
- **2nd admission:** Syncope from Complete Heart Block and underwent a Pacemaker implantation
- **3rd admission:** LVEF 25-30%, hypotension- **transferred to Nebraska Medicine**



Work up

- RHC (On Dobutamine 2.5mcg/kg/min)
 - RA: **22** RV: 41/10
 - PA: 50/26 (35) PW: **17**
 - Fick's Cardiac Output **2.9** L/min
 - Cardiac Index **1.4** L/min
- Endomyocardial biopsy



Management



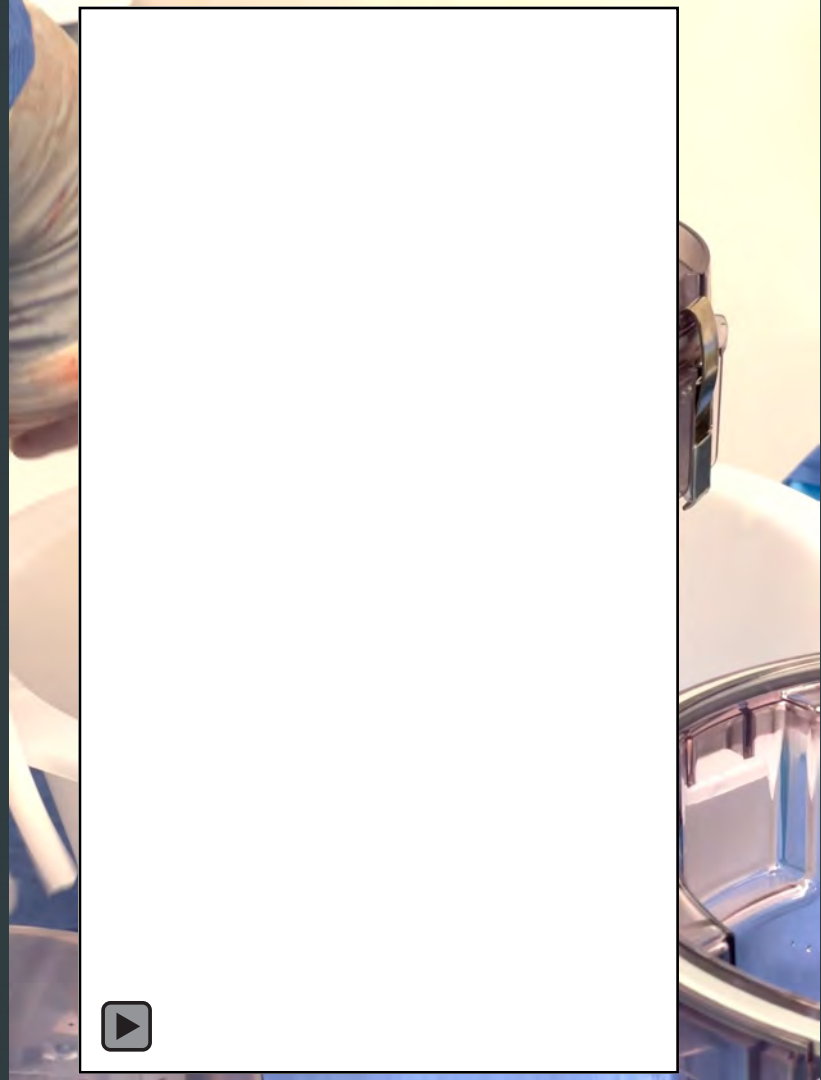
Immunosuppression: High dose steroids + Cyclosporine



Mechanical circulatory support

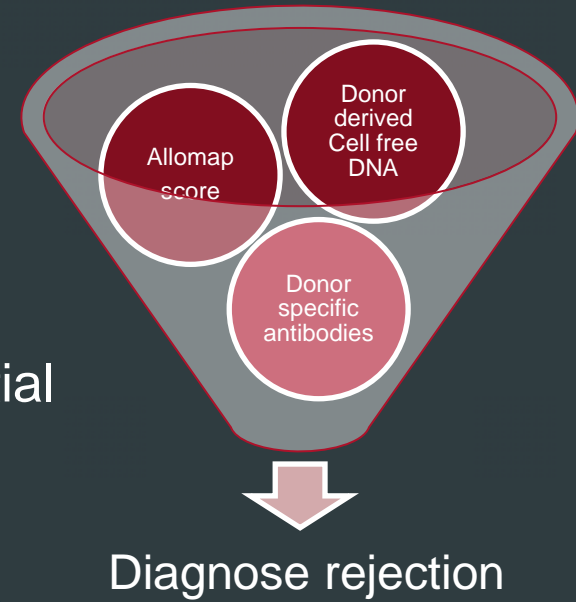


Orthotopic Heart Transplant



Antibody Mediated Rejection

- Drop in LVEF to 25-30% one-week post-transplant
- Cardiac Index 1.5 L/min
- Biopsy: C4D positive, endothelial damage, interstitial macrophages – Indicative of AMR



**High dose
Steroids**

**Plasmapheresis
X 10 sessions**

**Intravenous
Immunoglobulin**

Rituximab





Take home points

Rare but Fatal: Can present with an insidious course instead of a “crash and burn” fulminant myocarditis

Atypical Presentations Exist: Timely biopsy can aid diagnosis and management

High index of Suspicion: Recognize early post-transplant Acute rejection

Early Referral is Crucial: Consultation with specialized centers



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