

Prevalence of different type of valvular heart disease and other cardiac pathologies of the heart in high risk patients with suspicion of heart failure. A retrospective cohort study.

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Abstract

Background: Valvular heart disease and other cardiac pathologies are associated with impending heart failure. An early diagnosis of these can help prevent the disabling and disastrous effects and improve the prognosis.

Aim: The prevalence of various pathologies associated with heart failure is not known. This study helps in recognizing various pathologies that can lead to heart failure, which if diagnosed early can improve the patient's outcome.

Materials and Methods:

A total of 4560 patients were included in the study. All the patients were aged greater than 15 years. Patients with suspicion of heart failure on symptoms were ordered echocardiography. Transthoracic echo was done using echocardiography ultrasound machine using the British Society of Echocardiography guidelines. Echocardiography was done by registered sonologists. Echocardiographs were later read by cardiologists. Data was collected on Excel sheet.

Echocardiographic results

Of 9 690 patients, were admitted to the hospital during the year 2013 to year 2017 with the suspicion of heart failure based on symptoms echocardiogram was ordered. Among these 2448 patients had normal echocardiographic findings were as 4560 had valvular disease. Among the valvular disease patients 2951(64.71%) were females and 1609(35.2%) were males. Among these 2950(64.6%) had mild valvular disease 959(21.0%) had moderate valvular disease and 651(14.2) patients had severe valvular disease. Mitral stenosis occurred in 1200(26.3%) patients, mitral regurgitation in 2953(64.7%) patients, tricuspid stenosis in 40 (0.008%)patients ,tricuspid regurgitation in 1592(34.8%) patients, aortic stenosis in 81 (0.017%) patients and aortic regurgitation in 1957(42.9%) patients. Ischemic cardiomyopathy was present in 24 patients, dilated cardiomyopathy in 14 patients, rheumatic heart disease in 23 patients, ventricular septum defect in 5 patients , Atrial septum defect in 2 patients , Apical aneurysm formation in 4 patients, Uremic cardiomyopathy on 3 patients, Grade 1 diastolic dysfunction in 2200 patients, Grade 3 diastolic dysfunction in 400 patients, Bicuspid aortic valve in 5 patients and restrictive cardiomyopathy in two patients, 1100 patients had a thin rim of pericardial effusion and were ordered Thyroid function tests.

Conclusion: In the community heart failure is a common cause of death. Various pathologies of the heart are predictors of the outcome and hence early diagnosis can help in proper treatment and increased survival.

Key Words: electrocardiographic; cardiac pathologies ; cardiotoxic; heart failure

Introduction

Twenty six million people around the globe have heart failure (HF) [1]. Whereas in United States 2.7 million people tend to have it [2]. Valve heart disease can decrease morbidity and mortality for an individual [3,

4]. Nkomo stated that valve heart disease occurs in 1.8% of healthy individuals referred for echocardiography [5]. Patients with heart failure have high prevalence of valve disease [6,7]. Rheumatic heart disease

(RHD) is also a cause of Heart failure. The prevalence of RHD is 33 million and mortality is 275, 000 deaths annually [8].RHD can lead to atrial fibrillation and heart failure. Cardiomyopathy is a condition affecting the heart muscle [9]. It is divided into dilated cardiomyopathy, hypertrophic cardiomyopathy, or restrictive cardiomyopathy.

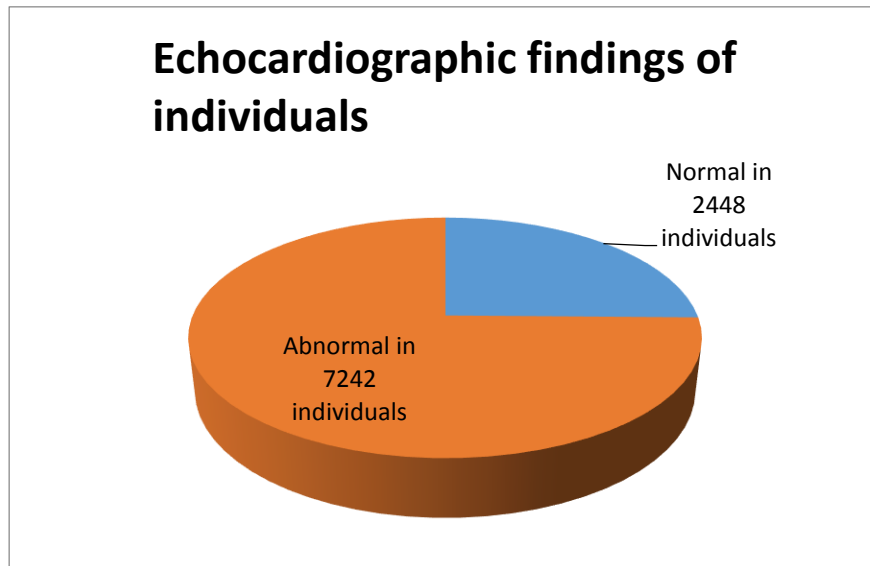
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A total of 4560 patients were included in the study. All the patients were aged greater than 15 years. Patients with suspicion of heart failure on symptoms were ordered echocardiography. Transthoracic echo was done using echocardiography ultrasound machine using

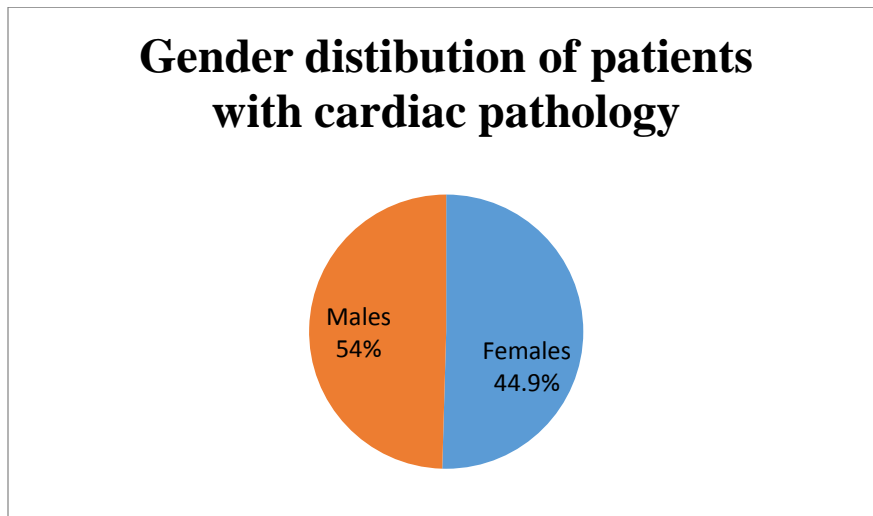
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Echocardiographic results

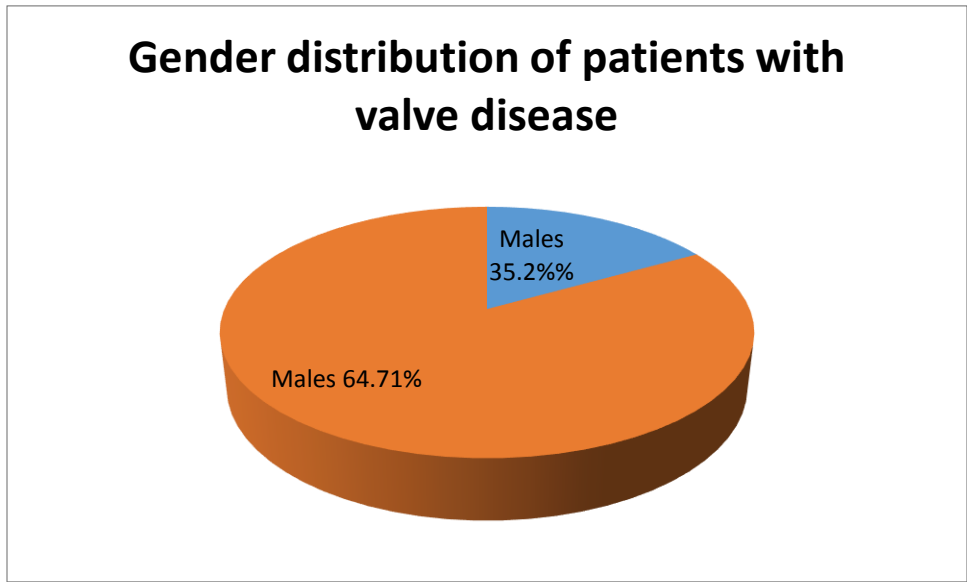
Of 9 690 patients, were admitted to the hospital during the year 2013 to year 2017 with the suspicion of heart failure based on symptoms echocardiogram was ordered. Among these 2448 patients had normal echocardiographic findings and 7242 patients had cardiac pathology as shown in figure 1.



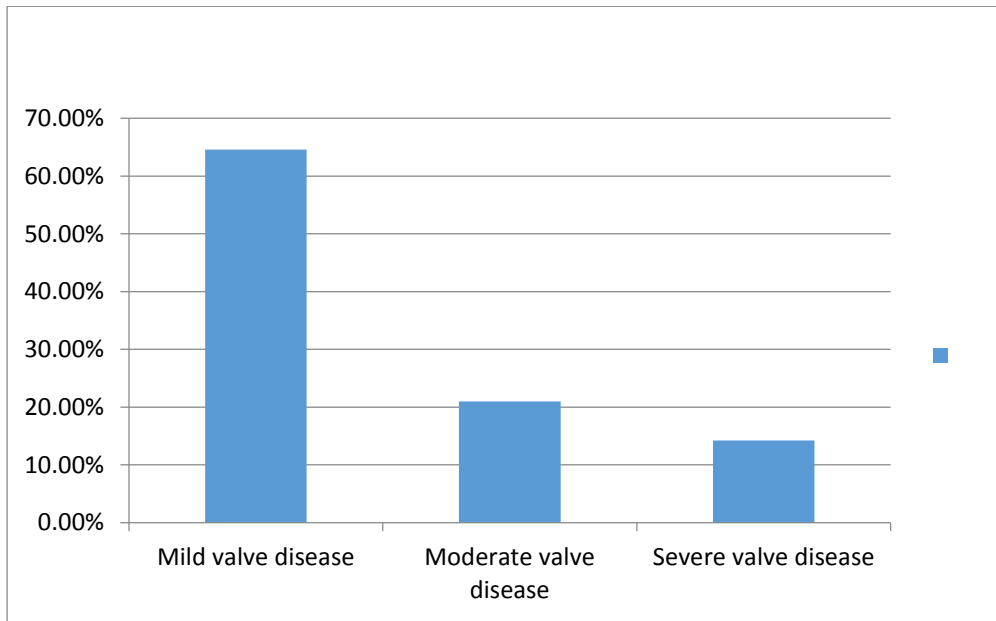
The gender distribution of patients with cardiac pathology was 3988(55.0%) males and 3254% (44.9%) females. The gender distribution is given in figure 2



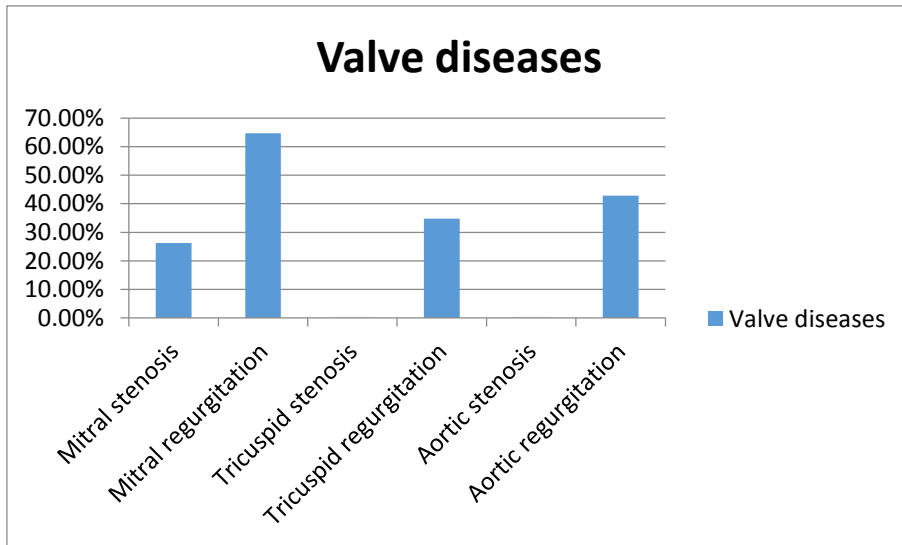
Whereas 4565 had valve disease. Among the valve disease patients 2951(64.71%) were females and 1609(35.2%) were males as shown in figure 3.



Among these 2950(64.6%) had mild valve disease 959(21.0%) had moderate valve disease and 651(14.2) patients had severe valve disease as shown in figure 4.



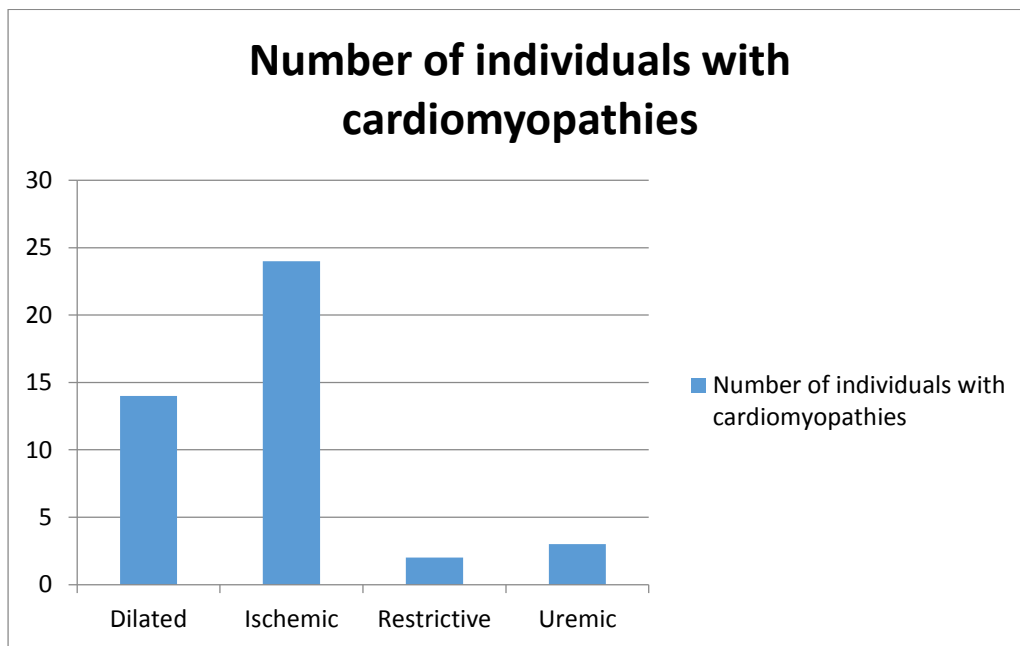
Mitral stenosis occurred in 1200(26.3%) patients, mitral regurgitation in 2953(64.7%) patients, tricuspid stenosis in 40 (0.008%)patients ,tricuspid regurgitation in 1592(34.8%) patients, aortic stenosis in 81 (0.017%) patients and aortic regurgitation in 1957(42.9%) patients and Bicuspid aortic valve in 5 patients as shown in Figure 5



Gender distribution of each valve disease is shown in Table 1

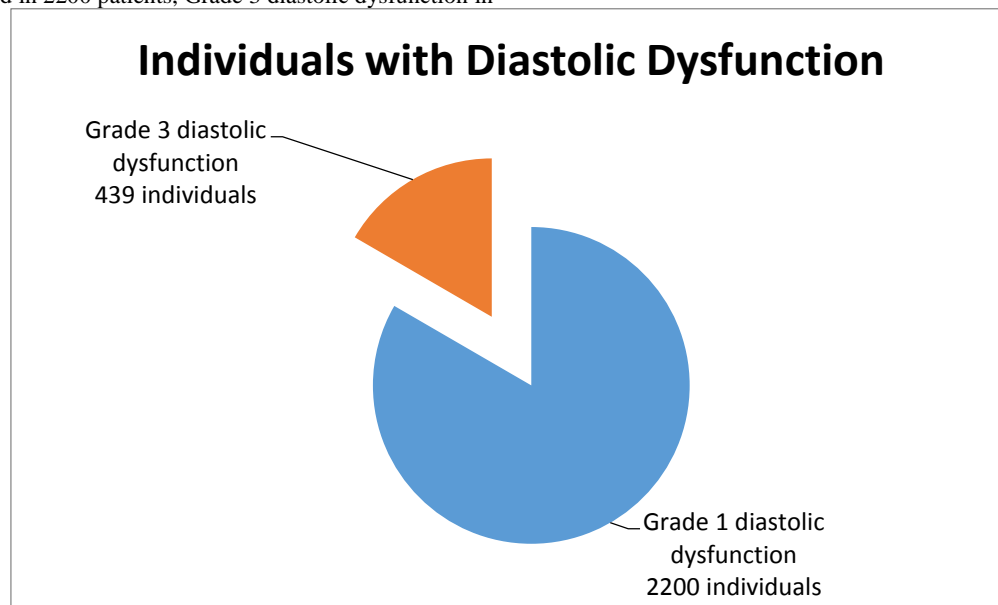
Valve disease	Number of Total individuals	Males	Females
Mitral regurgitation	2953	1471	1482
Mitral stenosis	1200	441	759
Tricuspid stenosis	40	24	16
Tricuspid regurgitation	1592	799	791
Aortic stenosis	81	40	41
Aortic regurgitation	1957	458	1499

Ischemic cardiomyopathy was present in 24 patients, dilated cardiomyopathy in 14 patients, restrictive cardiomyopathy in two patients and Uremic cardiomyopathy on 3 patients as shown in Figure 6



Rheumatic heart disease was found in 23 patients, ventricular septum defect in 5 patients, Atrial septum defect in 2 patients. Grade 1 diastolic dysfunction was found in 2200 patients, Grade 3 diastolic dysfunction in

439 patients as shown in Figure7. 1100 patients had a thin rim of pericardial effusion.



Discussion

The incidence of heart failure (HF) continues to increase despite advances to control it [10]. Berry stated that quarter of patients admitted with heart failure have valve disease [11]. The prevalence of valve disease tends to get greater with age, much of the elderly patients have moderate aortic or mitral valve disease [12]. Echocardiography is the ideal measure of valve disease, assessing its severity as well [13]. Our study shows 4560 patients had valve disease with 979 patients greater than 80 years of age with 803 having aortic and 745 having mitral valve calcification and 55 having both. Alcohol consumption can cause increase in blood pressure, and cardiomyopathy which in turn can lead to heart failure [14-16]., Nkomo that mitral regurgitation (MR) and aortic stenosis (AS) make up a major part of valve disease affecting the males and females equally, while our results indicate that men had more valve disease as compared to women. Mitral stenosis (MS) occurs with rheumatic heart disease and its prevalence is decreasing but in our studies it affected 1200 individuals [17-19]. Aortic stenosis causes a decreased ejection fraction and decreased ventricular function and hence heart failure, our study had 81 patients with AS [20]. Left-sided valve diseases: degenerative AS, MR and AR are fairly more common, these are in concordance to our study [21, 22]. Left-sided Valve disease progress with age with aortic stenosis occurring as a result of degenerative calcification which is in concordance to our study [23-26]. AR was more common in men, whereas MS was more common in women, these findings were consistent with our study [27,28]. Uremic cardiomyopathy can cause left ventricular hypertrophy, our study included 3 patients with uremic cardiomyopathy contributing to heart failure [29,30] Rheumatic heart disease is common in developing countries [31,32]. In our study 23 patients had rheumatic heart disease. Other causes of heart failure are cardiomyopathies [33, 34]. Our results included Ischemic cardiomyopathy was present in 24 patients, dilated cardiomyopathy in 14 patients and restrictive cardiomyopathy in two patients. The incidence of Aortic regurgitation is lower than that of Aortic stenosis in Bicuspid aortic valve. Michelena stated that only 3% of patients having abnormal bicuspid aortic valve had aortic regurgitation. It was consistent with our study, there were five patients with bicuspid aortic valve, with 4 having aortic stenosis, and one having aortic regurgitation with all of them being males [35,-37].

Conclusion

Heart failure is a disease hampering patient's daily life and prognosis. Different conditions should be kept in mind by physicians while dealing with patients of heart failure, all the causes, risks should be properly identified and evaluated so that the patient can be adequately managed and proper behavioral, pharmacological and surgical treatment can be given to patient hence in morbidity and mortality and increasing survival but more research involving appropriate treatment strategies remains vital.

There is no conflict of interest.

References:

1. Ambrosy AP, Fonarow GC, Butler J, Chioncel O, Greene SJ, Vaduganathan M, Nodari S, Lam CS, Sato N, Shah AN, Gheorghiane M. The global health and economic burden of hospitalizations for heart failure: lessons learned from hospitalized heart failure registries. *J Am Coll Cardiol.* 2014;63:1123–1133. doi: 10.1016/j.jacc.2013.11.053.
2. Mozaffarian D, Benjamin EJ, Go AS, Arnett DK, Blaha MJ, Cushman M, Das SR, de Ferranti S, Despres JP, Fullerton HJ, Howard VJ, Huffman MD, Isasi CR, Jimenez MC, Judd SE, Kissela BM, Lichtman JH, Lisabeth LD, Liu S, Mackey RH, Magid DJ, McGuire DK, Mohler ER III, Moy CS, Muntner P, Mussolino ME, Nasir K, Neumar RW, Nichol G, Palaniappan L, Pandey DK, Reeves MJ, Rodriguez CJ, Rosamond W, Sorlie PD, Stein J, Towfighi A, Turan TN, Virani SS, Woo D, Yeh RW and Turner MB. Heart Disease and Stroke Statistics-2016 Update: A Report From the American Heart Association. *Circulation.* 2016;133:e38–e360. doi: 10.1161/CIR.0000000000000350
3. Nishimura RA, Otto CM, Bonow RO, *et al.* 2014 AHA/ACC guideline for the management of patients with valvular heart disease: executive summary: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines. American College of

- Cardiology/American Heart Association Task Force on Practice Guidelines. *J Am Coll Cardiol* 2014;63:2438–2488. doi:10.1016/j.jacc.2014.02.537
4. Maganti K, Vera H, Rigolin VH, *et al.* Valvular heart disease: diagnosis and management. *Mayo Clin Proc* 2010;85:483–500. doi:10.4065/mcp.2009.0706
 5. Nkomo VT, Gardin JM, Skelton TN, *et al.* Burden of valvular heart diseases: a population-based study. *Lancet* 2006;16:1005–1011. doi:10.1016/S0140-6736(06)69208-8
 6. Philbin EF, DiSalvo TG. Prediction of hospital readmission for heart failure: development of a simple risk score based on administrative data. *J Am Coll Cardiol* 1999;33:1560–1566. doi:10.1016/S0735-1097(99)00059-5
 7. Cowie MR, Wood DA, Coats AJ, *et al.* Incidence and aetiology of heart failure; a population-based study. *Eur Heart J* 1999;20:421–428. doi:10.1053/ehj.1998.1280
 8. GBD Mortality and Causes of Death Collaborators. Global, regional, and national age-sex specific all-cause and cause-specific mortality for 240 causes of death, 1990–2013: A systematic analysis for the Global Burden of Disease Study 2013. *Lancet* 2015;385:117–71.
 9. F. I. Marcus, G. H. Fontaine, and G. Guiraudon, “Right ventricular dysplasia: a report of 24 adult cases,” *Circulation*, vol. 65, no. 2, pp. 384–398, 1982.
 10. McCullough PA, Philbin EF, Spertus JA, *et al.* Confirmation of a heart failure epidemic: findings from the Resource Utilization Among Congestive Heart Failure (REACH) study. *J Am Coll Cardiol*. 2002;39(1):60–69
 11. Berry C, Lloyd SM, Wang Y, *et al.* The changing course of aortic valve disease in Scotland: temporal trends in hospitalizations and mortality and prognostic importance of aortic stenosis. *Eur Heart J* 2013;34:1538–1547. doi:10.1093/eurheartj/ehs339
 12. Nkomo VT, Gardin JM, Skelton TN, *et al.* Burden of valvular heart diseases: a population-based study. *Lancet* 2006;16:1005–1011. doi:10.1016/S0140-6736(06)69208-8
 13. Bouma BJ, van Den Brink RB, van Der Meulen JH, *et al.* To operate or not on elderly patients with aortic stenosis: the decision and its consequences. *Heart* 1999;82:143–148. doi:10.1136/hrt.82.2.143
 14. Walsh CR, Larson MG, Evans JC, *et al.* Alcohol consumption and risk for congestive heart failure in the Framingham Heart Study. *Ann Intern Med*. 2002;136(3):181–191
 15. Bryson CL, Mukamal KJ, Mittleman MA, *et al.* The association of alcohol consumption and incident heart failure: the Cardiovascular Health Study. *J Am Coll Cardiol*. 2006;48(2):305–311
 16. Gillman MW, Cook NR, Evans DA, *et al.* Relationship of alcohol intake with blood pressure in young adults. *Hypertension* 1995;25(5):1106–1110
 17. Nkomo VT, Gardin JM, Skelton TN, *et al.* Burden of valvular heart disease: a population-based study. *Lancet* 2006;368:1005–1011
 18. Nkomo VT. Epidemiology and prevention of valvular heart disease and infective endocarditis in Africa. *Heart* 2007;93:1510–1519
 19. Marijon E, Ou P, Celermajer DS, *et al.* Prevalence of rheumatic heart disease detected by echocardiographic screening. *N Engl J Med* 2007;357:470–476
 20. Bonow RO, Carabello BA, Chatterjee K, *et al.* American College of Cardiology; American Heart Association Task Force on Practice Guidelines (Writing Committee to revise the 1998 guidelines for the management of patients with valvular heart disease); Society of Cardiovascular Anesthesiologists. ACC/AHA 2006 guidelines for the management of patients with valvular heart disease. A report of the ACC/AHA Task Force on Practice Guidelines (Writing Committee), developed in collaboration with the Society of Cardiovascular Anesthesiologists, endorsed by the Society for Cardiovascular Angiography and Interventions and the Society of Thoracic Surgeons. *J Am Coll Cardiol* 2006;48:e1–148
 21. d’Arcy JL, Coffey S, Loudon MA, *et al.* Large-scale community echocardiographic screening reveals a major burden of undiagnosed valvular heart disease in older people: the OxVALVE population cohort study. *Eur Heart J* 2016;37:3515–3522. doi:10.1093/eurheartj/ehw229
 22. Eveborn GW, Schirmer H, Heggelund G, *et al.* The evolving epidemiology of valvular aortic stenosis. The Tromsø Study. *Heart* 2013;99:396–400. doi:10.1136/heartjnl-2012-302265
 23. Thanassoulis G, Campbell CY, Owens DS, *et al.*; CHARGE Extracoronary Calcium Working Group. Genetic associations with valvular calcification and aortic stenosis. *N Engl J Med* 2013;368:503–512. doi:10.1056/NEJMoa1109034
 24. Smith JG, Luk K, Schulz CA, *et al.*; Cohorts for Heart and Aging Research in Genetic Epidemiology (CHARGE) Extracoronary Calcium Working Group. Association of low-density lipoprotein cholesterol-related genetic variants with aortic valve calcium and incident aortic stenosis. *JAMA* 2014;312:1764–1771. doi:10.1001/jama.2014.13959
 25. Eveborn GW, Schirmer H, Heggelund G, *et al.* The evolving epidemiology of valvular aortic stenosis. The Tromsø Study. *Heart* 2013;99:396–400. doi:10.1136/heartjnl-2012-302265
 26. Maganti K, Rigolin VH, Sarano ME, *et al.* Valvular heart disease: diagnosis and management. *Mayo Clin Proc* 2010;85:483–500. doi:10.4065/mcp.2009.0706
 27. Dujardin KS, Enriquez-Sarano M, Schaff HV, *et al.* Mortality and morbidity of aortic regurgitation in clinical practice. A long-term follow-up study. *Circulation* 1999;99:1851–1857. doi:10.1161/01.CIR.99.14.1851
 28. Klodas E, Enriquez-Sarano M, Tajik AJ, *et al.* Optimizing timing of surgical correction in patients with severe aortic regurgitation: role of symptoms. *J Am Coll Cardiol* 1997;30:746–752. doi:10.1016/S0735-1097(97)00205-2
 29. Siedlecki A, Muslin AJ. Left ventricular hypertrophy in the setting of chronic kidney disease—mechanisms and treatment. *US Nephrol*. 2008;3:40–42.
 30. Mark PB, Johnston N, Groenning BA, *et al.* Redefinition of uremic cardiomyopathy by contrast-enhanced cardiac magnetic resonance imaging. *Kidney Int*. 2006;69:1839–1845.
 31. Killip T. Epidemiology of congestive heart failure. *Am J Cardiol* 1985; 56: 2A–6A.
 32. Johnson RA, Palacios I. Dilated cardiomyopathies of the adult. *N Engl J Med* 1982; 307: 1051–1058.
 33. Manolio TA, Baughman KL, Rodeheffer R *et al.* Prevalence and etiology of idiopathic dilated cardiomyopathy (summary of a National Heart, Lung, and Blood Institute workshop). *Am J Cardiol* 1992; 69: 1458–1466
 34. Caforio AL, Stewart JT, McKenna WJ. Idiopathic dilated cardiomyopathy. *Br Med J* 1990; 300: 890–891.
 35. Michelena HI, Desjardins VA, Avierinos JF, Russo A, *et al.* Natural history of asymptomatic patients with normally

- functioning or minimally dysfunctional bicuspid aortic valve in the community. *Circulation*. 2008;117:2776–2784.
36. Kong WK, Delgado V, Poh KK, Regeer MV, et al. Prognostic implications of raphe in bicuspid aortic valve anatomy. *JAMA Cardiol*. 2017;2:285–292.
37. Tzemos N, Therrien J, Yip J, Thanassoulis G, et al. Outcomes in adults with bicuspid aortic valves. *JAMA* 2008;300:1317–1325.



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