

POSTER PRESENTATION

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Valvular disease in patients with active sle and clinical suspicion of acute myocarditis : assesment by cardiovascular magnetic resonance

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Background

Systemic lupus erythematosus (SLE) is a disease of autoimmune origin that may involve numerous internal organs of the body. It is associated with high cardiovascular morbidity and mortality. The cardiovascular magnetic resonance (CMR) provides us with a global evaluation of patients with active SLE and clinical suspicion of acute myocarditis. **OBJECTIVES** The aim of study was the identification of cardiac alterations in patients with active SLE and clinical suspicion of acute myocarditis.

Methods

A total of twenty - eight patients were included in the study, with an average age of 30.7 years (SD 12.7 yrs), 96% female, diagnosed by criteria of American College or Rheumatology (ACR). Cardiovascular magnetic resonance (CMR) was performed on a 1.5 T scanner and include the following sequences: steady- state free precession, STIR

T2 weighted (Ts-2W), T1- Weighted spin - echo before and after gadolinium injection and late enhancement.

Results

The ejection fraction of left ventricle < 50% was found in 54%, 83.4 % with contractility alterations, 87.5% with valvulitis and affection of the subvalvular apparatus in 50%, pericardial effusion was observed in 62.5% and tissue characterization suggestive of myocarditis for the Lake Louise criteria were found to have global and relative enhancement in 37.7 and 50 % respectively and late gadolinium enhancement (LGE) in 66.7%.

Conclusions

In our study group we found that patients with acute myocarditis associated with SLE have a high incidence of valvulitis and affection of the subvalvar apparatus.

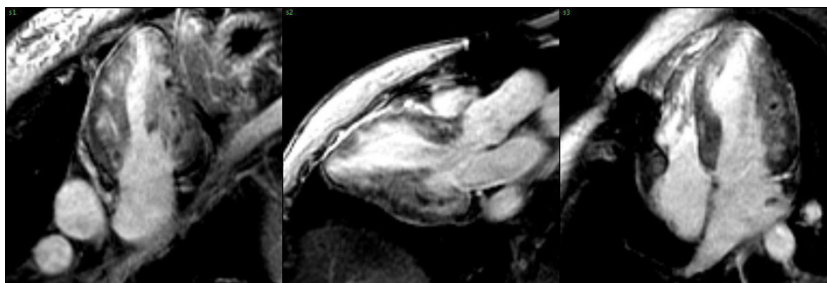
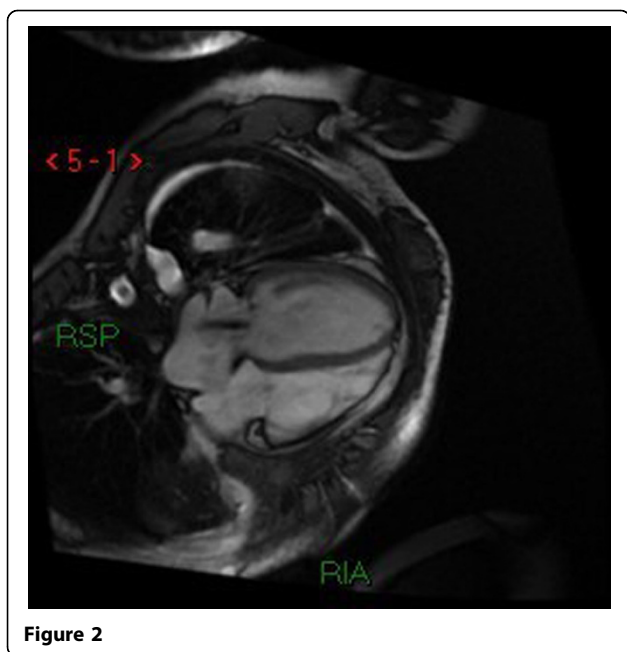


Figure 1



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