LONG-TERM PROGNOSIS OF VIRAL AND IDIOPATHIC DILATED CARDIOMYOPATHY

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BACKGROUND/AIMS: Among the different etiologic agents of dilated cardiomyopathy (DCM), cardiotropic viral infections are the most important. The aim of the present study was to compare the long-term prognosis of viral and idiopathic DCM and to evaluate the impact of combined risk factors on prognosis.

METHODS: A total of 106 patients (mean age 44.9±12 years, range 15 –to 68 years, 91 male and 15 female) with DCM were enrolled in the study. In addition to standard examinations, serologic tests for antibodies to cardiotropic and hepatotropic viruses (ELISA method/reagents) were performed. The patients were divided into 2 groups according to the results of serologic tests and clinical and patient history data. The student's test, odds ratio, chi-square, Kaplan–Meier and hazard ratio methods were used for statistical analyses of the data obtained.

RESULTS: In 55 (51.9%) of 106 patients with DCM, together with acute respiratory infections in anamnesis, we observed a positive serologic reaction to cardiotropic viruses (group1). Fifty-one patients (48.1%) with idiopathic DCM entered group 2. During the 5-year study period, 46 (43.4%) patients died. Life expectancy was 4.4 ± 2.0 and 4.9 ± 2.8 years for group 1 and group 2, respectively. One-year mortality rates were 9.1% (group 1) and 7.2% (group 2), 3-year mortality rates 30.3% and 25.9%, and 5-year mortality rates 47.3% and 39.2%. We compared the frequency of manifestations of poor prognostic predictors between groups and observed a statistically significant difference – $(3.6\pm1.1 \text{ vs } 2.9\pm0.9; \text{ p}<0.05)$. Coexistence of >4 predictors was observed more often in group 1 than in group 2.

<u>DISCUSSION/CONCLUSIONS</u>: More than half of DCM cases are viral in etiology. Viral DCM is characterized by a higher incidence of combinations of main mortality predictors, higher mortality rates and shorter life expectancy than idiopathic DCM.

Keyword: Dilated Cardiomyopathy, Cardiotropic Viral infection, Long-term prognosis