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Arrest of progression of cardiac amyloidosis after chemotherapy predicts favorable outcome in patients with light-chain amyloidosis

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Myocardial Disease – Epidemiology, Prognosis, Outcome

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Background: Many studies demonstrated that cardiac involvement predicts poor prognosis in patients with systemic light-chain amyloidosis (AL). There is no data about the effect of the arrest of progression of cardiac amyloidosis on prognosis after chemotherapy.

Hypothesis: Arrest of progression of cardiac amyloidosis is associated with favorable outcome in patients with light-chain amyloidosis.

Methods: Among 126 consecutive patients with AL, we prospectively examined 94 patients serially after optimal therapy. The mean follow-up period was 1405 ± 1510 days (median value 734 days, inter quartile range 176-2343 days). Wall thickness was measured from left ventricular (LV) m-mode trace. We defined the cardiac involvement as mean LV wall thickness >12mm, and the regression or progression of cardiac amyloidosis as change in LV mean wall thickness >1mm.

Results: Among 94 patients with AL, 28 patients (30%) showed regression by definition above, 35 patients (37%) showed no interval change and 31 patients (33%) showed progression of cardiac amyloidosis. Survival analysis of 3 groups demonstrated that the regression and arrest of progression groups showed better outcome compared with the progression group (Log-rank test P<0.0001).

Conclusions: The arrest of progression of cardiac amyloidosis predicts favorable outcome in patients with AL amyloidosis.
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