Abstract: P1145

Long-term survival after heart transplantation or implantation of mechanical circulatory support in patients with advanced heart failure due to giant cell myocarditis or cardiac sarcoidosis

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Topic(s):
Cardiovascular Surgery - Transplantation

Citation:

Background: Giant cell myocarditis (GCM) and cardiac sarcoidosis (CS) are rare inflammatory disorders that may cause cardiomyopathy. Both are generally progressive and often require advanced heart failure (HF) therapies. The long-term survival of patients with GCM or CS treated with heart transplantation (HTx) or mechanical circulatory support (MCS) is poorly investigated.

Purpose: To investigate outcome of patients with GCM or CS who undergo HTx or implantation of MCS.

Methods: Data from all patients who received HTx or MCS due to GCM or CS at our Institution between 1990s and 2018 was reviewed. Data was compared to 130 controls that were treated with HTx due to all other heart diseases, 5 for each patient included, matched by sex, age, and HTx duration.

Results: A total of 26 patients who underwent HTx or received MCS because of GCM or CS were included. Fifteen of them (58%) suffered from GCM and 11 from CS. Endomyocardial biopsy confirmed diagnosis in 10/15 (67%) patients with GCM and 4/11 (36%) patients with CS and the remaining were diagnosed by pathological investigation of the explanted heart. Altogether 8/15 (53%) of GCM patients and 2/11 (18%) of CS patients required implantation of durable MCS, but 2 patients with GCM died before HTx. Treatment-requiring cardiac allograft rejection was observed in 6/13 (46%) GCM patients and in 1/11 (9%) CS patients. Disease recurrence in the graft was identified in 2/13 (15%) patients with GCM as well as in 2/11 (18%) CS-patients. The mean survival time was numerically higher for patients with ICM (20.2 years, 95 % CI=12.2-28.2) than for the control group (16.9 years, 95 % CI=14.5-19.4), but the difference was not statistically significant (log-rank test (p=0.75) Breslow-test (p=0.68)).

Conclusion: Patients with GCM or CS with advanced HF who are treated with HTx or MCS have similar long-term survival as HTx recipients treated due to all other heart diseases.
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