Abstract: P1740

Effects of levosimendan in patients with chagas cardiomyopathy hospitalized for acute heart failure

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Introduction: Hospitalizations for acute heart failure (AHF) are frequent in patients with Chagas cardiomyopathy (CCM). Levosimendan, a calcium sensitizer and inodilator, has shown positive clinical, functional and neurohormonal effects, but its use in patients with CCM hospitalized for AHF has not been evaluated.

Purpose: To evaluate the effect of levosimendan administration on renal function, serum B-type natriuretic peptide (BNP) levels, hospital stay and readmissions in patients with CCM hospitalized for AHF.

Methods: A retrospective cohort study was performed including hospitalized patients with AHF aged 18 years or older, with positive serological test for T. cruzi and electrocardiographic and echocardiographic findings compatible with CCM. Those with renal failure were excluded. During the hospitalization, renal function, serum BNP levels, serum sodium levels and fluid balance were evaluated. Hospital readmissions to one year were evaluated.

Results: Were evaluated 37 patients. Mean age was 69.94 ± 9.31 years, 56.76% were women. Eleven patients received levosimendan (29.7%). No statistically significant differences were found in BNP level change (-393.66 ± 991.15 vs. -254.20 ± 1042.8, p=0.739), percent change in creatinine level (17.09 ± 28.42% vs. 5.57 ± 52.42%, p=0.189) and hospital stay (5 [4-8] vs. 6 [5-8], p=0.322) between the group with levosimendan and control, respectively. The group with levosimendan showed greater prevalence of readmissions (36.36% vs. 19.23%, p=0.404) and shorter time to next hospitalization (24.5 [19-55] vs. 83 16-209], p=0.538), although it was not statistically significant.

Conclusions: In patients with CCM hospitalized for AHF, the administration of levosimendan did not show benefits in hospital stay, renal function and natriuretic peptide B levels. On the other side, although it was not significant, it was associated with a greater number of readmissions and shorter time to next hospitalization.