SESSION II

Chairman: DR J. J. PUIGBO

Endomyocardial disease—clinical features

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Summary

The clinical features of tropical and temperate zone endomyocardial fibrosis (EMF) are the same, allowing for certain regional, environmental and possibly genetic variations. For example, the seasonal incidence in rainy humid areas probably reflects the large and repeated parasitic infestations in tropical EMF, while the absence of tissue eosinophilia in organs other than the heart in tropical EMF may reflect racial and environmental differences between tropical and western geographical areas that have still to be elucidated. That EMF occurs in Europeans who have lived in the tropics is undoubted, but the absence of right ventricular involvement in Europeans in the tropics, but not in temperate climes, is unexplained; perhaps it is a chance finding. It is also apparent that the extreme degrees of right ventricular EMF that are commonly seen in the tropics, with almost complete obliteration of the ventricular cavity are not usually seen in eosinophilic EMF in temperate areas. Involvement of both ventricles and of both atrioventricular valves is, however, common both in the tropics and in temperate climate EMF.

KEY WORDS: endomyocardial disease, tropics, temperate zone.

The previous history and presenting symptoms

In the tropical variety of endomyocardial disease, endomyocardial fibrosis (EMF), there is often a history of repeated attacks of fever and these may be accompanied by palpitations and dyspnoea on effort. Palpitations may be the result of episodes of atrial fibrillation. In between attacks, the patient may be well, but a gradual deterioration in well-being may occur. The attacks of fever may be related to the rainy season, and it has been implied that outbreaks of EMF may occur at these times, suggesting an infective origin.

As the disease progresses, symptoms of congestive heart failure and left ventricular insufficiency appear, fatigue and dyspnoea become worse, peripheral oedema develops, and eventually there is severe limitation of function. When atrial fibrillation becomes established, the cardiac output falls further, and symptoms increase. Naturally, when the right ventricle only is involved, the symptoms are principally those of fatigue, lassitude, abdominal discomfort and swelling due to hepatomegaly and ascites. When left ventricular disease is present, there is cough, with dyspnoea, paroxysmal and on effort, and haemoptysis due to the high left atrial pressure. Biventricular disease gives symptoms due to congestion in both systemic and pulmonary circulations.

In severe right ventricular disease, the very high central venous pressure may cause exophthalmos, or even oedema of the face, which becomes moon-shaped.

In the endomyocardial disease of temperate zones, usually associated with eosinophilia, the initial symptoms may be referable to the eosinophilic syndrome, and include features outside the cardiovascular system; symptoms due to anaemia, splenomegaly, or even cerebral involvement. Cardiac symptoms are those of progressive heart failure involving usually both ventricles. However, the extremes of ascites, and of intense cardiac restriction are not seen so commonly as in tropical EMF.

Physical signs and haemodynamics

The physical signs of endomyocardial fibrosis depend upon the pathology and haemodynamics. When the right ventricle alone is involved, the signs are those of restriction of inflow to the ventricle and later obliteration of the cavity. The restriction of inflow acts in a way similar to pericardial constriction, ventricular filling is rapid at first, then slows...
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References: Suggested reading


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