Editorial

Cardiomyopathies – the message for the 1980s

We learnt much from this International Symposium, including insight into our areas of ignorance and into the questions that need to be asked. The importance of establishing causation of the various types of cardiomyopathies is clear. Perhaps, we have now reached a watershed in our efforts: the cardiomyopathies have been defined, classified, analysed, and have been put on a sound haemodynamic and clinical basis, so that recognition and diagnosis can be achieved. Treatment has advanced, even though it is still far from satisfactory. We now need more basic skills to help us: molecular biology, nuclear magnetic resonance spectroscopy, genetic probes, and more enquiry into the basic mechanisms of hypertrophy.

Two especial aspects stand out in sharp relief. First, the need to investigate further the relation between virus myocarditis and dilated cardiomyopathy, bearing in mind that association, while important and interesting, does not necessarily imply causation. Second, as Dr Braunwald has said, there is the need to establish a clear set of criteria for the firm diagnosis of hypertrophic cardiomyopathy in order to make multicentre studies of treatment and other aspects more practicable.

The following table suggests criteria that might be adopted to achieve this end.

The arguments about 'obstruction' have run their course. We are all agreed about the major abnormalities in hypertrophic cardiomyopathy, mainly: massive ventricular hypertrophy with overactive contraction and complete emptying of the left ventricle; impaired relaxation. Gradients have their own importance; their exact mechanism is only of peripheral interest now.

Suggestions for uniformity of diagnosis of hypertrophic cardiomyopathy

A. *Characteristic*

1. Hypertrophy: asymmetrical septum and free wall: angulated left ventricle.
2. Ejection fraction; equal to or greater than 80%.
3. Rapid and complete emptying of the left ventricle.
4. Abnormal relaxation of the left ventricle.
5. Ventricular arrhythmias.
6. Symptoms: dizziness, (syncope) palpitation, dyspnoea, chest pain.
7. Family history of the disease or sudden death.

B. *Variants and complications*

1. Gradients
2. Significant mitral regurgitation: with or without valve calcification.
3. Ejection fraction less than 70%.
4. Atrial fibrillation.
5. Congestive heart failure.

C. *Caution in diagnosis*

If additional conditions are present such as hypertension, coronary artery disease or aortic valve disease.

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