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AC074

Adult Cardiology & Clinical Cardiovascular Medicine • Poster Presentation

THE IBADAN CARDIAC AMYLOIDOSIS REGISTRY: PRELIMINARY DATA AND A CALL FOR A NATIONAL REGISTRY

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Background Cardiac amyloidosis in Africans is an under-recognized cause of heart failure closely linked to the inherited V142I (V122I) transthyretin gene mutation, which affects roughly 3% to 4% of people of West African descent. This condition is frequently missed across the continent due to limited clinical awareness and a shortage of specialized diagnostic tools. The Ibadan Cardiac Amyloidosis Registry was set up to define the clinical profile, management, and outcomes of the disease in our environment.

Methods All cases of CA diagnosed or referred to the hospital were enrolled. Diagnosis was confirmed through scintigraphy or histology, while initial suspicion was based on red flag signs clinically or at echocardiography (including speckle tracking)

Results So far, we have enrolled 14 patients, mean age 64.9 ± 12.3 years (range 41-82 years), and it is almost a male disease. Only 4 patients were older than 60 years. The comorbidities include hypertension (57.1%, atrial fibrillation (21.4%0, stroke (7.1%), CKD (7.1%), gout (7.1%), and BPH (7.1%) The red flag signs include low-voltage ECG, typical features on 2D echo and speckle tracking, woody hard leg oedema and scrotal oedema, recalcitrant ascites, hypotension, and intolerance of GDMT. Most had HFrEF.

Conclusion Cardiac amyloidosis exists in our environment. A high sense of suspicion is required in making the diagnosis. The majority present late with HFrEF. Scrotal and woody hard oedema in a man with heart failure should prompt further evaluation for the disease in our environment

Keywords: Amyloidosis, Heart failure, Restrictive Cardiomyopathy, Speckle Tracking Echocardiography, Scintigraphy