



AC085

Adult Cardiology & Clinical Cardiovascular Medicine • Poster Presentation

LEFT VENTRICULAR FUNCTION AND COMMUNITY ACQUIRED PNEUMONIA IN HEART FAILURE

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Background: Heart failure (HF) is a risk factor for community acquired pneumonia (CAP), and CAP worsens cardiac function which often results in hospitalization. The prevalence of CAP in acute HF is well documented, but the impact of left ventricular systolic function (LVSF) and duration of HF(DOHF) on the occurrence of CAP is not established in Nigeria. We therefore sought to determine whether LVSF and DOHF have an impact on the occurrence of CAP in AHF patients.

Methods: This was a prospective cross-sectional study of AHF patients. Relevant demographic clinical and echocardiographic variables were documented. CAP was diagnosed based on clinical and radiological features. Data were summarized as appropriate. Chi squared test and multiple logistic regression were used to determine the impact of LVF and DOHF on the occurrence of CAP. P values less than 0.05 were statistically significant

Results: Seven – eight AHF patients were studied. The mean age was 62.21 yrs. 40(51.3%) were males. The mean LV ejection fraction and systolic blood pressure were 38.85%, and 124.83mmHg respectively. 30 (38.5%) had HF with preserved ejection fraction (HFpEF), while 48(% 61.5) had HF with reduced ejection fraction (HFrEF). 37(47.4%) had CAP. The associations between LVF, DOHF and CAP yielded a p value of 0.076 and 0.1A03 respectively.

Conclusion: LVSF and DOHF have no impact on the occurrence of CAP in HF patients. Therefore, all HF patients should be targeted for pneumococcal vaccination and other measures to prevent recurrent CAP and improve clinical outcomes.

Keywords: Heart failure, Community acquired Pneumonia, Left ventricular function