NIGERIAN CARDIAC SOCIETY (NCS)
55th Annual General Meeting & Scientific Conference (NCS EKO 2026)
September 22–24, 2026 • Eko Hotel Convention Centre, Lagos, Nigeria

AC087

Adult Cardiology & Clinical Cardiovascular Medicine • Poster Presentation

BEYOND HFPEF: CARDIAC AMYLOIDOSIS IN A NIGERIAN PATIENT AND THE NEED FOR ADVANCED DIAGNOSTIC EVALUATION

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Stand: POSTER #AC087 | **Venue:** Poster Exhibition Hall & Gallery - Eko Convention Centre |**Online Ref:** https://nigeriancardiacsociety.com/abstracts/AC087

Background HFpEF represents a broad and heterogeneous syndrome rather than a single disease entity, requiring careful evaluation to identify specific underlying causes. Cardiac amyloidosis is a treatable but frequently overlooked infiltrative cardiomyopathy that can present as HFpEF and remain undiagnosed for years, especially in settings where advanced imaging is not routinely pursued. This case highlights the diagnostic challenge in a Nigerian patient who was evaluated by multiple cardiologists before the diagnosis was made, emphasising the importance of high clinical suspicion and advanced diagnostic workup in patients with persistent or unexplained HFpEF.

Case Summary We present a 73-year-old Nigerian woman, previously diagnosed and managed for HFpEF by the cardiologist she had been seeing. She presented with symptoms of easy fatiguability, exertional dyspnoea, and bilateral lower limb oedema. Electrocardiography, advanced echocardiography, and cardiac magnetic resonance imaging confirmed a diagnosis of HFpEF secondary to cardiac amyloidosis. She was managed with guideline-directed therapy for heart failure. Conclusion: This case report makes a case for further evaluation of patients with a diagnosis of HFpEF. This patient was diagnosed with ATTRwt cardiac amyloidosis, as evidenced by left ventricular hypertrophy and characteristic strain patterns on speckle tracking echocardiography. Cardiac MRI confirmed the diagnosis. Serum protein electrophoresis was normal. Due to recent advances in multimodality imaging, it should be considered in older adults with unexplained HFpEF to enable early diagnosis and prompt therapeutic intervention.

Keywords: Cardiac amyloidosis; Wild-type Transthyretin; Case report.