7e MASTERCLASS AMYLOSES CARDIAQUES
ÉVÉNEMENT HYBRIDE
PRÉSENTIEL & DISTANCIEL
Mercredi 11 décembre 2024
Fondation Biermans-Lapôtre ■ PARIS
www.masterclass-amylose.com

Les anticoagulants dans l'amylose : OUI

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Conflit d'intérêt :

Aucun avec cette présentation

33 % des patients en FA au moment du diagnostic d'amylose TTR
Jusqu'à 7 patients sur 10 en FA

Table 2 Prevalence of AF in AL and TTR amyloidosis in most recent studies

Study, date	Population	Overall prevalence	Prevalence in TTR	Prevalence in AL
Longhi *et al.*, 2015[20]	*N* = 262			
	123 AL, 94 hTTR, 45 wtTTR	15%	35%	9%
Mints *et al.*, 2018[23]	N = 146 wtTTR	70%	70%	—
Sanchis *et al.*, 2019[19]	*N* = 238, 115 AL, 97 wtTTR, 26 hTTR	44%	60%	26%
Martinez-Naharro *et al.*, 2019[18]	*N* = 324, 166 TTR, 155 AL		46%	14%
Mitrani *et al.*, 2020[21]	*N* = 290 TTR	75%	75%	—
Donellan *et al.*, 2020[22]	*N* = 265, 205 wt, 60 vTTR	69%	69%	—

AL, immunoglobulin light chain amyloidosis; TTR, transthyretin; vTTR, variant transthyretin; wTTR: wild type transthyretin.

ESC Heart Failure 2022; **9**: 11–20

Thromboembolic and bleeding risk in cardiac amyloidosis

Marco Tana[1,2] | Claudio Tana[3] | Davide Rossi[4,5] | Cesare Mantini[4] | Sabina Gallina[4,5] | Fabrizio Ricci[4,5,6,7] | Ettore Porreca[1,2]

TABLE 2 Thromboembolic risk in cardiac amyloidosis: summary of clinical studies.

Study	Population	Thromboembolic event	Incidence	Risk factors
Feng et al. [9], 2007	*N* = 116 autopsies (55 AL; 55 wtATTR; 4 AA)	Intracardiac thrombi at autopsy	33%	AF, AL subtype
Feng et al. [10], 2009	*N* = 156 (73 ATTR; 3 AA)	Intracardiac thrombi by Echo	27%	LV diastolic dysfunction, blunted LAA velocity, AF, AL subtype
Martinez-Naharro et al. [13], 2019	*N* = 324 (166 ATTR; 155 AL)	Intracardiac thrombi by CMR	6%	Biventricular systolic dysfunction, atrial dilatation, higher ECV, AF, AL subtype
El-Am et al. [12], 2019	*N* = 58 (29 AL; 25 wtATTR; 4 hATTR)	Intracardiac thrombi by Echo	28%	AF, AL subtype
Mitrani et al. [41], 2021	*N* = 290 (ATTR)	Ischemic stroke, *n* = 9; minor stroke, *n* = 8	6%	AF, labile INR
Cappelli et al. [15], 2021	*N* = 262 (134 AL; 73 hATTR; 199 wtATTR)	Stroke, *n* = 21; minor stroke, *n* = 8;	8%	AF, LVEF <50%, CHADS-VASc score >2, CKD
Bukhari et al. [42], 2021	*N* = 168 (68 wtATTR; 77 controls)	Stroke, *n* = 18; minor stroke, *n* = 4;	36% wtATTR; 19% control group	AF, LAVi, CHADS-VASc score >2; LV diastolic dysfunction
Vilches et al. [14], 2022	*N* = 1191 (990 wtATTR; 201 hATTR)	Stroke, *n* = 41	3%	AF, prior stroke, LV diastolic dysfunction

AA, amyloid A; AF, atrial fibrillation; AL, light-chain; ATTR, transthyretin; CHA_2DS_2-VASc, Congestive heart failure, Hypertension, Age ≥75 years (doubled), Diabetes mellitus, prior Stroke or TIA or thromboembolism (doubled), Vascular disease, Age 65 to 74 years, Sex category; CKD, chronic kidney disease; CMR, cardiac magnetic resonance; Echo, echocardiography; ECV, extracellular volume; hATTR, hereditary transthyretin amyloidosis; INR, international normalized ratio; LAA, left atrial appendage; LAVi, left atrial volume index; LV, left ventricle; LVEF, left ventricle ejection fraction; wtATTR, wild-type transthyretin amyloidosis.

No Association Between CHADS-VASc Score and Left Atrial Appendage Thrombus in Patients With Transthyretin Amyloidosis

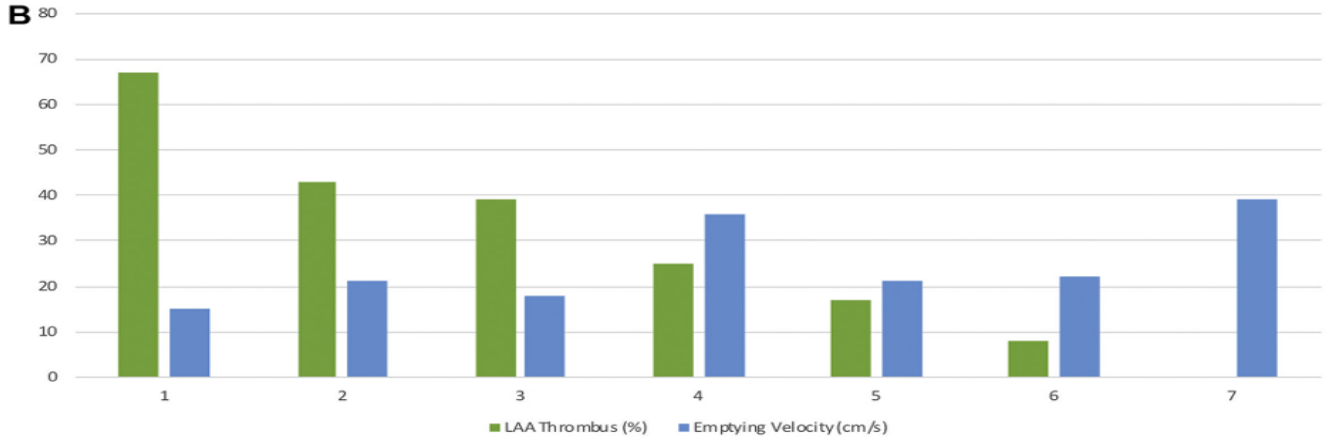
FA = OAC

FIGURE 1 LAA Thrombus, Anticoagulant Use, and LAA Emptying Velocity According to CHADS-VASc Score

A

	CHADS-VASc 1	2	3	4	5	6	7	p-value
LAA Thrombus	2 (67%)	6 (43%)	14 (39%)	5 (25%)	2 (17%)	1 (8%)	0	0.14
LAA Emptying Velocity (cm/s)	15±7	21±10	18±8	36±26	21±7	22±12	39±18	0.8
Anticoagulation	3 (100%)	10 (71%)	26 (72%)	17 (85%)	10 (83%)	7 (58%)	2 (67%)	0.86

B



(A) The frequency of LAA thrombus, anticoagulant use and LAA emptying velocity according to CHADS-VASc score is shown. **(B)** Bar chart showing the incidence of LAA thrombus according to CHADS-VASc score. LAA = left atrial appendage.

J Am Coll Cardiol EP 2019;5:1473–4.

Systemic embolism in amyloid transthyretin cardiomyopathy

ESC European Society of Cardiology

Silvia Vilches[1†], Marianna Fontana[2†], Esther Gonzalez-Lopez[1], Lindsey Mitrani[3], Giulia Saturi[4], Mary Renju[2], Jan M. Griffin[3], Angelo Caponetti[4], Sahana Gnanasampanthan[2], Jeffeny De los Santos[3], Christian Gagliardi[4], Adrian Rivas[1], Fernando Dominguez[1], Simone Longhi[4], Claudio Rapezzi[5,6], Mathew S. Maurer[3], Julian Gillmore[2], and Pablo Garcia-Pavia[1,7,8,9]*

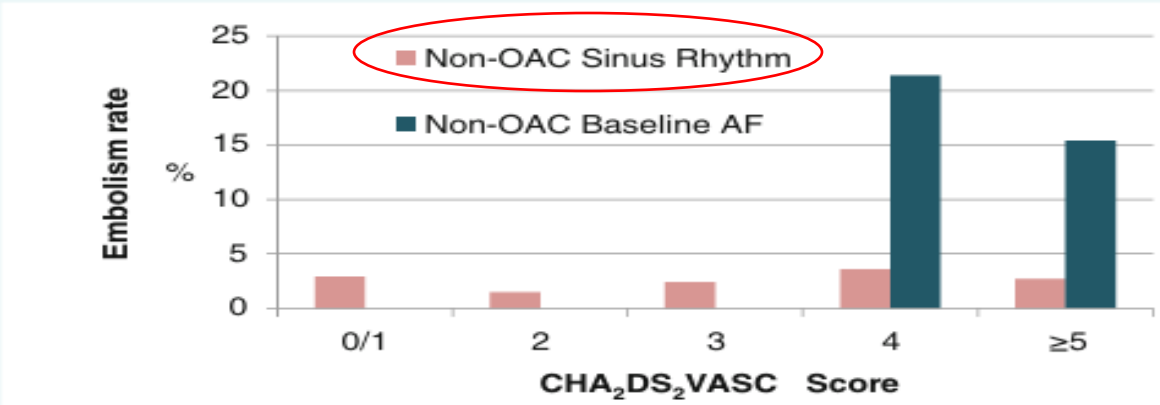


Figure 2 Prevalence of embolic events during follow-up in non-anticoagulated patients with atrial fibrillation (AF) and non-anticoagulated patients in sinus rhythm according to the CHA_2DS_2-VASc score. OAC, oral anticoagulation.

European Journal of Heart Failure (2022) **24**, 1387–1396

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1191 ATTR-CM;
4 INTERNATIONAL CENTERS
87% MALES; 77.1 YEARS(IQR 71.4-82);
83% ATTR-WT

Embolic events are frequent

Overall Prevalence of embolic events: 16%
Overall Incidence of embolic events: 1.64 events per 100 patients-year

EMBOLIC EVENTS BY GROUPS

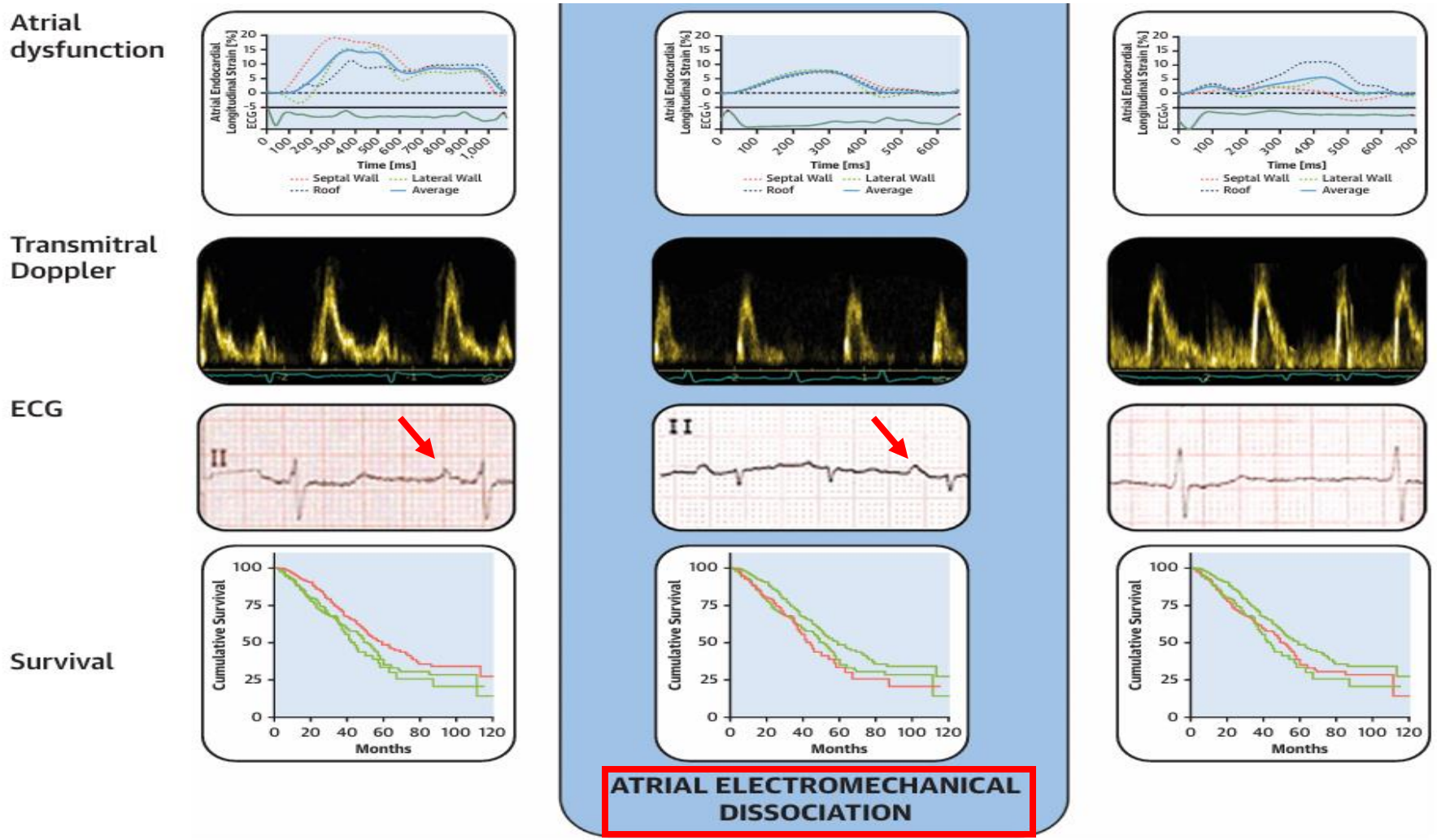
SR with OAC	→	0 events
SR without OAC	→	1.3 per 100 patients-year
AF with OAC	→	1.7 per 100 patients-year
AF without OAC	→	4.8 per 100 patients-year

CHA2DS2VASc score is not useful

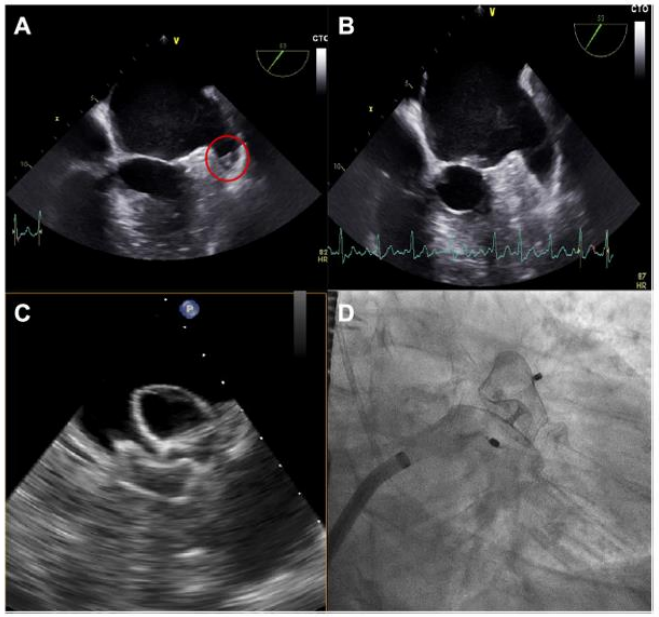
European Journal of Heart Failure (2022) **24**, 1387–1396

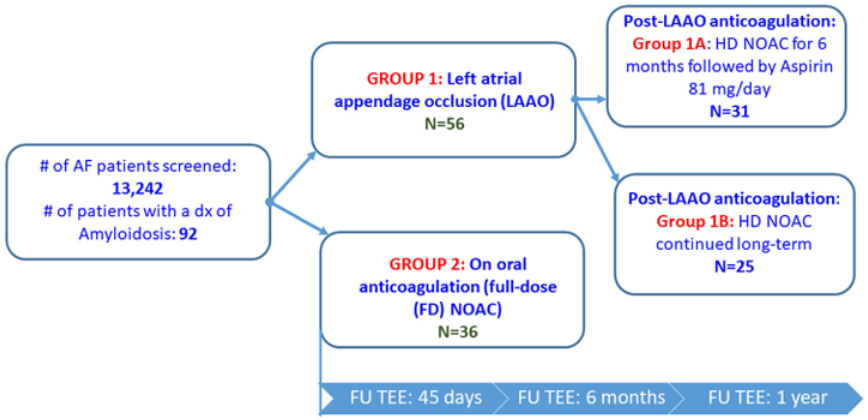
Clinical Importance of Left Atrial Infiltration in Cardiac Transthyretin Amyloidosis

Francesco Bandera, MD, PhD,[a,b,*] Raffaele Martone, MD,[c,*] Liza Chacko, MD,[d] Sharmananthan Ganesananthan, MS,[d]



Bandera, F. et al. J Am Coll Cardiol Img. 2022;15(1):17–29.





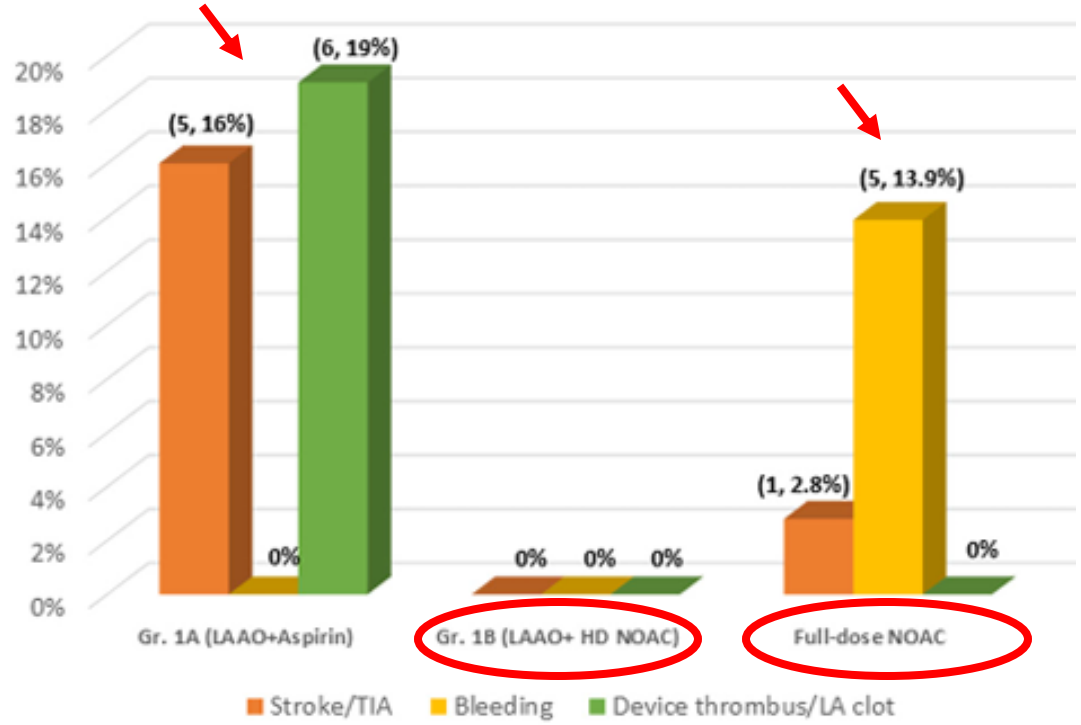


FIGURE 4 Bar diagram showing summary of thromboembolic and bleeding events reported during the 1-year follow-up.

Rev Esp Cardiol. 2023;**76(7)**:503–510
J. Cardiovasc. Electrophysiol. 2024;35:1422–1428.

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Mercredi 11 décembre 2024
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