

# HIDDEN: RODE VLAGGEN BIJ ATTR CARDIOMYOPATHIE



## HFpEF

Hartfalen met behouden ejectivefractie,  
vooral patiënten  $\geq 60$  jaar



## INTOLERANCE

Intolerantie voor standaardmedicatie voor hartfalen



## DISCORDANCE

Discrepantie tussen linkerventrikelwanddikte en  
QRS voltage (micro-voltages)



## DIAGNOSIS

Bilateraal carpaletunnelsyndroom of wervelkanaalstenose  
in voorgeschiedenis



## ECHO

Echografische kenmerken van LV hypertrofie,  
afgenomen LV longitudinale strain met apicale sparing



## NERVOUS SYSTEM

Symptomen van polyneuropathie met/zonder  
autonome disfunctie

Mohammed SF, et al. JACC Heart Fail. 2014;2(2):113-122. Oerlemans MIFJ, et al. Neth Heart J. 2019;27(11):525-536. Maurer MS, et al. Circ Heart Fail. 2019 Sep;12(9):e006075.



## Meer weten?

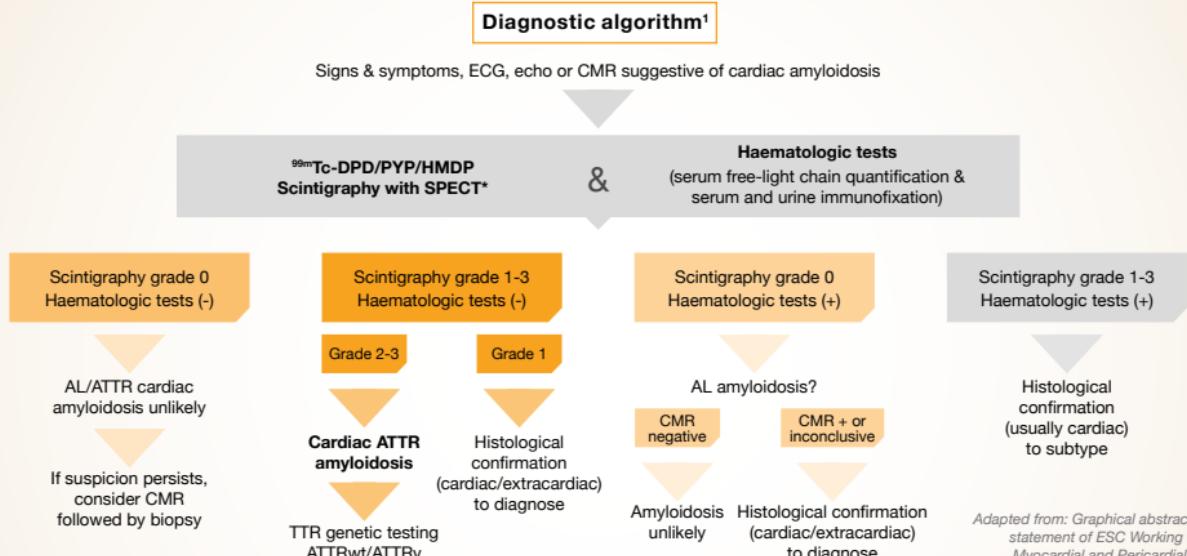
Scan de QR-code en kijk op  
[www.pfizer.nl/herkenamyloidose](http://www.pfizer.nl/herkenamyloidose)

u aangeboden door Pfizer bv



# IDENTIFYING THE CARDIAC AMYLOIDOSIS SUBTYPES

The majority of cardiac amyloidosis cases are AL and ATTR—the ESC proposes a diagnostic algorithm focused on identifying these subtypes.<sup>1</sup>



Adapted from: Graphical abstract position statement of ESC Working Group on Myocardial and Pericardial Diseases

**A prompt diagnosis is essential to enable timely treatment, as therapy is more effective in the early stages of the disease.<sup>1</sup>**

\* <sup>99m</sup>Tc-DPD/PYP/HMDP is not approved for the diagnosis of ATTR-CM. Please consult individual labeling for risks. AL=light-chain amyloidosis; ATTR=transthyretin amyloidosis; ATTRv=hereditary transthyretin amyloidosis; ATTRwt=wild-type transthyretin amyloidosis; CMR=cardiac magnetic resonance; ECG=electrocardiogram; ESC=European Society of Cardiology; SPECT=single photon emission computed tomography; TTR=transthyretin. **Referentie:** 1. Garcia-Pavia P, Rapezzi C, Adler Y, et al. Diagnosis and treatment of cardiac amyloidosis: a position statement of the ESC Working Group on Myocardial and Pericardial Diseases. *Eur Heart J.* 2021;42(16):1554-1568. <https://doi.org/10.1093/eurheartj/ehab072>.