Cardiomyopathy in children in the Western Cape: initial findings of the IMHOTEP registry

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Background

- Annual incidence 1.13 per 100 000 children, infants 8.34 per 100 000 (Ped CMO Registry - US)
- RXH ICU study 95 children with fulminant CMO or myocarditis 2010-2015, 53% mortality (B. Rossouw)
- Outcomes: traditional teaching 1/3, 1/3, 1/3 ?true
- PCMR data (n = 741) idiopathic DCM at 2 years:
 - 22% recovered normal LV function and size;
 - 27% had persistently abnormal echocardiograms;
 - 51% died or transplanted (median 3.2 months)
 - Predictors of recovery: younger age, less LV dilation

Heart Fail Clin 2010; 6(4): 401–413 JACC 2014; 63(14):1405-1413

Pediatric Cardiomyopathy 2018 Fast Facts



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Epidemiology in Africa

- No paediatric data
- Adults
 - Viruses (including HIV), peripartum, other infections
 - Rate of myocarditis as a percent of heart failure: 0–50%
 - DCM major cause of heart failure but myocarditis rarely identified (lack of available accurate diagnostic tools)

Cooper LT, Sliwa K et al. The Global Burden of Myocarditis. Global Heart 2014

Role of cardiovascular MRI

• Most helpful noninvasive tool for diagnosis

• Best if done within 2 weeks of symptom onset

 Combination of T2-weighted and postgadolinium early and late T1-weighted → best sensitivity (67%), specificity (91%) and accuracy (78%)

Friedrich MG et al. Cardiovascular Magnetic Resonance in Myocarditis: A JACC White Paper. JACC 2009

Methods

- The African Cardiomyopathy and Myocarditis Registry Program (IMHOTEP) – prospective, open-ended registry, pan-African, multi-center, hospital-based cohort study
- Pilot sites in CT \rightarrow SA \rightarrow Africa-wide
- Aim to systematically characterise CMO in African children:
 - Demographics, history, physical examination
 - Blood investigations, CXR, ECG, echo, genetic screening, CMR
 - Outcomes (adverse events, hospitalizations, death)
- From Sept 2016, all incident cases at RXH/TBH enrolled into OpenClinica database registry

Results

- 56 children recruited up to September 2018
- 27 (48%) infants
- Mortality 15 (27%)
- CMO phenotype
 - dilated 31 (55%)
 - myocarditis 14 (25%)
 - LV non-compaction 4 (7%)
 - hypertrophic 4 (7%)
 - tachycardia-induced CMO 2 (3.5%)
 - restrictive 1 (2%)

Age at first presentation



Weight distribution



Maternal education



Gender distribution



HIV exposure



Diagnosis distribution



Diagnosis by age category



Ross classification by diagnosis



Mortality



Admissions to hospital and ICU (average)



Days in hospital/ICU on first admission and in total Total Days Spent



Conclusions

- Large proportion of patients are infants / young children weighing less than 11 kg
- High incidence of ICU admission and multiple, prolonged hospitalizations resource-intense (beds, economic)
- IMHOTEP is proving to be an invaluable tool in the study of CMO in African children – first time systematic data
- Ultimate aim: improve prevention and management of cardiomyopathy / myocarditis
- Potential to build capacity locally, nationally and internationally in:
 - Echocardiography techniques/modalities
 - CMR: catalyst to initiating paediatric CMR program
 - Mechanical circulatory support (VADs) and heart transplantation

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THANK YOU







