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CICLO CARLOS CHAGAS

DE PALESTRAS

9ª EDIÇÃO

SAÚDE MENTAL E DOENÇA DE CHAGAS:
MUITO A DESVENDAR PARA ENFRENTAR

LIVRO DE RESUMOS

★ #12 Area: Clinical Aspects

The association of echocardiographic changes with heart disease progression and death in patients with chronic Chagas disease and normal electrocardiogram

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Introduction: In the chronic phase of the Chagas disease (CD), most patients present with the indeterminate form (IF), characterized by absence of clinical findings with a normal electrocardiogram (ECG). The IF has a good prognosis that is similar to the general population with normal ECG. The guidelines that address Chagas' heart disease (CHD) do not consider individuals presenting an altered echocardiogram (ECHO) with normal ECG. These cases in particular, despite showing signs of heart disease, are not classified as CHD. This condition has an impact on CD prognosis assessment. Currently, there are studies that demonstrate the prognostic value of echocardiographic changes in patients with IF.

Objective: To compare the progression rates to CHD and death between patients with normal and altered ECHO with the IF of CD.

Method: Retrospective observational study, including patients with IF followed at the outpatient center at INI-Fiocruz, from Jul 1986 to May 2021. Unadjusted and adjusted by age, sex, and previous benznidazole treatment logistic regression models were fitted to evaluate the association between altered ECHO with progression to CHD and death.

Results: Among 2194 patients (1154 [52.5%] women and 1040 [47.5%] men), 1085 (49.4%) IF were identified (554 [51%] women and 531 [49%] men) with a mean age of 44.8 years. Most patients were born in Bahia (21.38%) and Minas Gerais (18.4%) states. Fifty-eight patients without ECHO were excluded. Sixty-six (6.4%) had altered ECHO with segmental dysfunction of the left ventricle. Two hundred (19.5%) progressions and 147 (14.3%) death were identified. Among those with altered echo, 12.5% (n=22) progressed while 5.0% (n=41) did not progress ($p < 0.001$ chi-squared test), and 11.6% (n=17) died while 5.6% (n=46) survived ($p = 0.006$ chi-square). Logistic regression models demonstrated an important association between altered ECHO with progression to CHD in both unadjusted (OR 2.7 95%CI 1.6 to 4.6; $p < 0.001$) and adjusted (OR 2.8 95%CI 1.7 to 4.8; $p < 0.001$) analysis. Similarly, altered ECHO was also associated with death in both unadjusted (OR 2.2 95%CI 1.2 to 4.0; $p = 0.007$) and adjusted (OR 1.9 95%CI 1.1 to 3.4; $p = 0.04$) analysis.

Conclusion: Patients usually classified as IF (that only considered normal ECG) but with an altered ECHO had a greater odds of progression to CHD and death in comparison to those without ECHO abnormalities. The current classification of Chagas' heart disease based on an altered ECG should take into account the possibility of an altered echocardiogram in the presence of a normal ECG.