

Think Amyloid!

Transthyretin cardiac amyloidosis (ATTR-CA)

Highly prevalent and underdiagnosed cause of heart failure (HF)

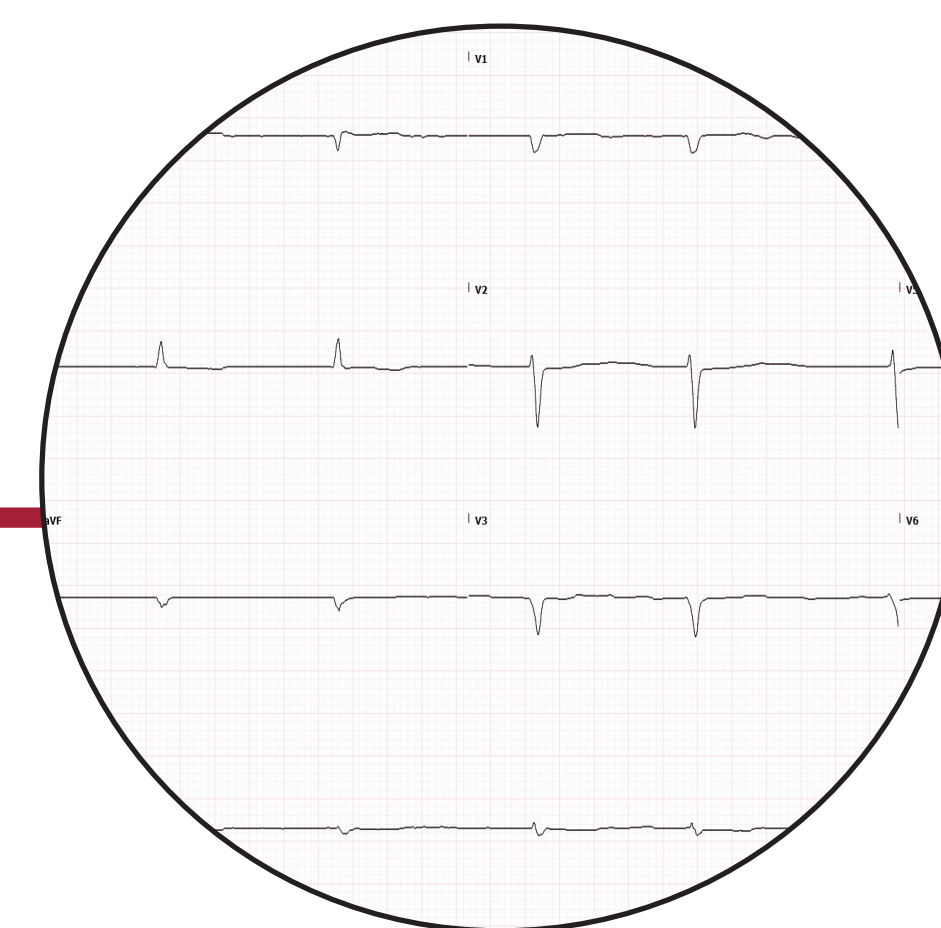
Patients >60 years with clinical HF, and:

African American descent

4% prevalence of hereditary ATTR-CA in African American populations (V142I mutation).

Elderly

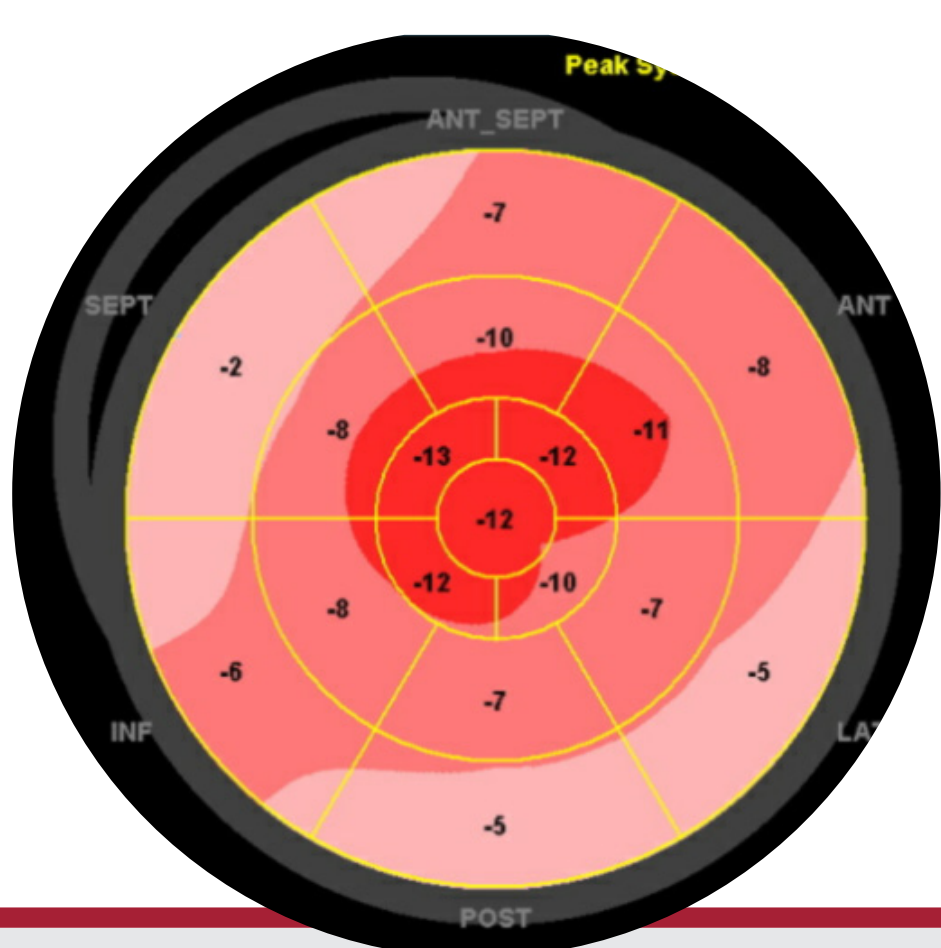
Prevalence of wild-type ATTR-CA increases with age.



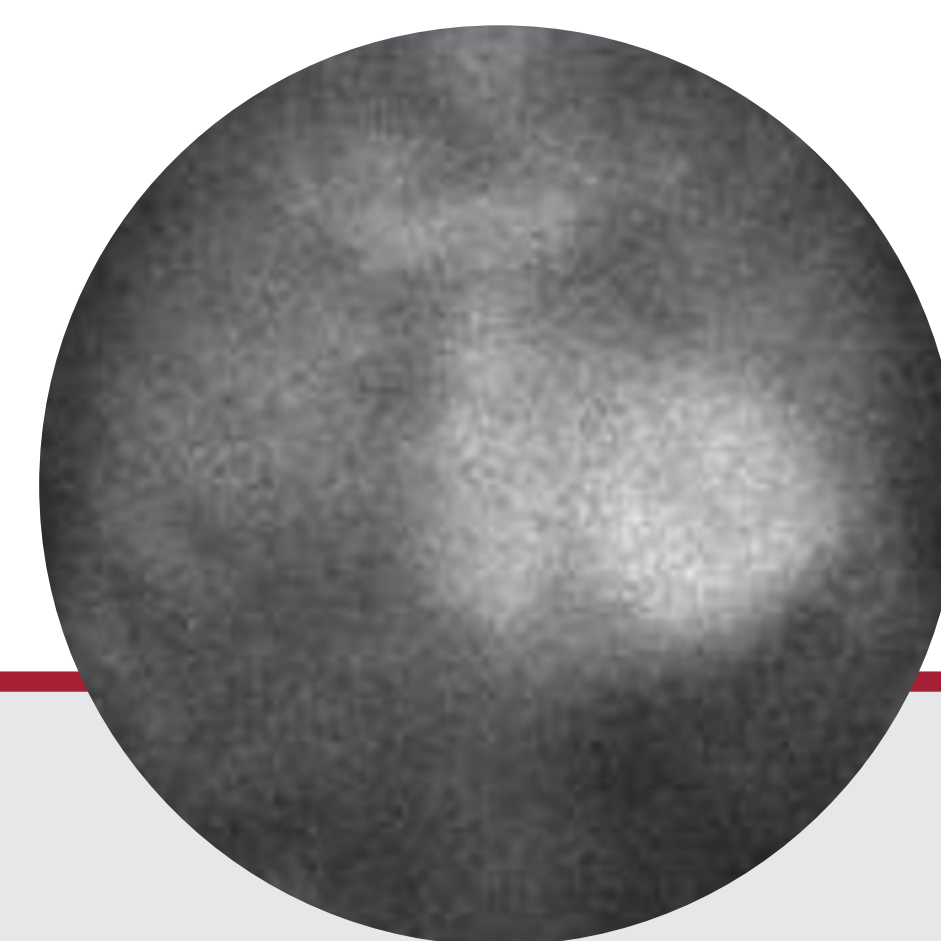
Low voltage ECG

"Clinical Red Flags":

- Bilateral carpal tunnel syndrome
- Repeat heart failure (HF) admissions
- Worsening HF despite medication compliance
- Hypotension, requiring de-escalation of antihypertensive or HF medications
- Gastroparesis/constipation
- Autonomic dysfunction (orthostatic hypotension or syncope)
- Polyneuropathy
- Lumbar spinal stenosis (back pain)
- Atrial fibrillation/bradycardia/heart block
- Chronic low-level troponin elevation



Apical Sparing Pattern



Positive PYP scan
(highly specific for
ATTR-CA)

Order The Following:

1. ECG: low voltage pattern
2. Echo with strain
 - a. Increased left ventricular wall thickness
 - b. Apical sparing strain pattern (cherry on top) echocardiography
3. Rule out light chain amyloidosis by:
 - a. Serum and urine kappa/lambda light chains
 - b. Serum and urine immunofixation electrophoresis
4. Pyrophosphate (PYP) scan
5. Cardiology clinic referral

Get More ATTR-CA Resources



Hover over image with your camera