

C Think Amyloid!

Transthyretin cardiac amyloidosis (ATTR-CA)

A prevalent, but an under-recognized form of progressive, life-threatening infiltrative cardiomyopathy.

Patients >60 years with clinical HF, and:



African American descent

4% prevalence of hereditary transthyretin amyloidosis; V142I mutation

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

Increased LV wall thickness





"Red Flags":

- Low voltage ECG
- Apical sparing strain pattern (cherry on top) echocardiography
- Repeat heart failure (HF) admissions

Low voltage ECG



Apical Sparing Strain Pattern

- Chronic low-level troponin elevation
- Bilateral carpal tunnel syndrome
- Atrial fibrillation/bradycardia/heart block
- Gastroparesis/vomiting/constipation
- Autonomic dysfunction (orthostatic hypotension or syncope)
- Polyneuropathy

RECOMMENDATION

Promptly order the following initial tests:

- 1. Pyrophosphate (PYP) scan
- 2. Rule out light chain amyloidosis by:
 - a. Serum and urine kappa/lambda light chains
 - b. Serum and urine immunofixation electrophoresis

ASNC thanks Saurabh Malhotra, MD, MPH for developing this poster. Supported by an unrestricted educational grant from Pfizer, Inc. Positive PYP scan (highly specific for ATTR-CA)

Get More ATTR-CA Resources



Hover over image with your camera