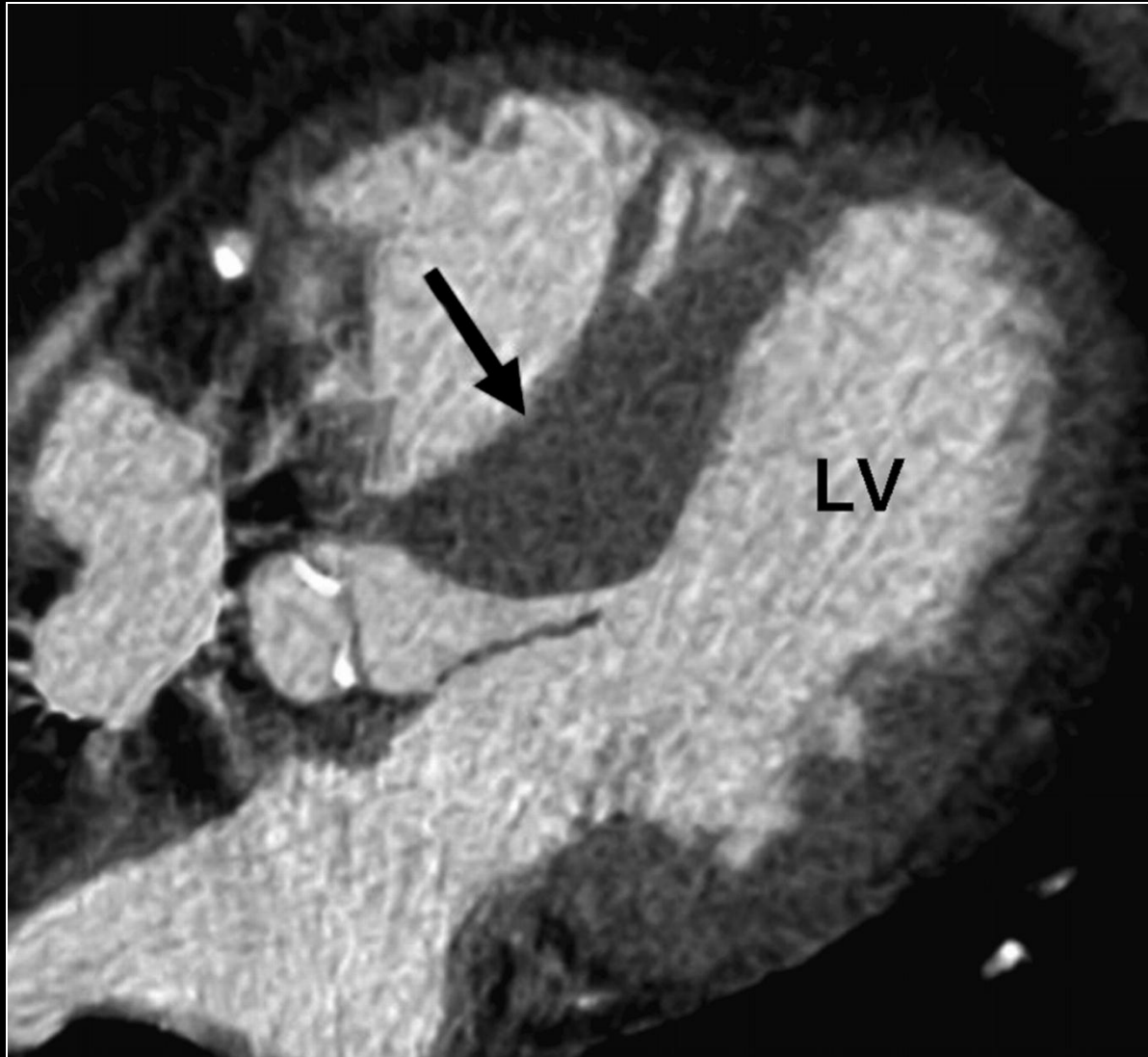


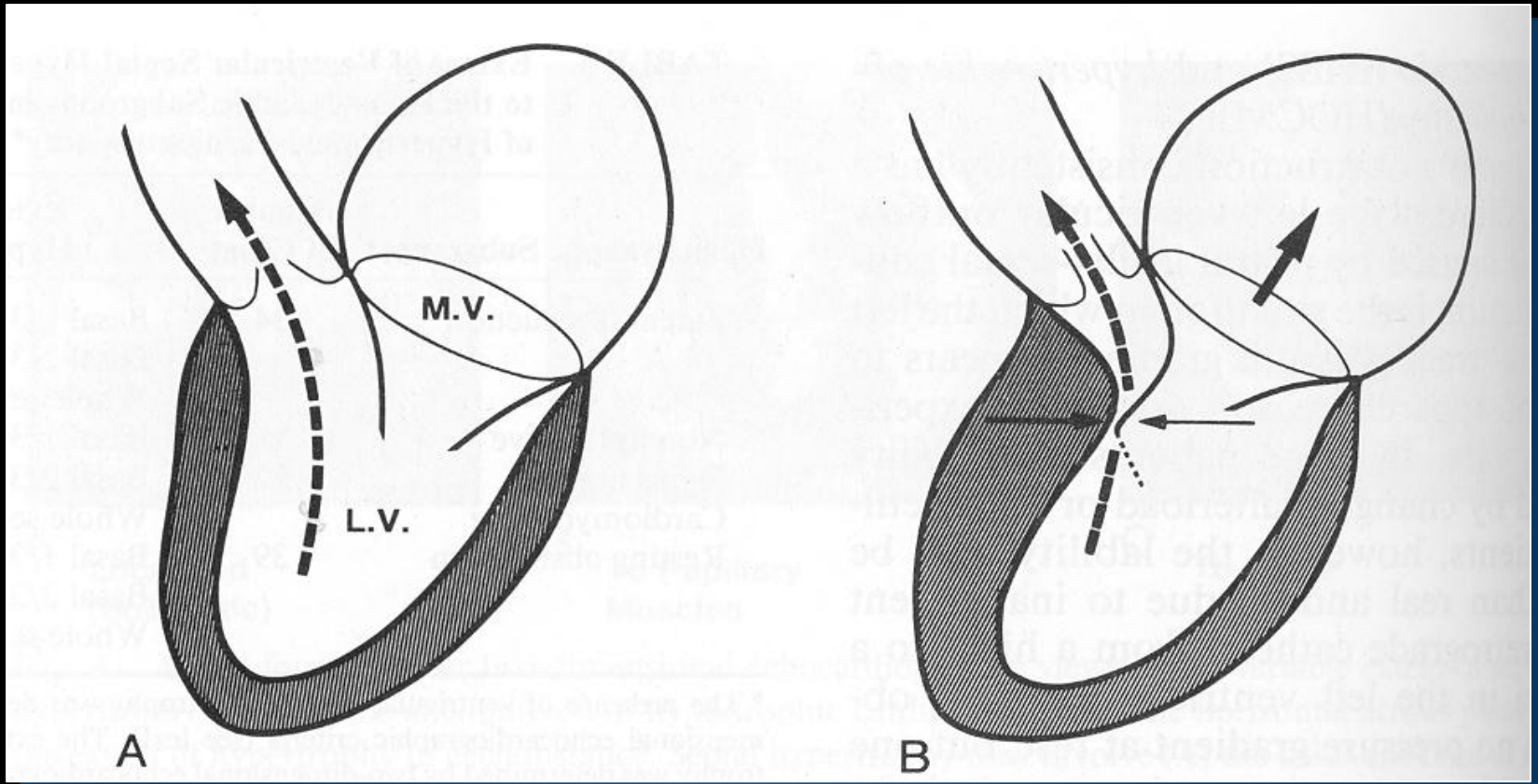
HYPERTROPHIC OBSTRUCTIVE CARDIOMYOPATHY (HOCM)

HYPERTROPHIC CARDIOMYOPATHY

CARDIAC CT



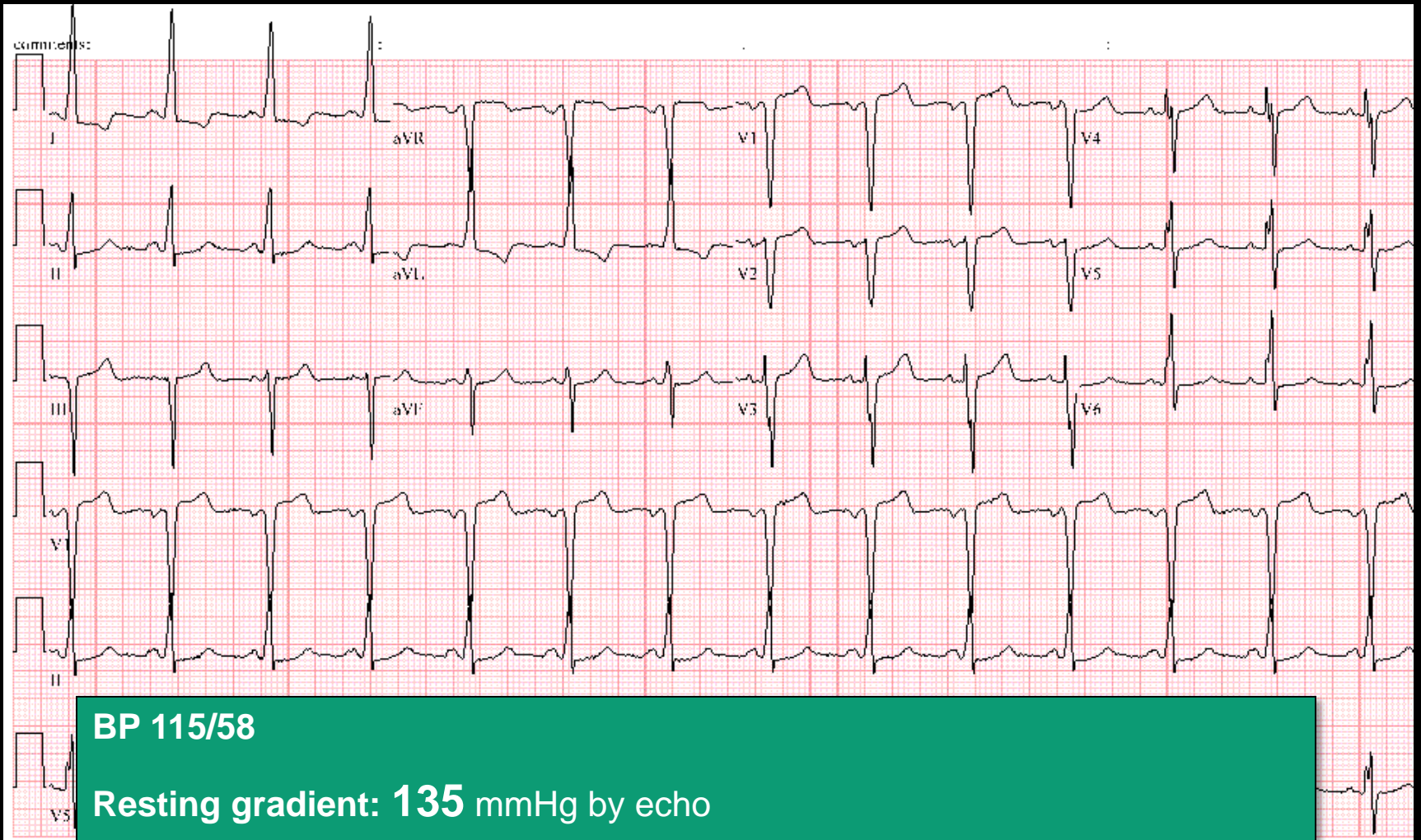
MECHANISM OF LVOT OBSTRUCTION



CASE

- 62 yr old female with severe DOE and CHF. Class III NYHA symptoms despite medical therapy with metoprolol 100 mg bid
- Resting gradient 130 mm Hg and exercise gradient greater than 200 mmHg by echo
- CATH: SBP 80-90 mmHg. Normal resting PCW, mild elevation of pulmonary artery pressures and no obstructive CAD.

EKG



BP 115/58

Resting gradient: **135** mmHg by echo

Exertional gradient: (after 3 minutes on a Bruce): **230** mmHg by echo

PRESSURE PULLBACK

LV Mid-cavity: 240 mmHg

LVOT: 98 mmHg

AORTA: 98 mmHg



Aortic Stenosis

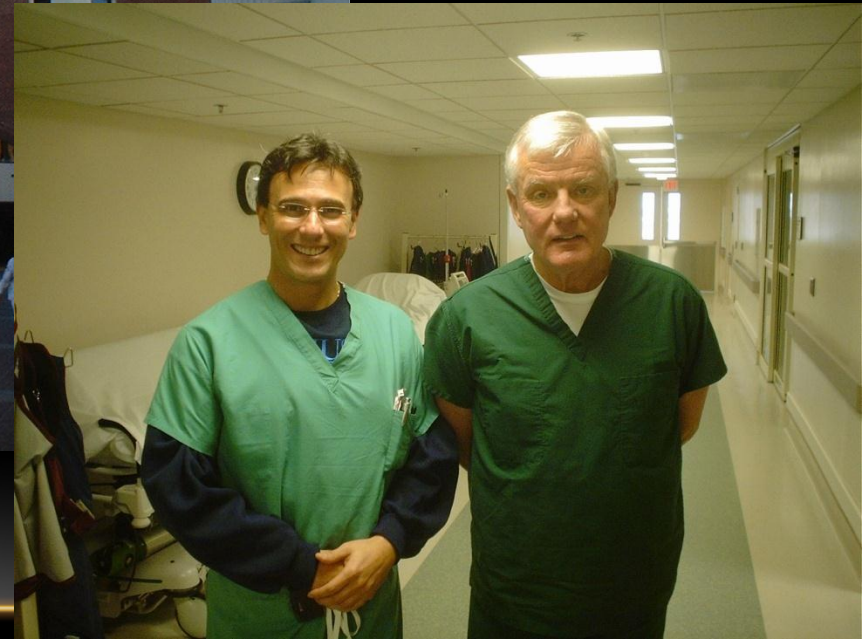
Post PVC Gradient

HOCM



TREATMENT IN 2002: ASA

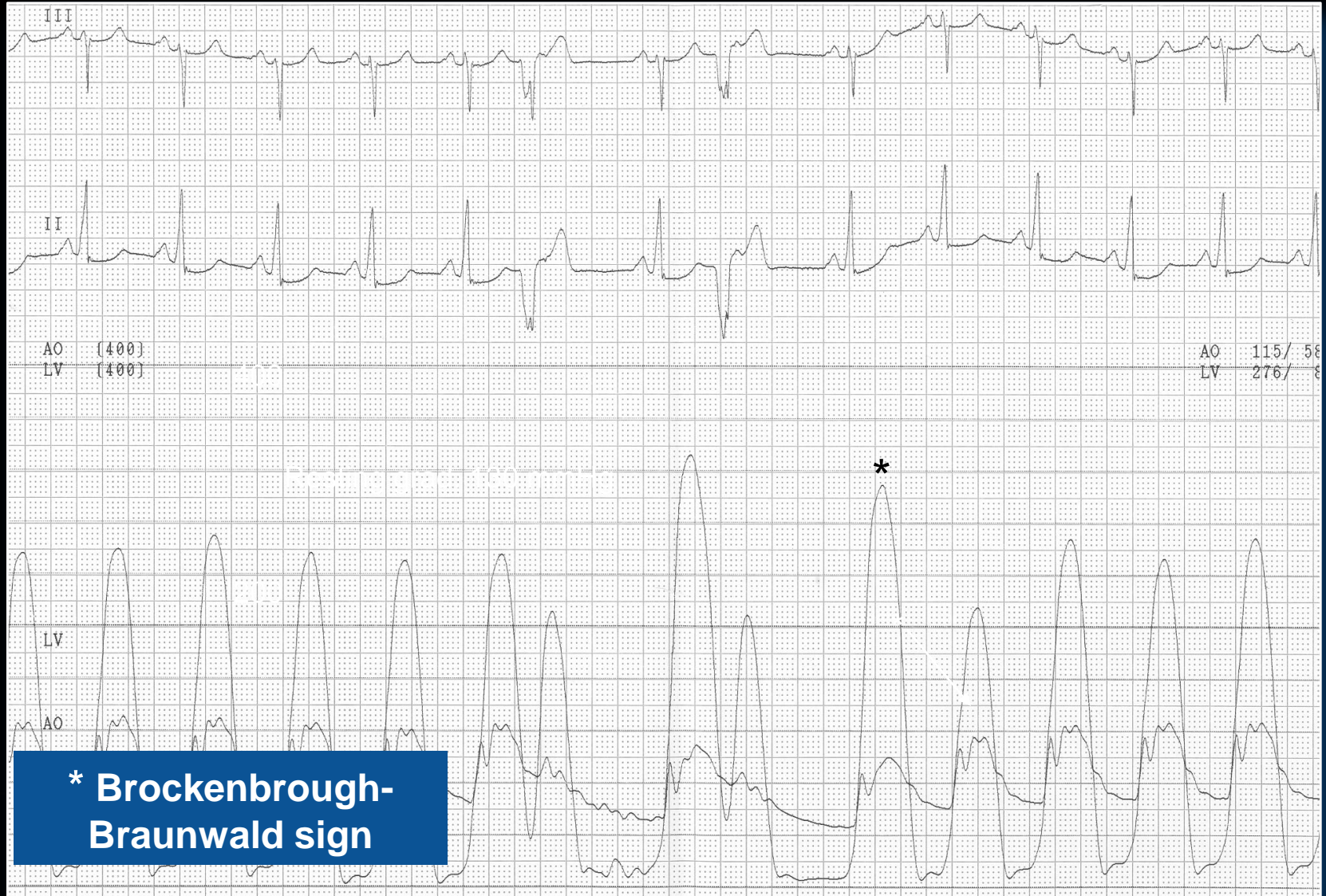




William Spencer, MD

Medical University of South Carolina,
Charleston, SC

JUST BEFORE ALCOHOL SEPTAL ABLATION PROCEDURE



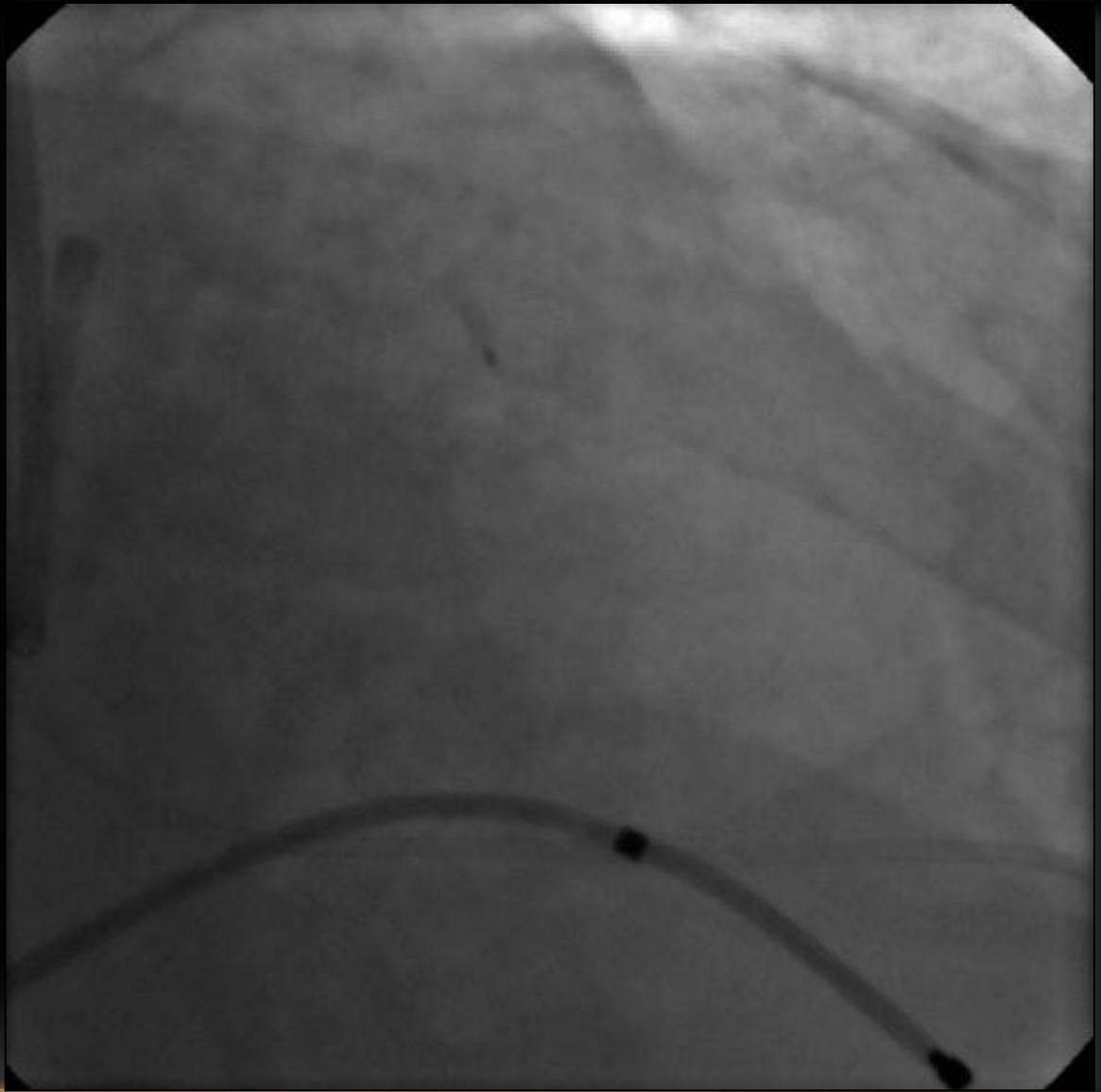
LAD

- 7 F GUIDE
- PIGTAIL
- CATHETER
- PACER
- TTE



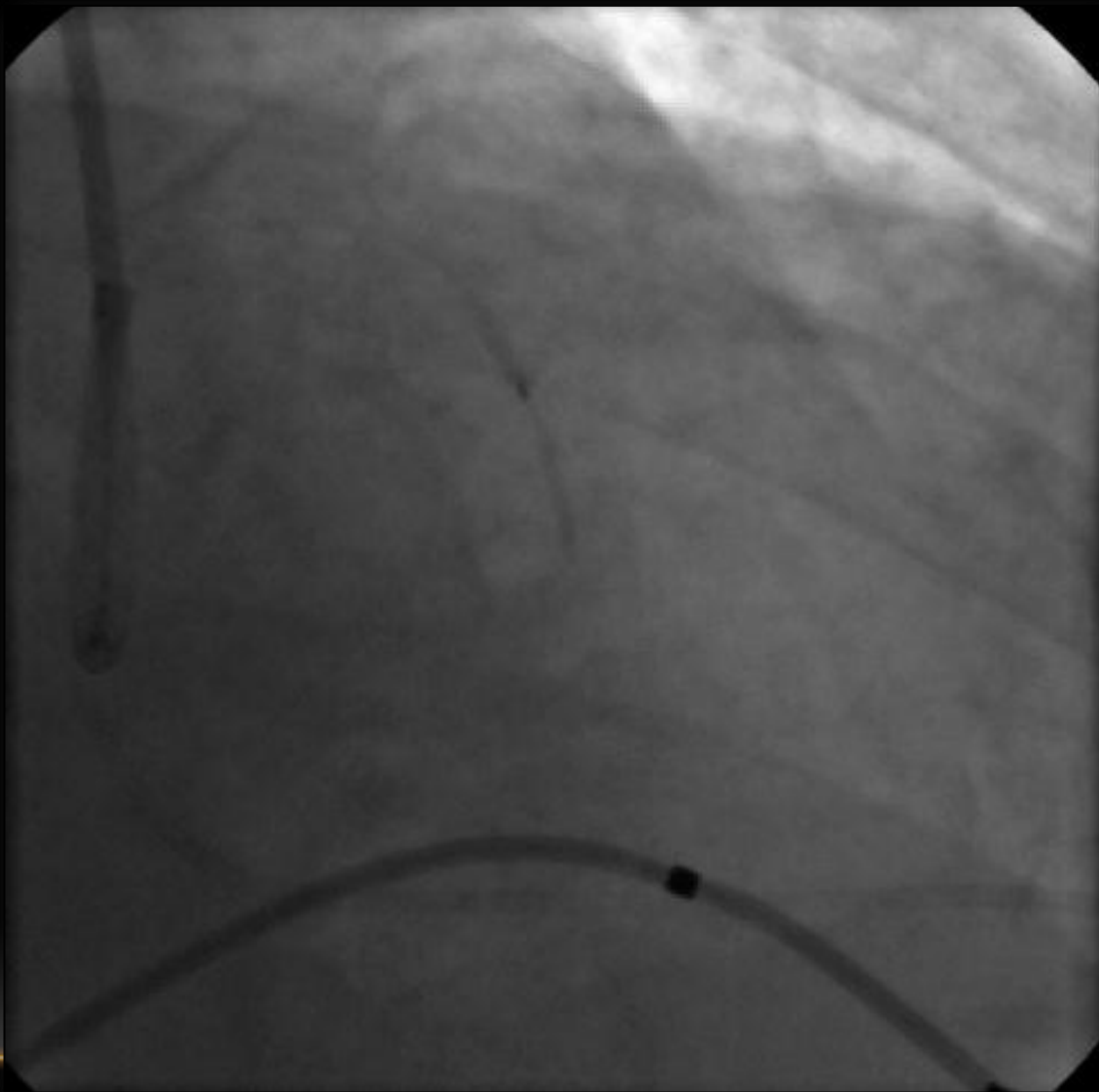
**BALLOON
IN FIRST
SEPTAL:**

**-GRADIENT
-ANGIO
-ECHOC**



ANGIO OF
SEPTAL

ALCOHOL 3 CC
OVER 5 MIN



ECHO CONTRAST

Baseline



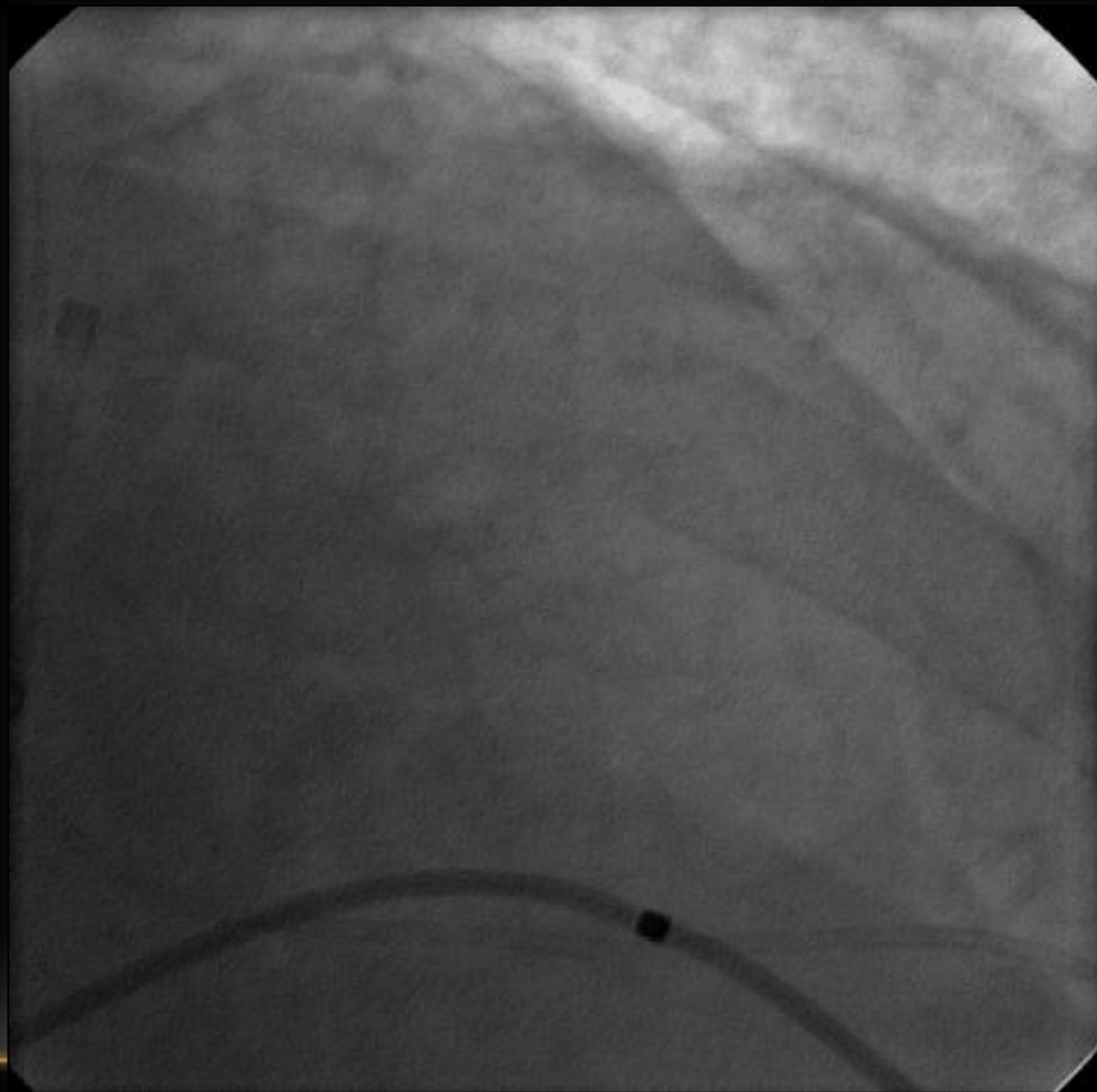
Contrast



Ethanol



FINAL ANGIO
POST
ALCOHOL
INJECTION



GRADIENT
FEW
MINUTES
AFTER ASA:

< 10 MMHG

BP: 160/80



FOLLOW UP

8 years later continues to do well