HYPERTROPHIC OBSTRUCTIVE CARDIOMYOPATHY (HOCM)
HYPERTROPHIC CARDIOMYOPATHY
CARDIAC CT
MECHANISM OF LVOT OBSTRUCTION

A

B

M.V.

L.V.
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.
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
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JUST BEFORE ALCOHOL SEPTAL ABLATION PROCEDURE

* Brockenbrough-Braunwald sign
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 ….