agnetické rezonanc
yopatií

ardiomyopatie LK

agement of
ty of Cardiology (ESC)

(Chairperson) (Spain),
dinator) (United Kingdom),
pain), Eloisa Arbustini (Italy),
(Italy), Connie R. Bezzina
m[1] (Netherlands),
er (Belgium), Perry M. Elliott
gdom), Pablo Garcia-Pavia
es (Australia),
sen (Germany),
gium), Jens Mogensen
ntazis (United Kingdom),
Tintelen (Netherlands),
aski *†, (Chairperson)
Group

- *přítomnost neisc*
  nebo tukové náhr
  absenci dilatace,
  přítomnost globá
  dysfunkce
- *globální hypokine*
  systolické funkce
  přítomnosti fibróz

R is recommended in patients with cardiomyopathy at **initia**

R should be considered in **patients with cardiomyopathy** du
isease progression and aid risk stratification and manageme

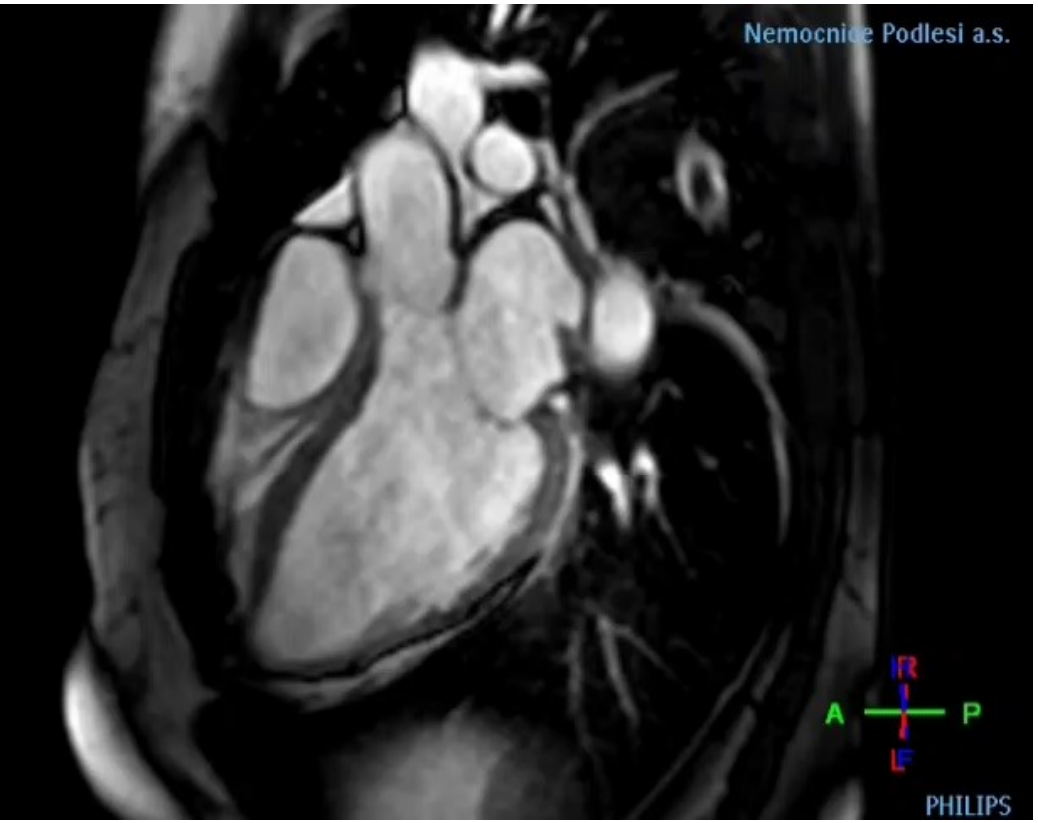
R should be considered for the serial **follow-up and assessm**
n patients with cardiac **amyloidosis, Anderson–Fabry diseas**
ory cardiomyopathies, and haemochromatosis with cardiac

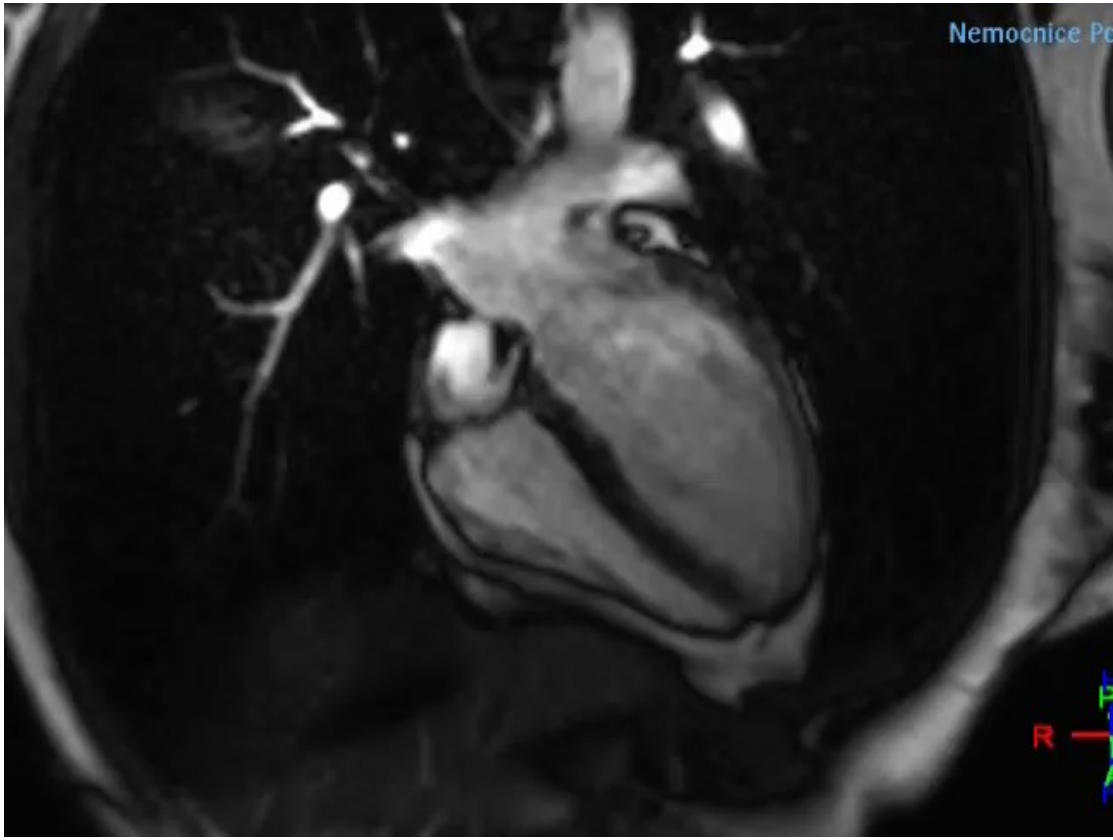
myopathy in which a **disease-causing variant** has been **ident**
R should be considered in genotype-positive/phenotype-neg
diagnosis and detect early disease.

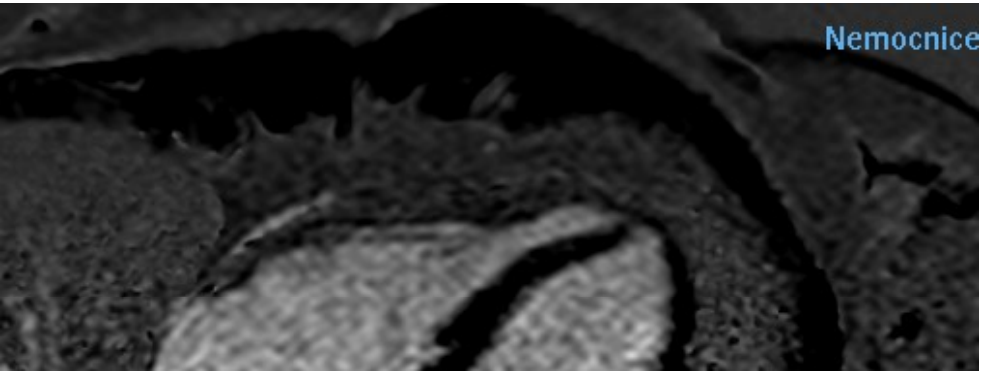
diomyopathy without a genetic diagnosis, contrast-enhance

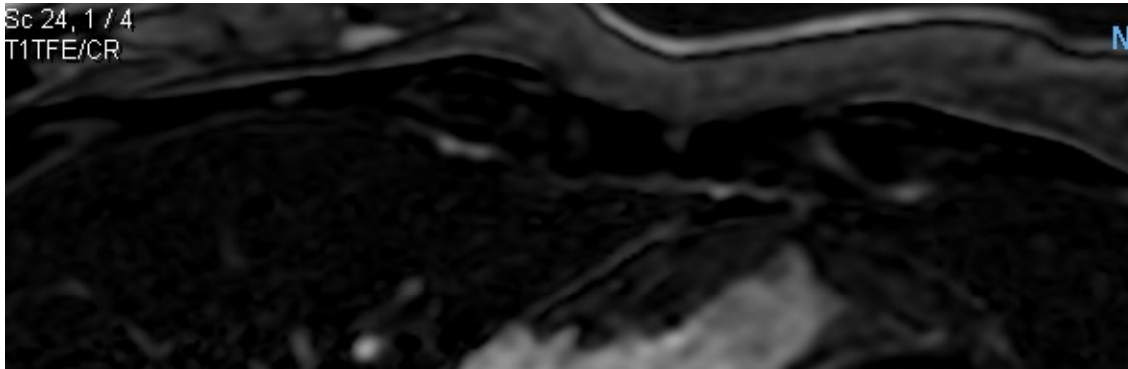
+/P+

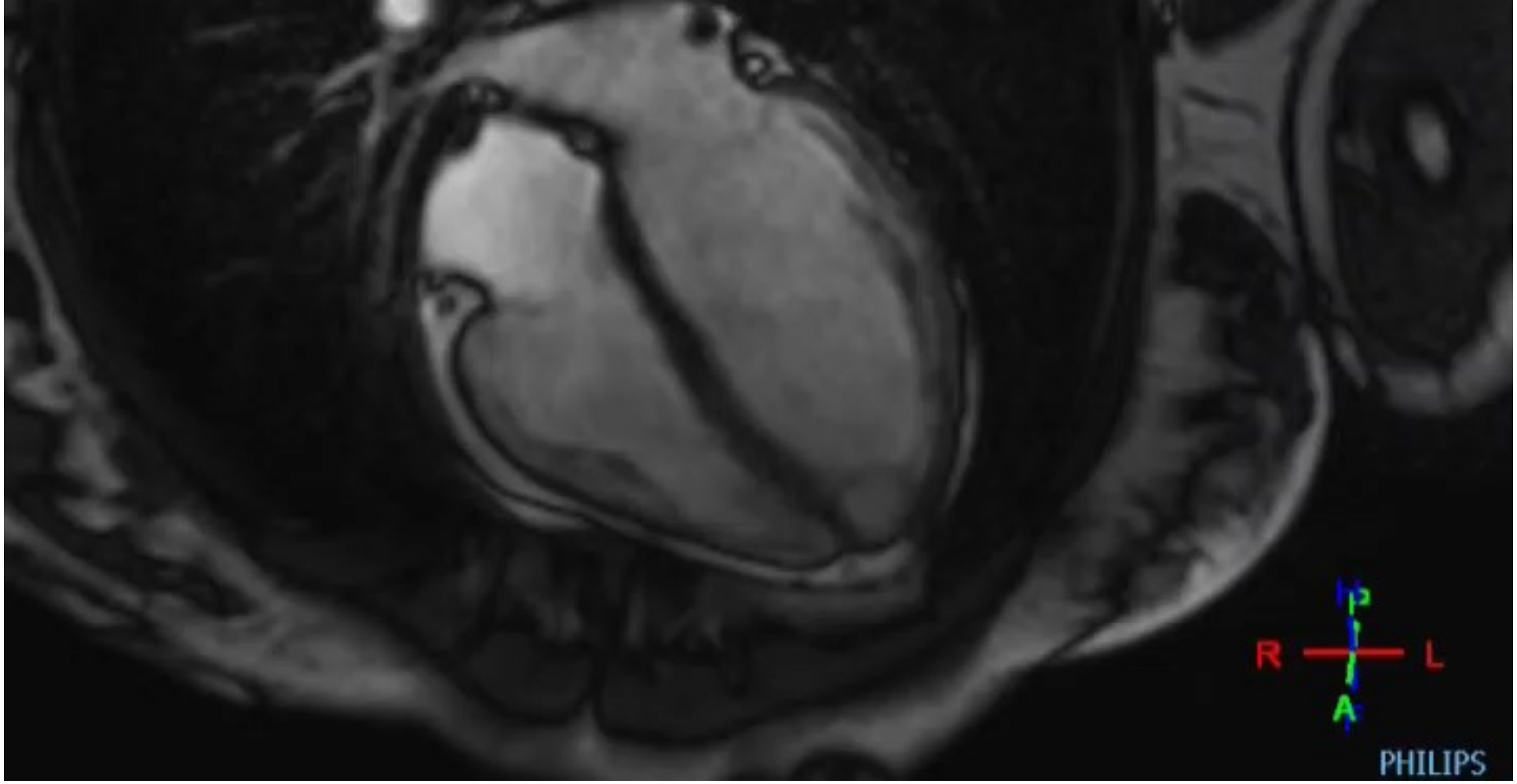
Blanka 1

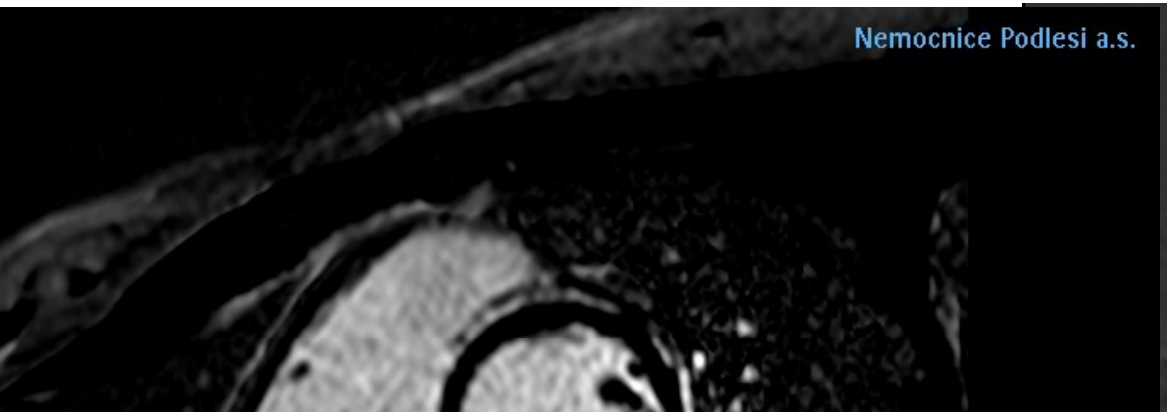

Nemocnice Podlesi a.s.
IR
A
P
IF
PHILIPS

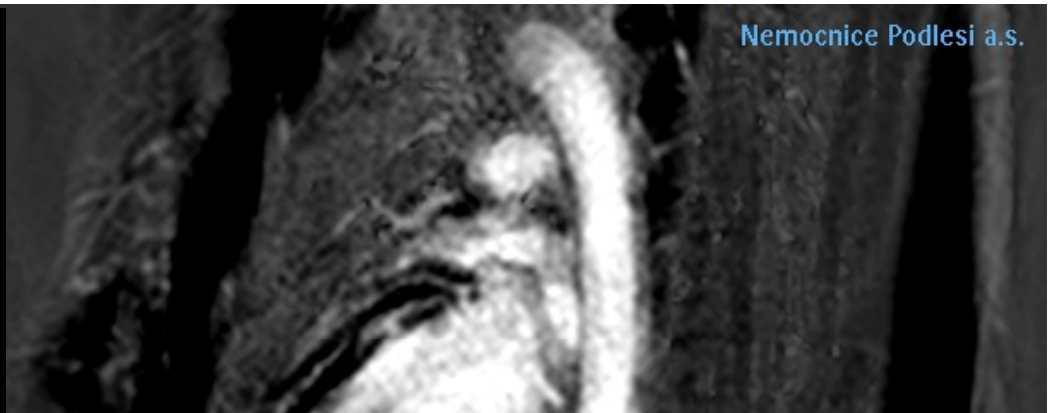

Nemocnice Po
R

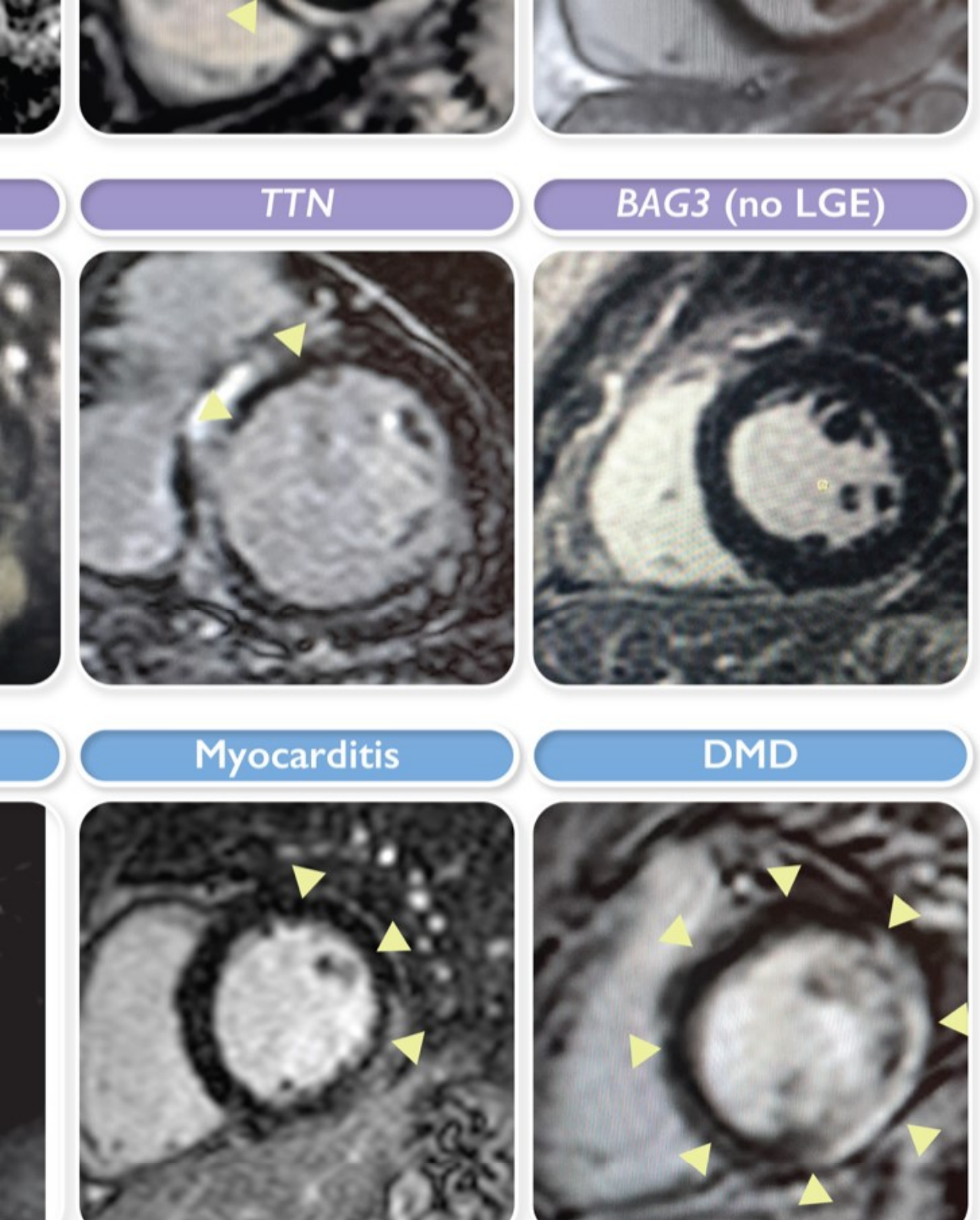

Nemocnice


Sc 24, 1 / 4
T1TFE/CR

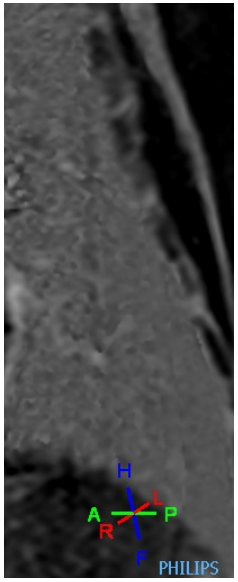

R
L
A
PHILIPS

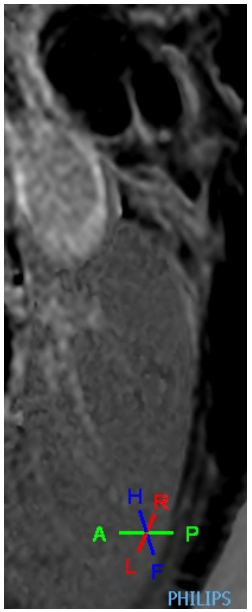

Nemocnice Podlesi a.s.

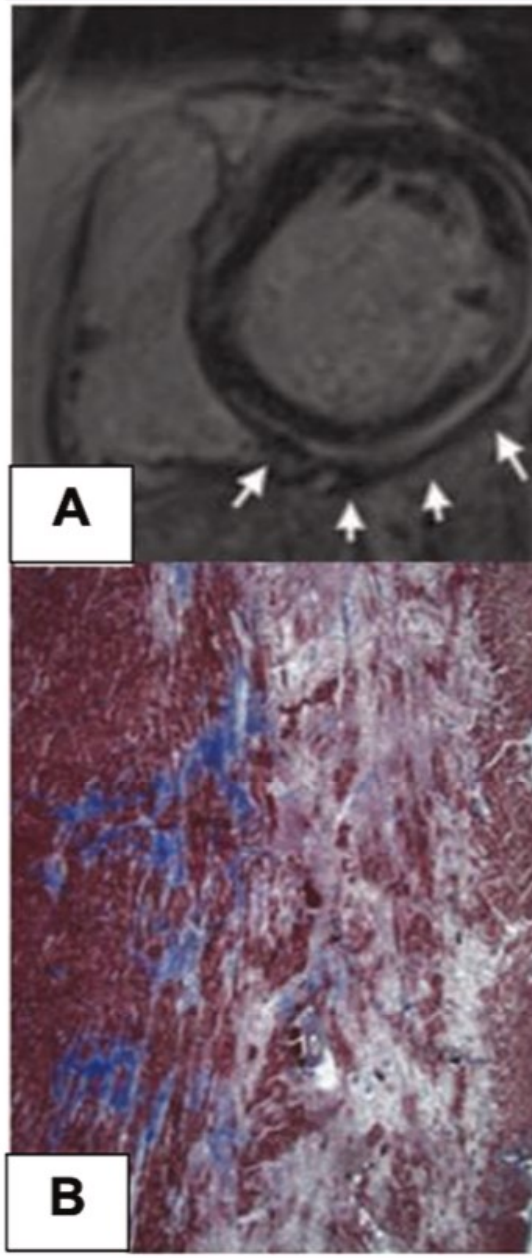

Nemocnice Podlesi a.s.


TTN
BAG3 (no LGE)
Myocarditis
DMD


PHILIPS


H
L
A
P
R
F
PHILIPS


H
R
A
P
L
F
PHILIPS


A
B

Corr

DSP

ation

-dilated LV
5%
picardial

tion

Previous classification

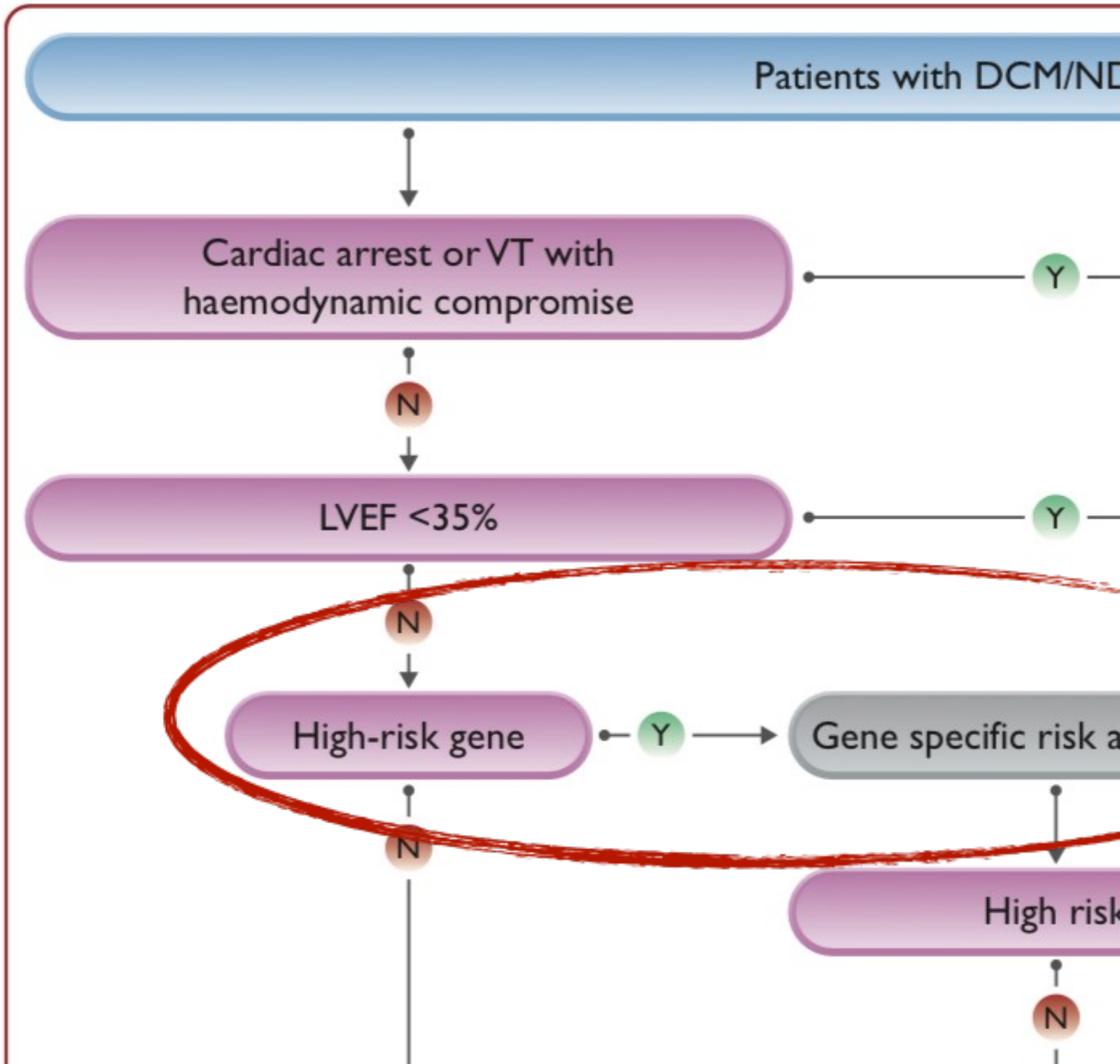
- DCM
- ALVC
- ACM

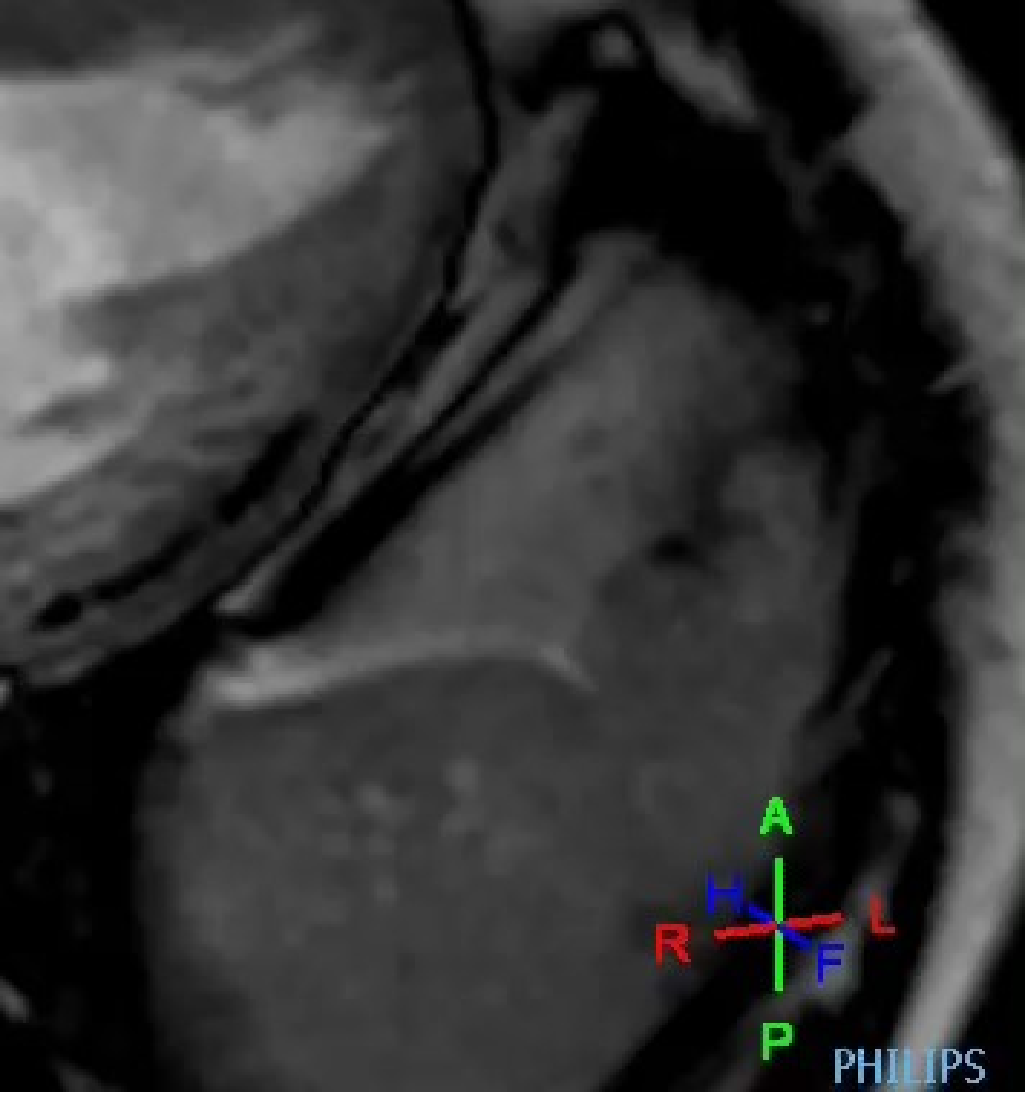
Proposed phenotype-based integrated approach

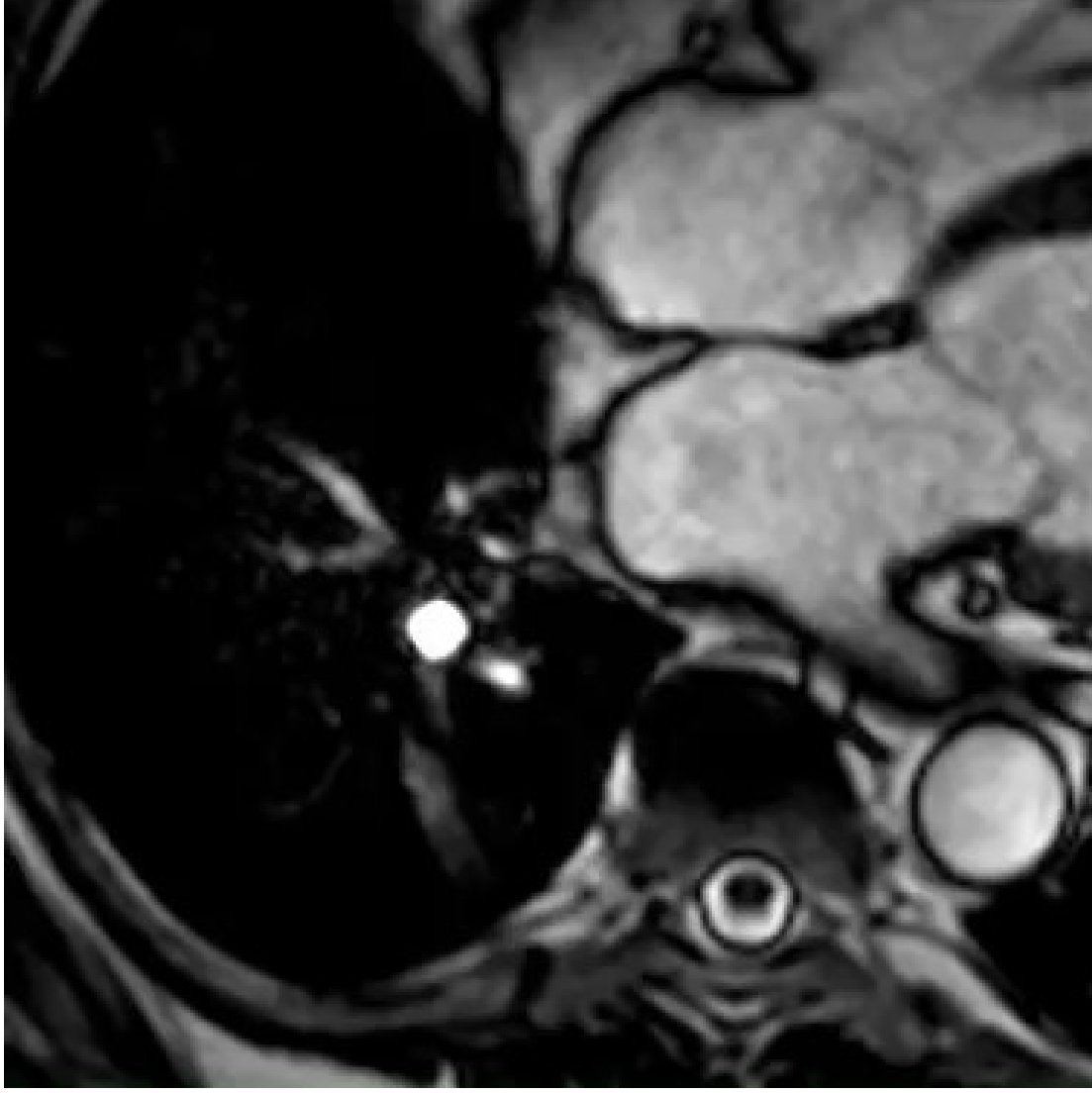
Autosomal dominant *DSP*-related non-dilated LV cardiomyopathy phenotype with subepicardial scar and low-normal EF

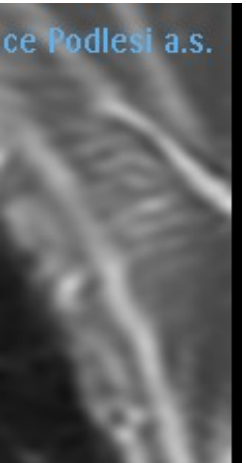
- klin
- ekg
nále

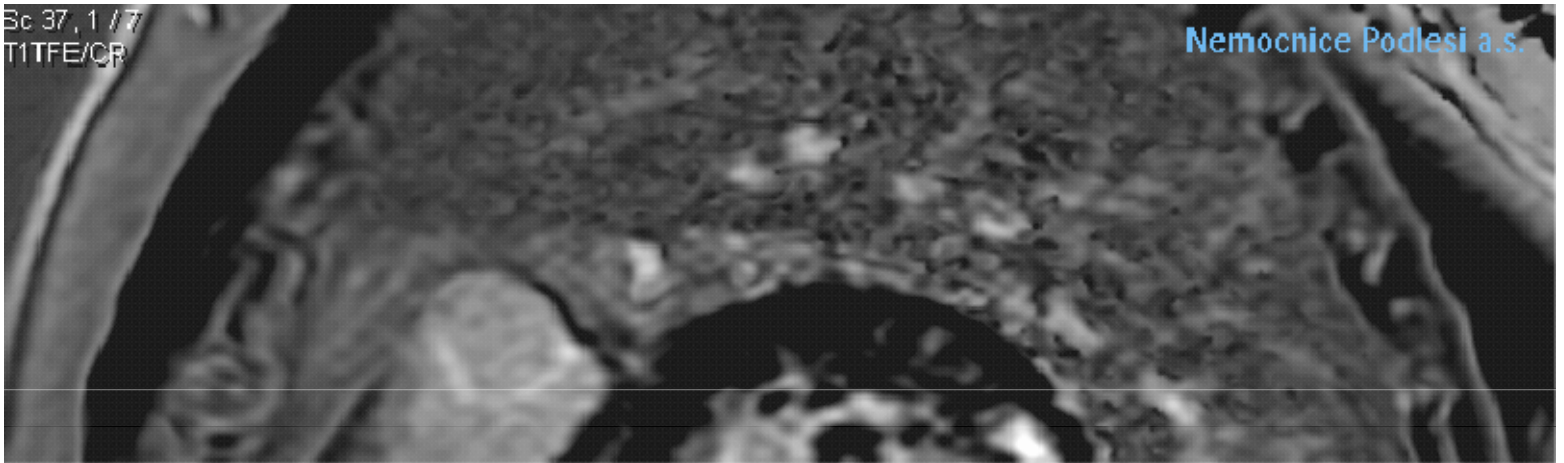
d 5-year risk of tening arrhythmia *NA* risk score nna-risk-vta.fr)
CMR 5%
nd any of the : LVEF <45%, GE on CMR, >200 4h Holter ECG
d 5-year risk of tening arrhythmia *N* risk score lnriskcalculator. s.io/final_shiny) 5% CMR

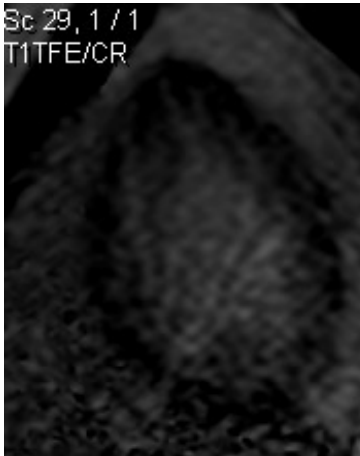



A
H
R
L
F
P
PHILIPS




ce Podlesi a.s.

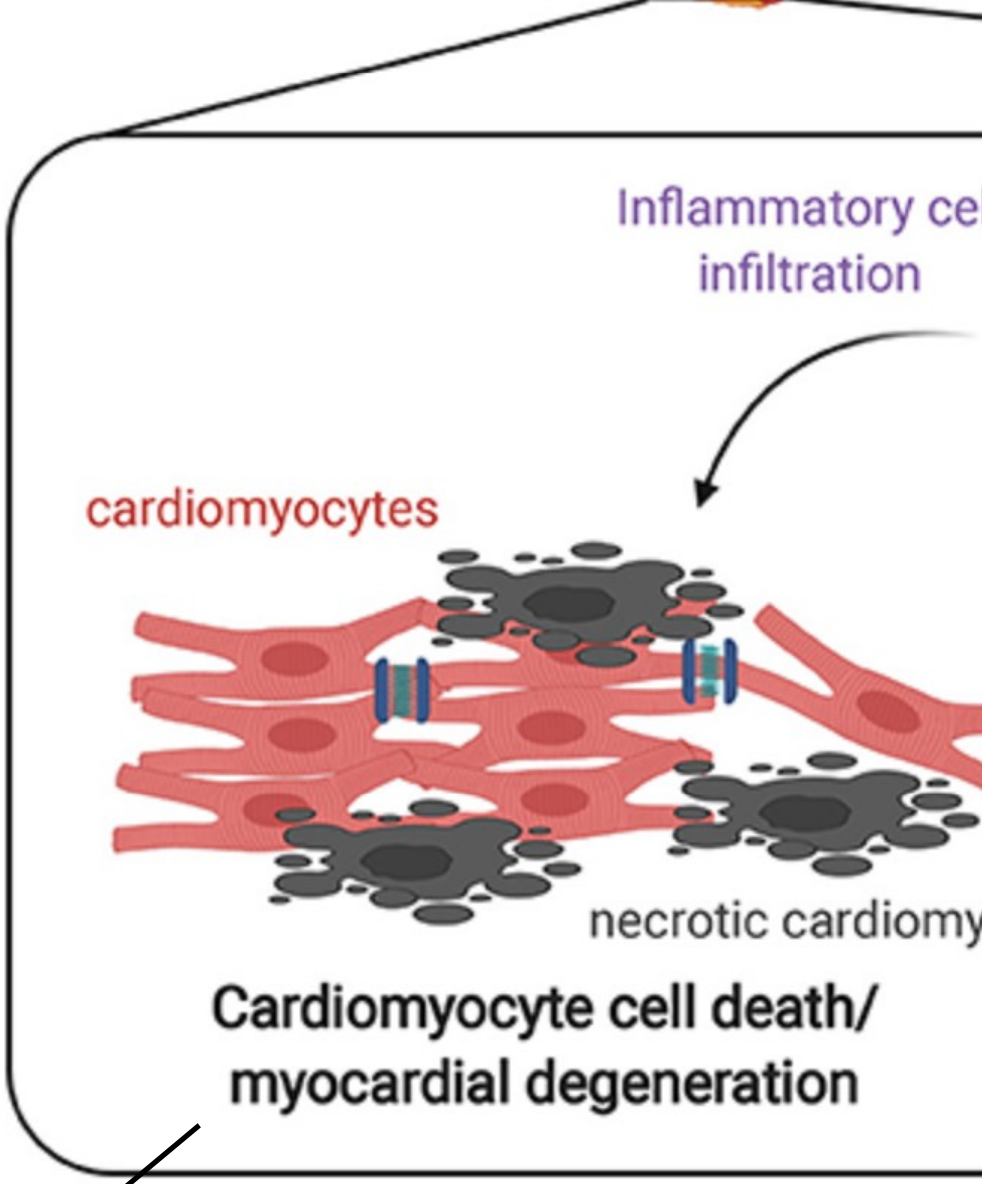

Sc 37, 1 / 7
T1TFE/CR
Nemocnice Podlesi a.s.


Sc 29, 1 / 1
T1TFE/CR

ako myokarditida”

ní myokarditida)

cifická reakce



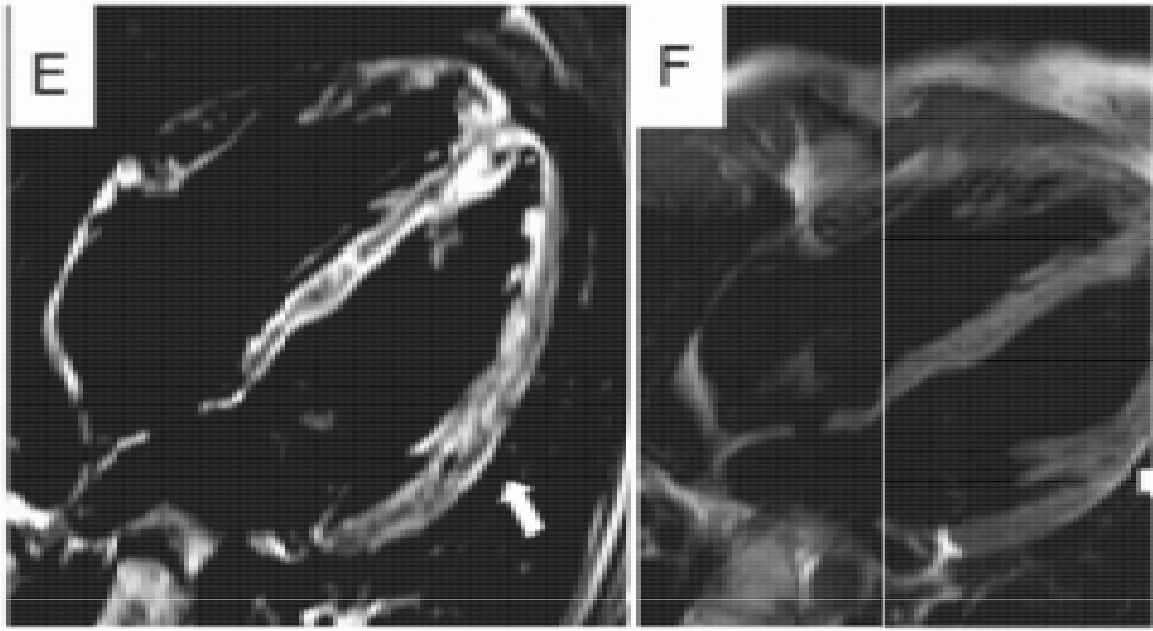
Meraviglia V

s and Public Health, University of Padua,

35128 Padova, Italy

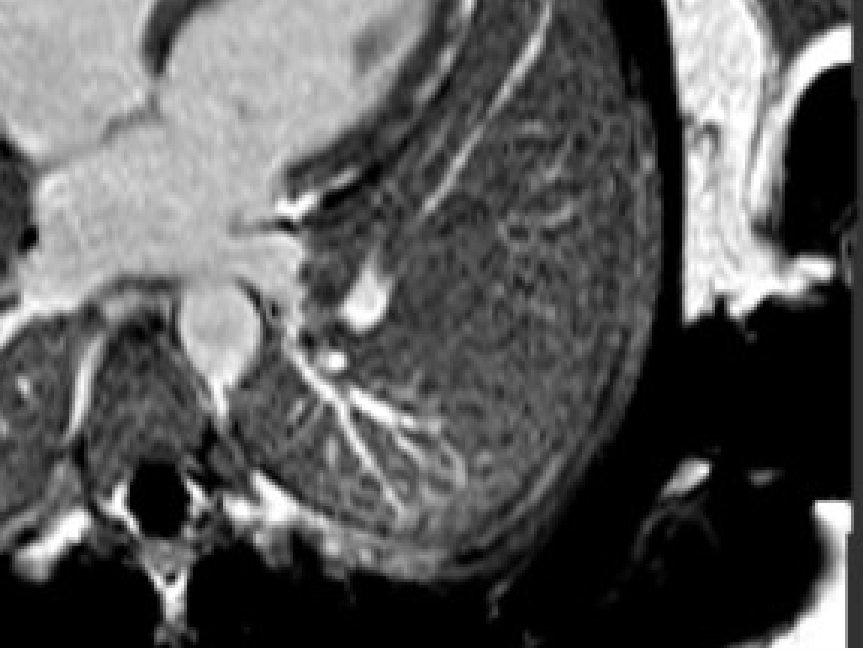
ssed.

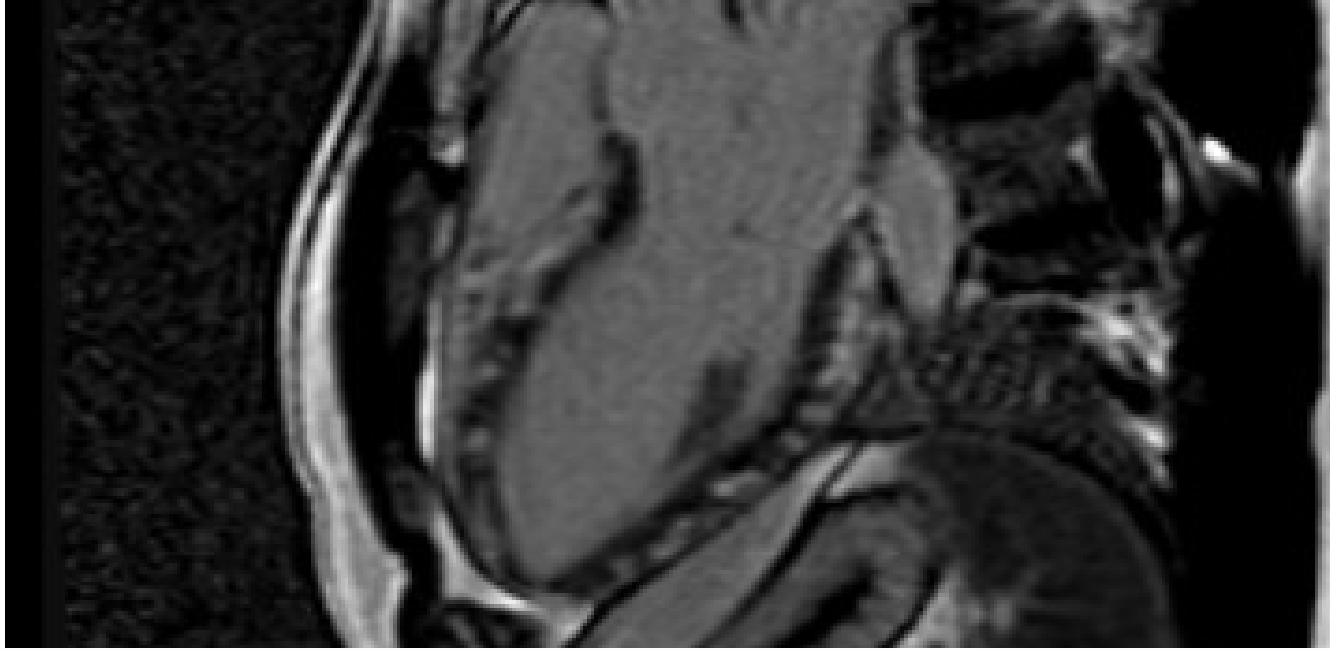
90/biom12091324



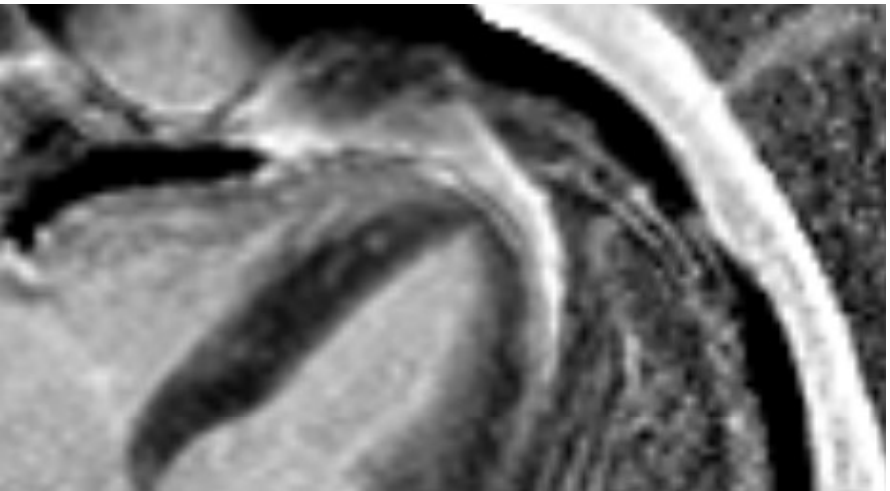
ezu v
u!

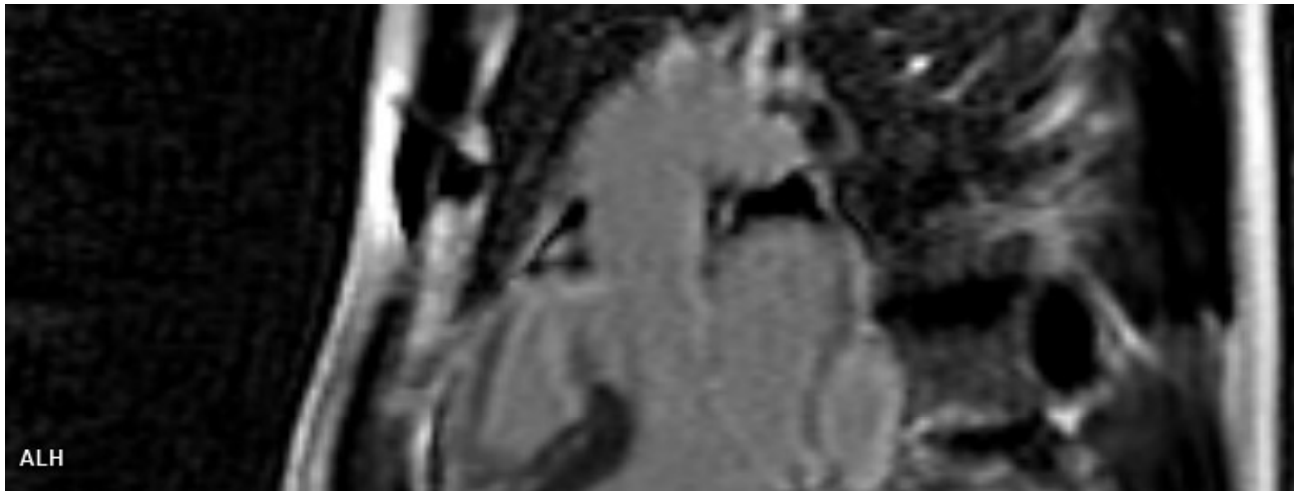
potentially relevant to the topic. Through the
papers reporting 103 ACM patients who had ex
this review. Age at time of episodes was availa
being 26 years ± 14 years (min 2–max 71 years
epicardial LGE. At the time of hot-phase





enhanced CMR should be considered for the serial **follow-up**
ic response in patients with cardiac **amyloidosis, Anderson-**
is, inflammatory cardiomyopathies, and haemochromatosi
ent.





ina onemocnění; MR vždy

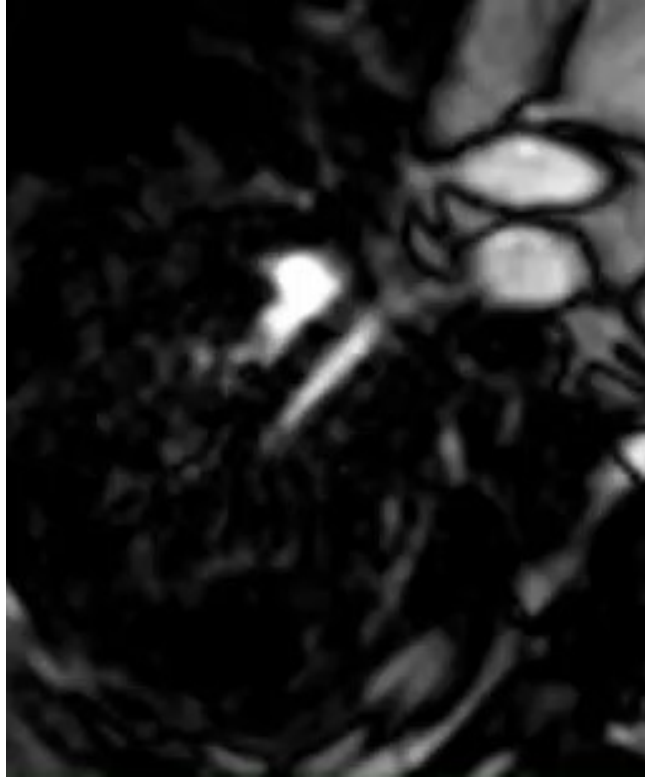
a nezávislá na etiologii (genetické

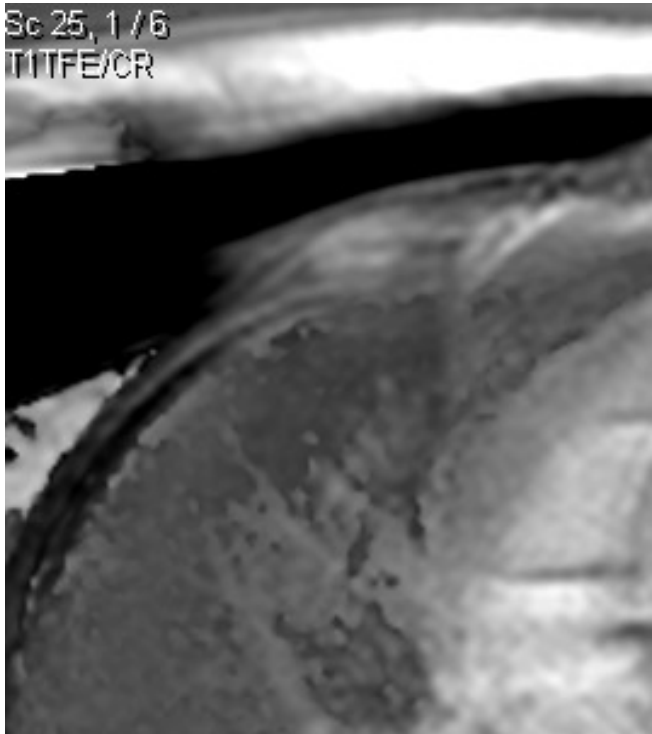
fibróza v kontrastu s
systolickou funkcí LK

ogie i riziková stratifikace)

inickém kontextu

primárně arytmická manifestace

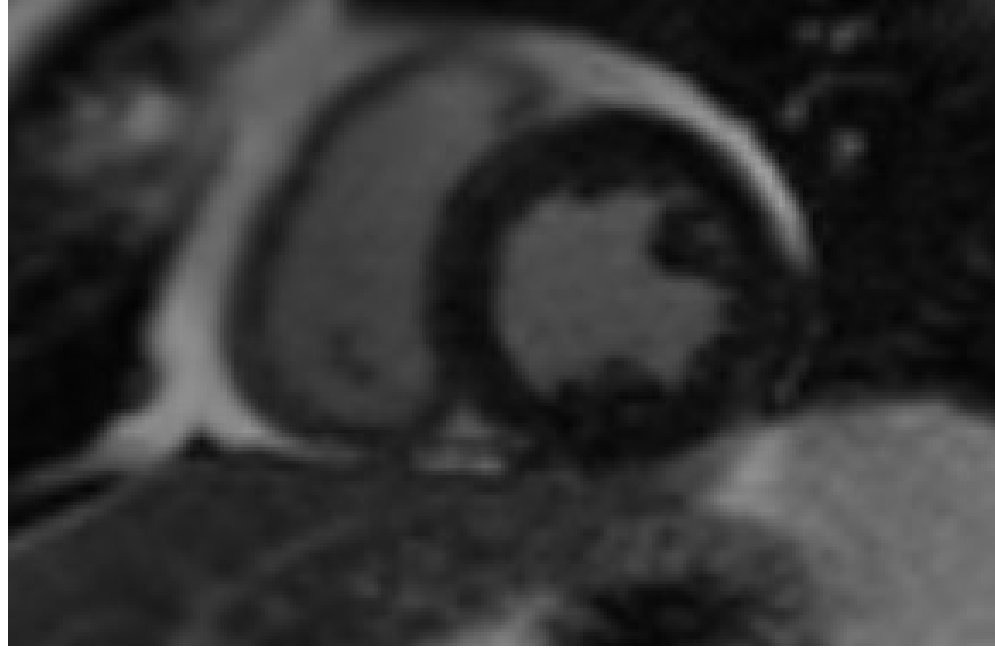


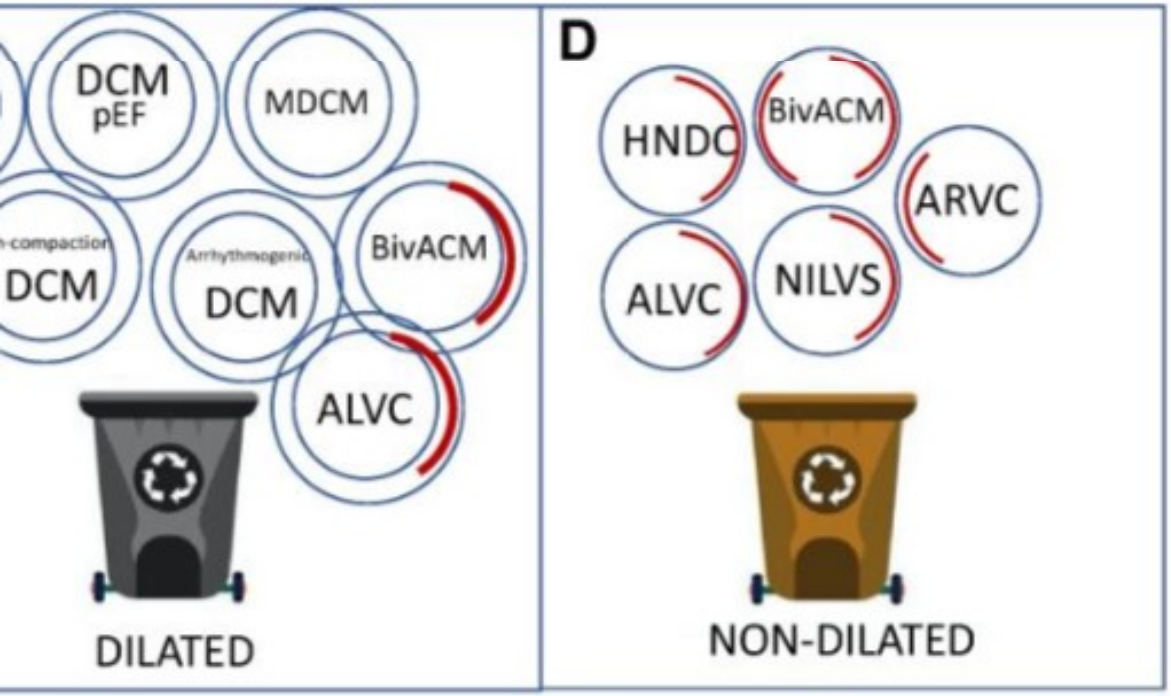


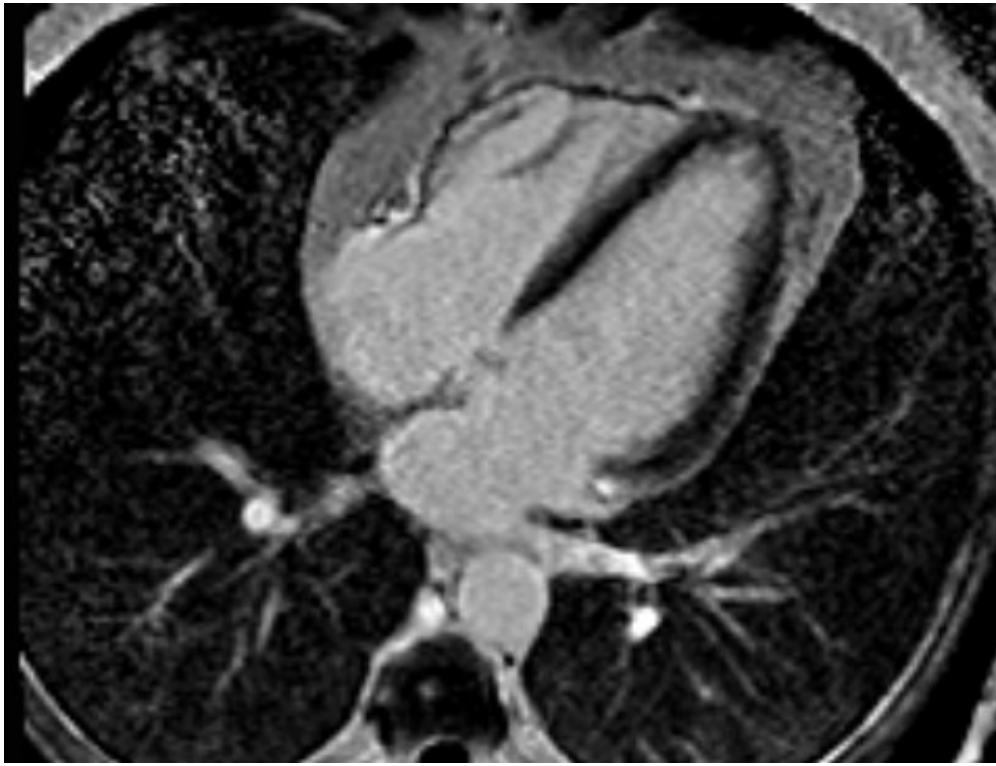
yopathy

Cipriani, Barbara Bauce,
iano, Manuel De Lazzari,
, Ilaria Rigato, Stefania Rizzo,
ristina Basso

, *University of Padova, Via Giustiniani 2,*








Nemocnice AGEL
Třinec-Podlesí