

# **HYPERTROPHIC CARDIOMYOPATHY RISK STRATIFICATION**

Mahmoud Saraya, MD  
Lecturer of Cardiovascular medicine  
Cairo University

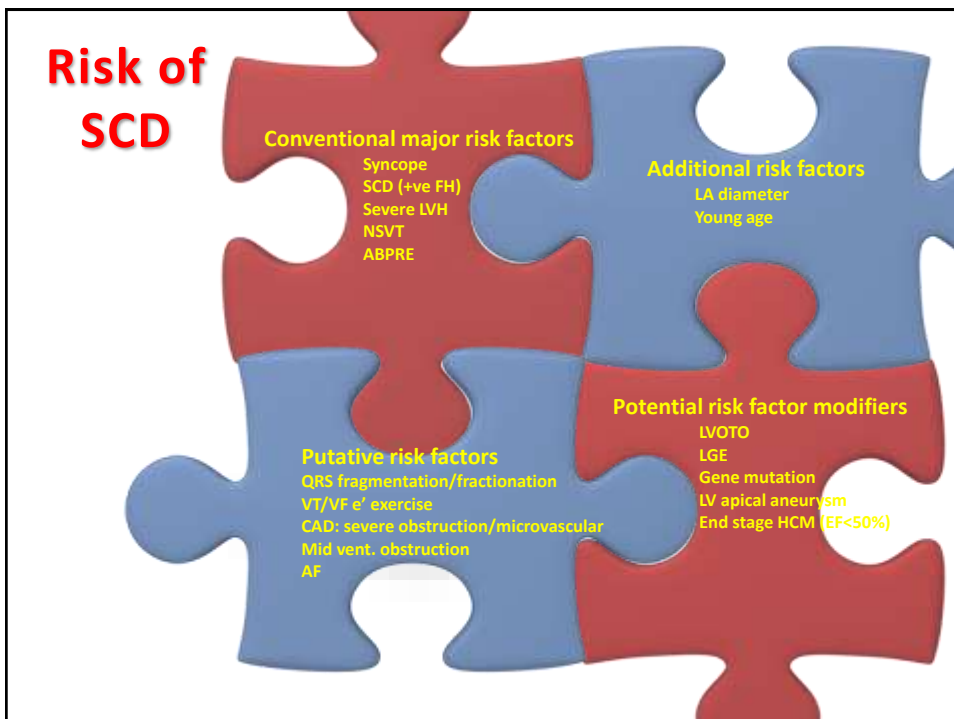


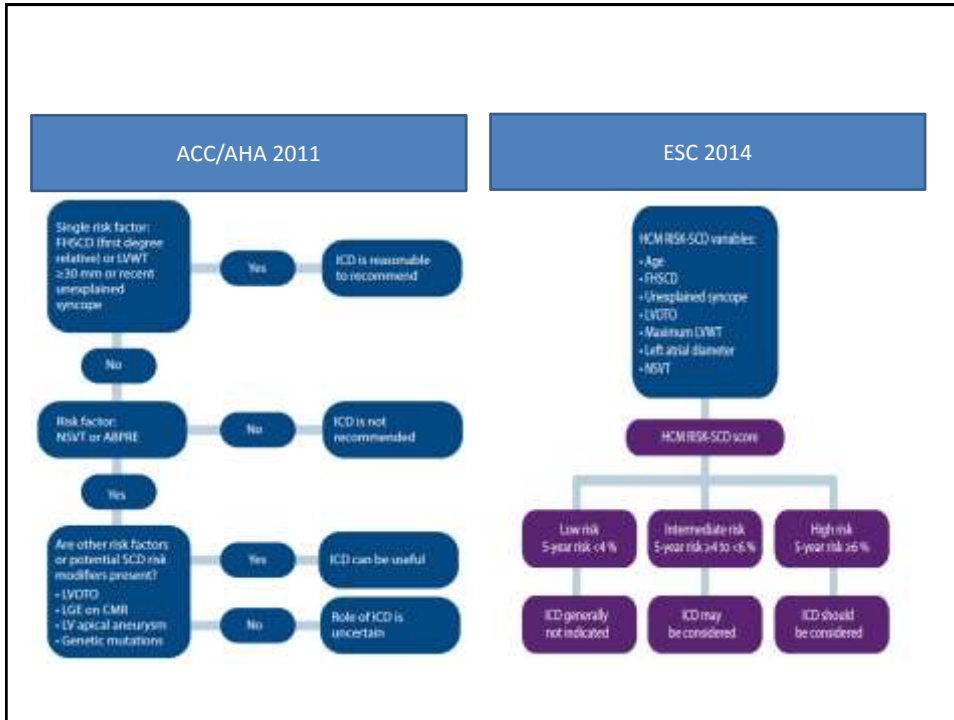




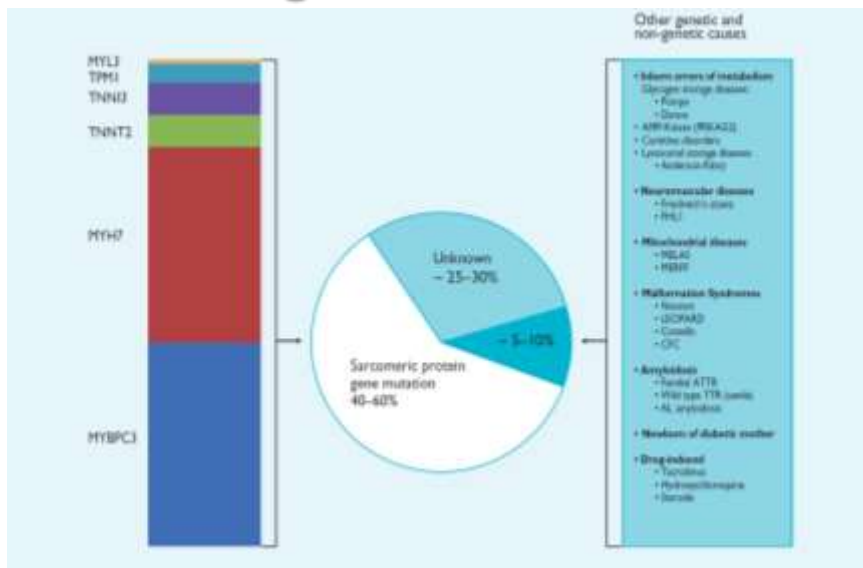
## Risk of SCD

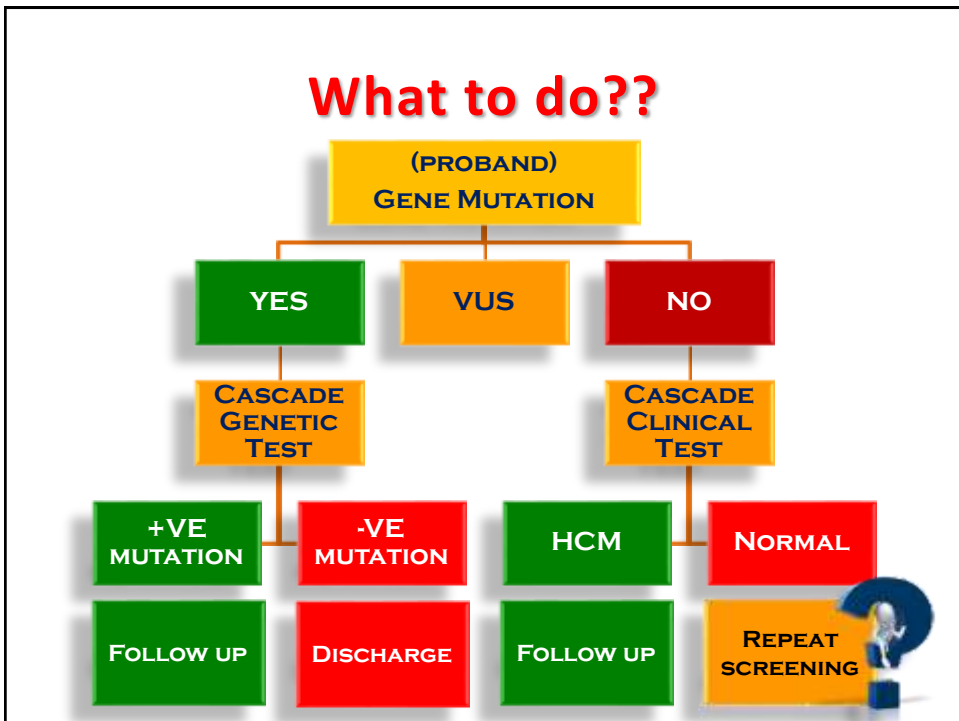
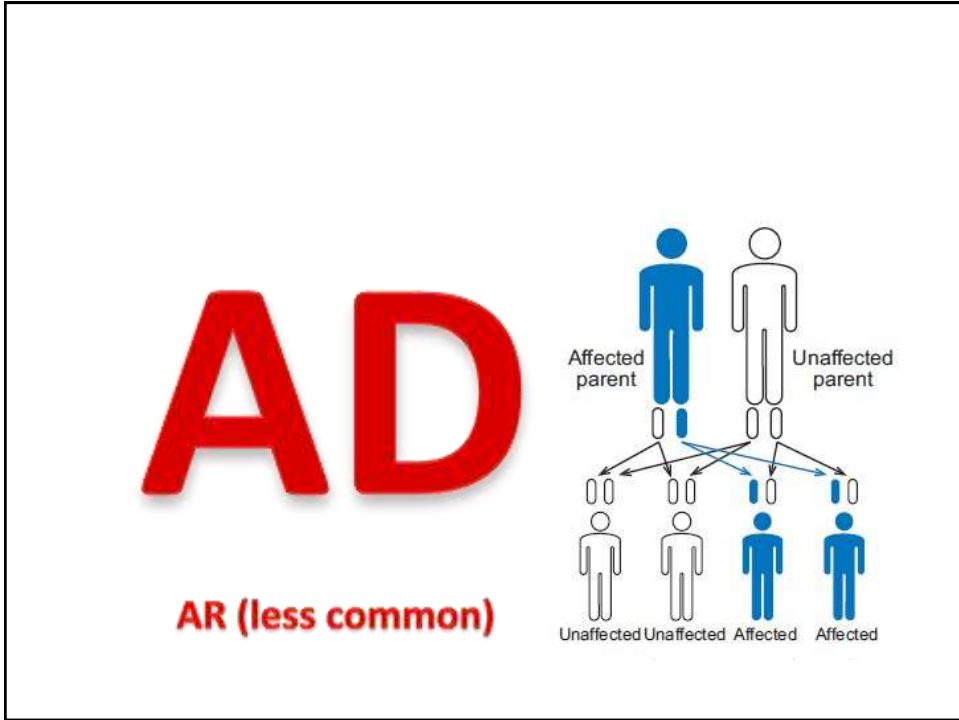
- Overall Prognosis: relatively good  
Annual mortality <1%
- Risk factors: low predictive accuracy  
Heterogeneous nature & various triggers
- Development of risk models  
HCM SCD risk calculator (ESC 2014)





## Risk for genetic inheritance





## What about Children?

### 2014 ESC recommendations

- Parents (with +ve gene mutation) → predictive genetic screening at age of 10 or more
- First degree child relatives
  - >10 years: clinical assessment every 1-2 years (age: 10-20 years) & then every 2-5 years
  - <10 years: Malignant family History in childhood/ early onset disease/ cardiac symptoms / demanding physical activity
- If requested by parents

## Reproduction issues

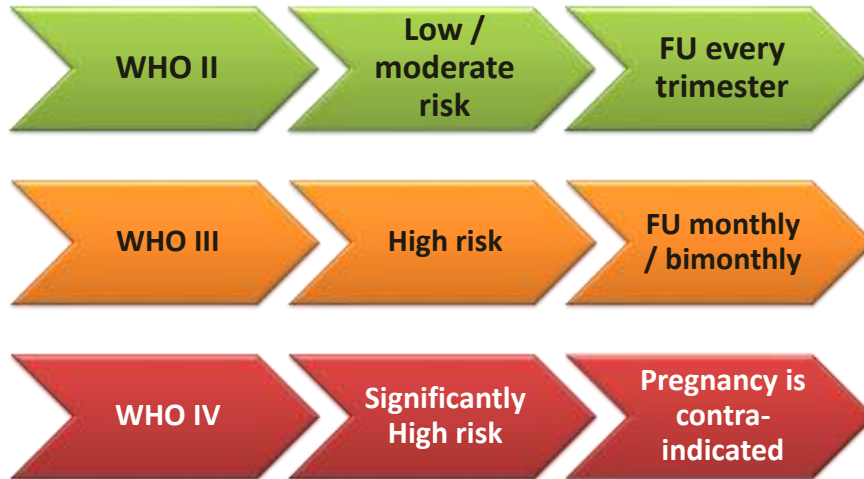
- Most Pregnancies are  
well tolerated & uncomplicated

### However

- **Risk increases with pre-pregnancy:**
  - LVOTO / impaired LV function/ DD → HF
  - Arrhythmia → recurrence


*Pregnancy per-se is not associated with increased risk of arrhythmia*

## So Can She get pregnant?



## Lifestyle Modification



<ul style="list-style-type: none"><li>• Heavy manual jobs with strenuous activity should be discussed</li><li>• Occupations such as pilots, military and emergency services, there are strict guidelines on eligibility</li></ul>	<b>Exercise</b>
	<b>Diet</b>
	<b>Smoking</b>
	<b>Driving</b>
	<b>Education/school</b>
	<b>Occupation</b>
	

**THANK YOU**