Can 'routine' cardiac MRI change treatment plan in DCM?

Debabrata Bera  
Ayan Kar  
Subhajit Das  
Suchit Majumder  
Sanjeev Mukherjee

Introduction: Dilated cardiomyopathy (DCM) is a heterogeneous entity with next population of patients sometimes they have underlying disease like cardiac sarcoidosis or tuberculosis or alcoholic cardiomyopathy or they can be simply idiopathic DCM. The management hence difference in different subset of patients. We tried to look at our patients labelled as dilated cardiomyopathy who were referred for 'routine' cardiac MRI.

Methods: Patients with DCM between 15-60 yrs who came for routine cardiac MRI were evaluated. Consecutive 20 patients were analysed retrospectively.

Result: We found the indication of dilated cardiomyopathy in in 20 patients in them eight patients (8/20, 40%) had significant abnormality in cardiac MRI. In three of them (3/20, 15%) the finding could change the diagnosis and management. Of these three patients, two patients (2/20, 10%) had granulomatous myocarditis who were treated with disease specific therapy. One patient had scarring suggesting ischemic etiology, which mimicked idiopathic dilated cardiomyopathy due to triple vessel involvement. In other five patients where it did not change the diagnosis, it could help us to prognosticate them about risk of arrhythmias hence helped for risk stratification.

Conclusion: We found that routine cardiac MRI is useful to look for underlying etiology and can change treatment plan of patients initially diagnosed with dilated cardiomyopathy. It can also help for risk stratification of subjects with DCM.