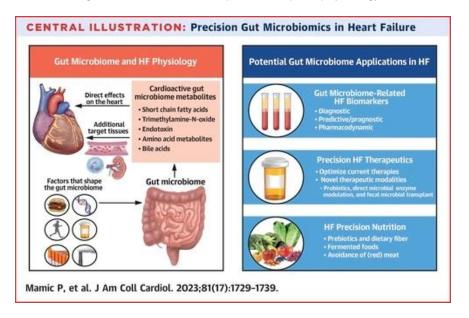


Multispecialty Outpatient Cardiovascular Association

April Edition

Gut Microbiome-Based Management of Patients with Heart Failure: JACC Review

"Despite therapeutic advances, chronic heart failure (HF) is still associated with significant risk of morbidity and mortality. The course of disease and responses to therapies vary widely among individuals with HF, highlighting the need for precision medicine approaches. Gut microbiome stands to be an important aspect of precision medicine in HF. Exploratory clinical studies have revealed shared patterns of gut microbiome dysregulation in this disease, with mechanistic animal studies providing evidence for active involvement of the gut microbiome in development and pathophysiology of HF.



Deeper insights into gut microbiome-host interactions in patients with HF promise to deliver novel disease biomarkers, preventative and therapeutic targets, and improve disease risk stratification. This knowledge may enable a paradigm shift in how we care for patients with HF and pave the path toward improved clinical outcomes through personalized HF care." https://www.jacc.org/doi/10.1016/j.jacc.2023.02.045?_ga=2.105737739.904957735.1682522917-1807489807.1682522917

Read More:

Heart Failure Following Sinus Venosus Defect Closure in a Patient with Vein of Galen Malformation

A Case of Coronary Arteritis and Myocardial Involvement with Associated IgG4-Related Disease "A 56-year-

old male subject with bilateral eyelid swelling was diagnosed with an immunoglobulin G4–related disease. After whole-body surveillance, concomitant coronary arteritis with a mural thrombus and myocardial involvement were observed. In this case, multimodal diagnostic imaging assessment led to the diagnosis of both coronary arteritis and myocardial fibrosis associated with immunoglobulin G4–related disease.

A 56-year-old male subject presented to our hospital with eyelid swelling that had persisted for 6 years. His eyelid was soft and swollen but free from pain. He had no diplopia or difficulty opening, closing, or moving his eyes. The patient's vital signs on admission included blood pressure of 113/71 mm Hg and a pulse of 73 beats/min. No abnormal findings were detected in his torso. Computed tomography (CT) imaging revealed edematous density elevation of the eyelid, lacrimal gland, and orbit, suggestive of Mikulicz disease. Serum immunoglobulin G4 (IgG4) levels were elevated at 2,600 mg/dL. 18Ffluorodeoxyglucose (18F-FDG) positron emission tomography (PET) after 4-hour fasting revealed increased 18F-FDG uptake in bilateral lacrimal glands, the right submandibular gland, left cervical and mediastinal lymph nodes, and the prostate gland, with a maximal standardized uptake value of 5.5, suggesting IgG4-related disease (IgG4-RD) (Figure 1) ...

A patient with IgG4-RD was incidentally diagnosed with concurrent coronary arteritis and myocardial involvement. An assessment of the heart is crucial because cardiac lesions have a significant impact on the mortality of IgG4-RD. 18F-FDG PET, CCTA, and CMR imaging revealed the underlying pathophysiology of coronary arteritis and myocardial involvement of IgG4-RD."

https://www.jacc.org/doi/10.1016/j.jaccas.2023.101 843?_ga=2.118359425.904957735.1682522917-1807489807.1682522917

Morbidity

Mortality

Upcoming:

Peer Review Meeting, April Edition

Please make sure you mark your calendars for <u>Tuesday</u>, <u>May 2nd</u> at <u>5:15pm</u>. Zoom link and reminders to follow.

Dr. Tom Davis will be giving the next Morbidity & Mortality Complication Presentation.

Dr. Thomas Davis is the Director of Eastlake Cardiovascular OBL in Roseville, Michigan. Dr. Davis specializes in structural heart procedures, peripheral arterial disease, and non-surgical limb salvage. He is a pioneer in lower extremity arterial disease using atherectomy as well as carotid arterial stenting. Dr. Davis participates on several research trials and on scientific advisory boards for interventional device deployment and endovascular therapies.



Dr. Davis is on the board of New Cardiovascular Horizons and Amputation Prevention Symposium, which he gives lectures across the country and navigates innovations to ensure top quality patient care.

Dr. Davis received his medical degree from St. George's University in Grenada, and he completed his residency in internal medicine, cardiology, and interventional cardiology at Henry Ford Hospital in Detroit. Dr. Davis is board certified through the American Board of Internal Medicine and Cardiovascular Diseases and Interventional Cardiology.

Group Updates.

- NEW: Each month a different group of MOCA will present a morbidity and mortality presentation
- NEXT: Dr. Tareq Baghal to present in May