

## Anuncio de Seminario

Fecha: martes 30 de enero de 2024, 12:00 horas

Lugar: Sala Sáez Torrecilla, Planta baja Facultad Económicas

[Telemáticamente a través de Teams.](#)

### Cardiac Stasis Imaging, Stroke and Silent Brain Infarcts in Patients with Non-Ischemic Dilated Cardiomyopathy

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**Background:** Cardioembolic stroke is one of the most devastating complications of non-ischemic dilated cardiomyopathy (NIDCM). However, in clinical trials of primary prevention in this setting, the benefit of prophylactic anticoagulation was hampered by the bleeding risk. Quantitative indices of intraventricular blood stasis may help determine cardioembolic risk and guide primary prevention.

**Methods:** We performed a cross-sectional study in patients with non-ischemic dilated cardiomyopathy and no history of atrial fibrillation (AF) using two different cohorts: 1) unselected NIDCM patients with left ventricular (LV) ejection fraction <45% and 2) NIDCM patients with a history of previous cardioembolic neurological event. The primary endpoint combined ischemic stroke, transient ischemic attack (TIA), intraventricular thrombus, or silent brain infarction (SBI). An echocardiogram, a cardiac and brain MRIs and blood tests were made at enrollment. From Doppler echocardiography, we calculated blood flow inside the LV and its residence time (RT). The study was registered in ClinicalTrials.gov (NCT03415789).

**Results:** Of the 90 recruited patients, 19 reached the primary endpoint: 10 patients had a history stroke or TIA and 9 were diagnosed with SBIs in the brain imaging. RT performed good to predict the primary endpoint (AUC (95% CI)= 0.72 (0.57-0.87), p= 0.002). A RT > 2.21 cycles showed a sensitivity of 0.79 (0.47-0.95) and specificity of 0.73 (0.61-0.97). When accounting only for stroke or TIA prediction, AUC for RT was 0.85 (0.69-1.00) with OR= 4.99 (2.0-12.5), p< 0.001. **Conclusions:** In patients with NIDCM in sinus rhythm, stroke risk can be predicted by quantitative indices of stasis. Stasis imaging may be useful to guide primary stroke prevention in patients with systolic dysfunction.

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