IMAGE IN CARDIOLOGY

The Olympic rings of Duchenne muscular dystrophy – cardiac computed tomography wins gold

Os anéis olímpicos da distrofia muscular de Duchenne – a tomografia computorizada cardíaca ganha a medalha de ouro

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With improvements in respiratory care, patients with Duchenne muscular dystrophy (DMD) are surviving longer, with cardiac morbidity becoming an increasingly common problem. Routine assessment of cardiac function is therefore of increasing importance in this group. We illustrate an unusual case in which marked herniation of the left hemidiaphragm prevented assessment of left ventricular (LV) function, even with the aid of contrast-enhanced echocardiography, highlighting the potential value of cardiac CT imaging in this patient group.

DMD is an X-linked cardiac and skeletal muscle disorder affecting approximately 1 in 6000 boys. The disease process begins in childhood and boys affected with DMD are typically wheelchair-bound before 12 years of age.1 Over 90% of patients with DMD present cardiac involvement with arrhythmias, hypertrophic or dilated cardiomyopathy by the age of 20, accounting for significant morbidity.2

Despite extensive cardiac involvement, initiation and up-titration of appropriate therapy has demonstrated prognostic value, and the routine and regular assessment of LV function is therefore of paramount importance. However, echocardiography is not always feasible due to the neuromuscular scoliosis affecting the body and chest wall positioning, and multimodality imaging may be useful in providing accurate cardiac assessment and guiding further management.3

A 32-year-old DMD patient with severe respiratory failure requiring continuous non-invasive ventilation and a background of diabetes mellitus and hypertension attended our multidisciplinary cardiorespiratory clinic for assessment. It was not possible to visualize any cardiac structures with 2D echocardiography and a contrast-enhanced study was arranged. Unfortunately, even with continuous infusion of microsphere contrast, it was not possible to adequately visualize the left ventricle. Appearances suggested possibly significantly reduced LV systolic function, but the study was deemed non-diagnostic.

For further investigation, alternative imaging was sought. Cardiac magnetic resonance imaging was not feasible owing to body habitus, orthopnea and requirement for continuous non-invasive ventilation. Therefore, a retrospective ECG-gated cardiac computed tomography (CT) scan was performed for functional imaging. This showed mildly reduced LV systolic function with left ventricular ejection fraction of 47%, end-diastolic volume of 147 ml and end-systolic volume of 77 ml. The basal and mid inferior wall appeared thin and hypokinetic with a corresponding hypoperfusion pattern seen on first-pass perfusion imaging typical of Xp21 dystrophies (Figure 1).4 Note was also made of severe herniation of

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body habitus, structural diaphragmatic changes and resultant abdominal herniation into the thoracic cavity. In such instances alternative imaging techniques such as multiple gated acquisition scanning and cardiac magnetic resonance imaging have been proposed.

In the case presented, we firstly show an advanced case of DMD in which significant diaphragmatic paralysis and resultant abdominal visceral herniation restricted the use of echocardiography. Secondly we show the clinical utility of gated cardiac computed tomography to assess cardiac size, function and perfusion when other techniques were not possible.

Ethical disclosures

Protection of human and animal subjects. The authors declare that no experiments were performed on humans or animals for this study.

Confidentiality of data. The authors declare that they have followed the protocols of their work center on the publication of patient data.

Right to privacy and informed consent. The authors declare that no patient data appear in this article.

Conflicts of interest

The authors have no conflicts of interest to declare.

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