

Diastolic heart failure - clinical manifestations

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Heart failure (HF) is complex clinically syndrome of symptoms (breathlessness, ankle swelling, and fatigue) and signs (elevated jugular venous pressure, pulmonary crackles, and displaced apex beat) resulting from an abnormality of cardiac structure or function, leading to inability of left ventricle (LV) to be filled with blood (diastolic HF) or to deliver it (systolic HF). Clinical manifestations of diastolic HF (DHF) can be acute and chronic. Typical acute DHF is pulmonary edema due to hypertensive heart disease. Acute DHF is most often caused by uncontrolled hypertension, drugs and food noncompliance, volume overload, atrial arrhythmias, ischemia, infections. The diagnosis of chronic DHF can be difficult. Demonstration of an underlying cardiac cause of symptoms is therefore central to the diagnosis. Medical history is necessary. Patients with DHF are older, more often female, obese, with hypertension, diabetes, coronary artery disease, atrial fibrillation. In addition to symptoms, signs and medical history, echocardiography examination (LV EF >50%, non-dilated LV, structural changes of the heart: LV hypertrophy, enlarged left atrium and diastolic dysfunction of LV) is necessary for diagnosis of DHF.