M-mode echocardiographic features of endomyocardial fibrosis

Sir,
I was much interested to read this paper published in British Heart Journal 1982; 48: 222–8. It contains some highly interesting facts.

It is, however, necessary to make two observations. Firstly, it deals with nine cases of right ventricular and six cases of biventricular endomyocardial fibrosis, but none of purely left. Secondly, the inherent characteristics of each are not clearly defined and this creates confusion.

From our own experience of 45 cases already published in 1979 and 1981–3 we have been able to specify the M-mode echocardiographic features and confirm them by cardiac catheterisation and angiocardiography.

In 37 patients with exclusively or predominantly right sided endomyocardial fibrosis, we found interventricular septum abnormalities similar to those found by George et al., as well as changes in the dimensions of the outflow tract and abnormalities of the valves. In 10 patients with exclusively or very predominantly left ventricular involvement, we found septal movement to be large and straight with the original M shaped pattern retained in diastole. We also noted interesting subvalvular abnormalities.

We would also emphasise how valuable we in Abidjan have found echocardiography to be in assessment of these patients after they have been operated upon here.4

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References
M-mode echocardiographic features of endomyocardial fibrosis.
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