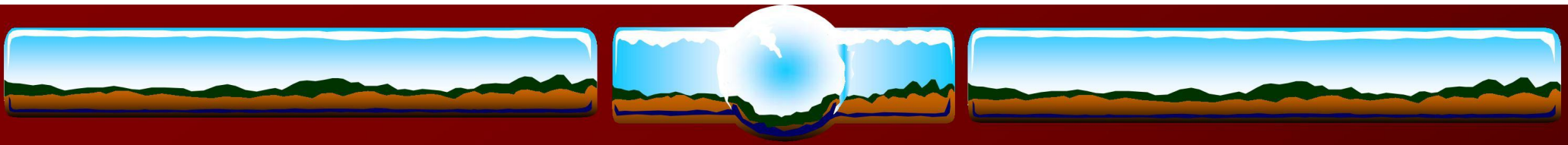


HCM-arrangement – Maine Coonklubben og Norsk Skovkattering Marts 2007

Jørgen Koch
Lektor, dyrlæge ph.d.
IMHS, LIFE, KU





Velkommen til LIFE

❖ Dagens program

❖ 1800-1900 (JK&MN)

- ❖ Foredrag om HCM ved Jørgen Koch og Mia Nyberg
 - ❖ Sygdom
 - ❖ Diagnostik
 - ❖ Genetik

❖ 1900-2100 (JK,SG,JW&MN)

- ❖ Demo – ekko og rundvisning på Hospital for Mindre Husdyr
 - ❖ Grupper?
- ❖ Stand/walk and talk
- ❖ Kaffe, Te og kage.....

Spørgsmål til opdrætter og katteejere af Maine Coon, Norske skovkat, British Shorthair, Perser, Ragdolls, Hellig Birma og mange andre racer!

- ❖ Er du vidende om din katterace hyppigt rammes af hjertesygdom?
- ❖ Undersøger du din kat for hjertesygdom før anvendelse i avlen?
- ❖ Acceptorer du, at din kat/dit opdræt evt. dør alt for tidligt?
- ❖ Fortæller du dine killingekøbere om risikoen?
- ❖ Eller er hjertesygdom bare en del af det at have netop din race?



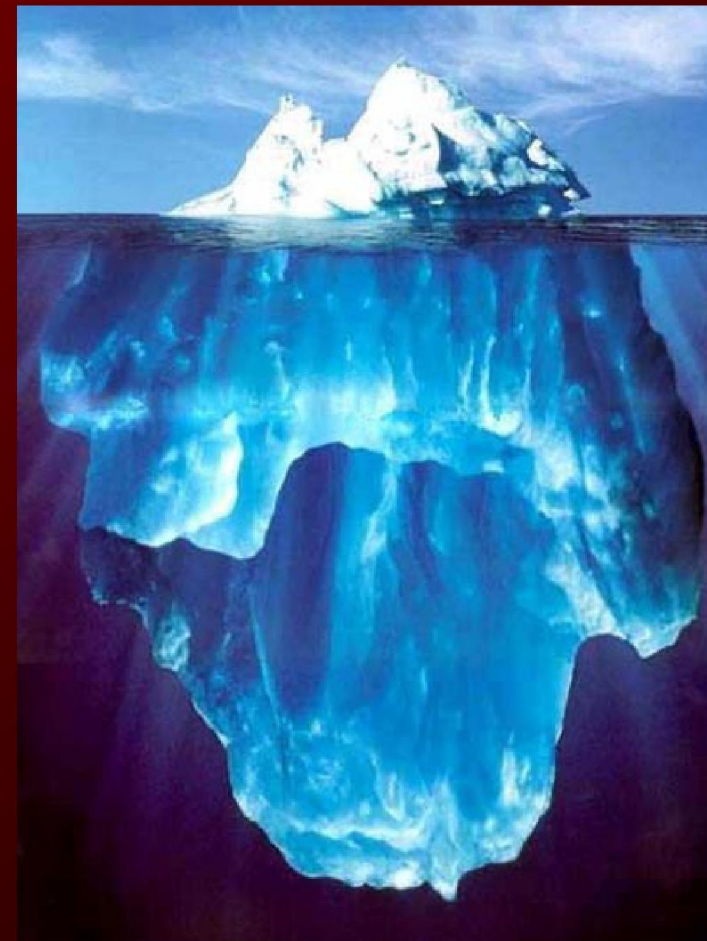
JA



Efter min opfattelse er der en betydelig bedre moral
i katteverdenen end hos fætter hund!

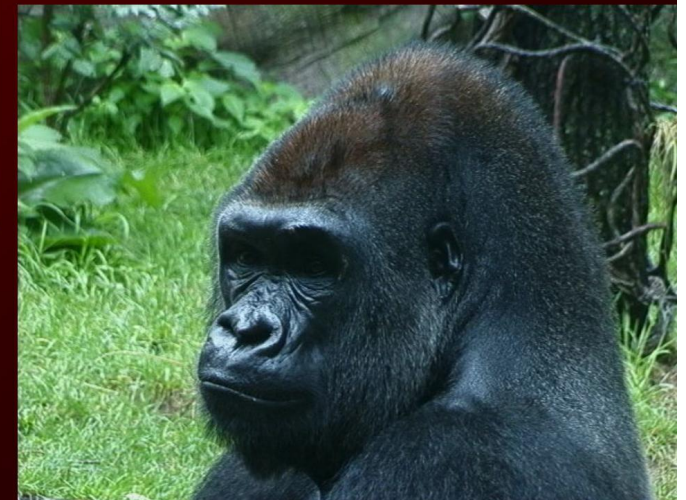
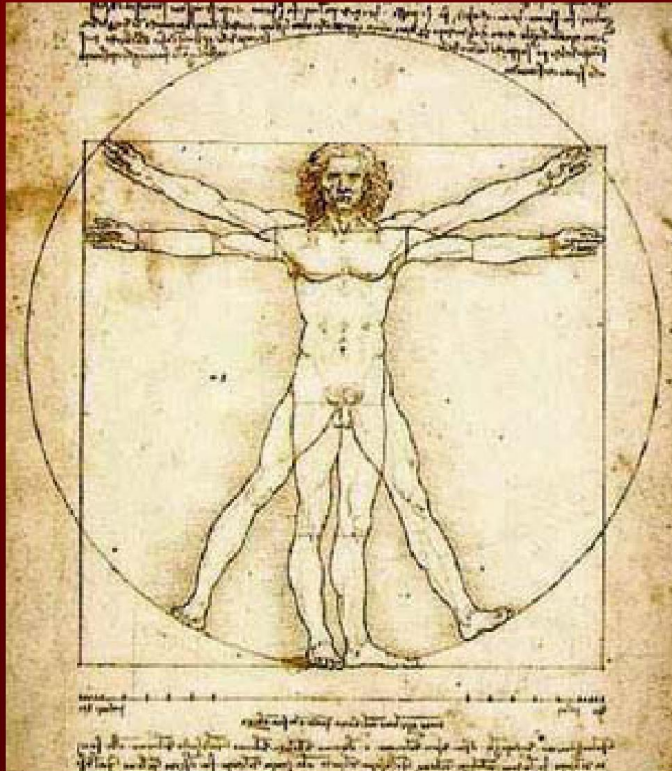
Projektgruppe HCM

- ❖ Overlæge Michael Christiansen, SSI
- ❖ Molekylærbiolog Mia Nyberg, SSI/LIFE
- ❖ Dyrlæge Sara Granström, LIFE
- ❖ Dyrlæge Jakob Willesen, LIFE
- ❖ Dyrlæge Jørgen Koch, LIFE
- ❖ Veterinærsygeplejerske Michelle Dupont, LIFE



Komparativ Kardiovaskulær Genetik

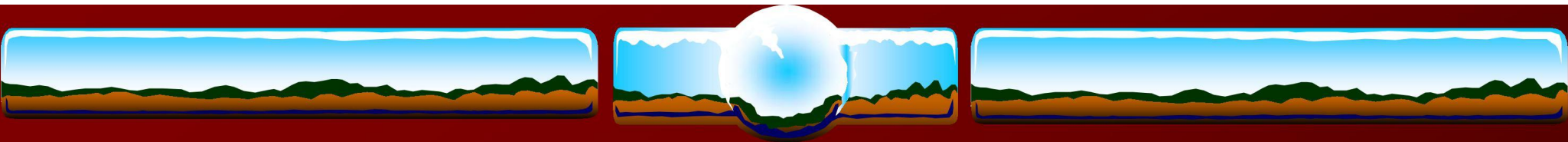
“Breaking the Code”



Spørgsmål ?

- ❖ De dumme spørgsmål er dem, der ikke bliver stillet !



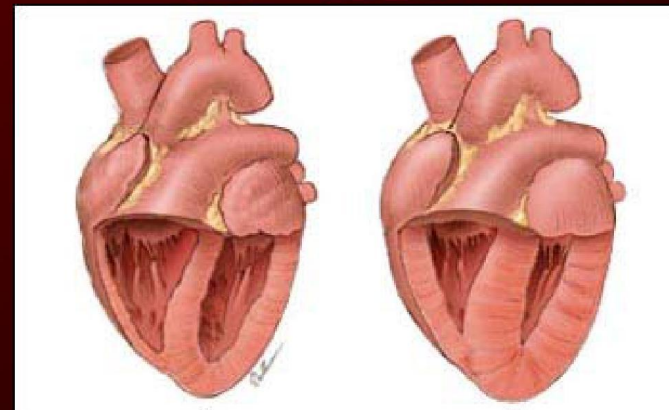


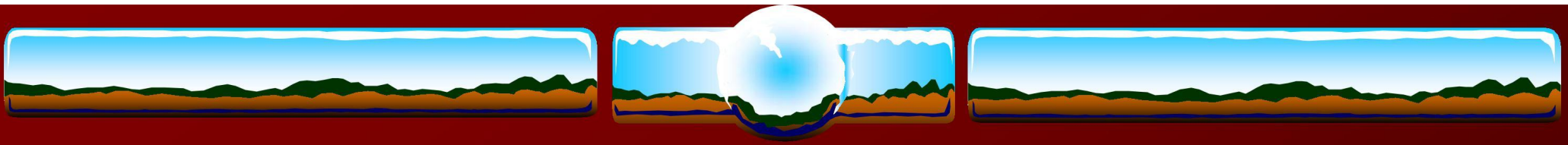
Hypertrofisk kardiomyopati hos kat = hyppigste hjertesygdom!



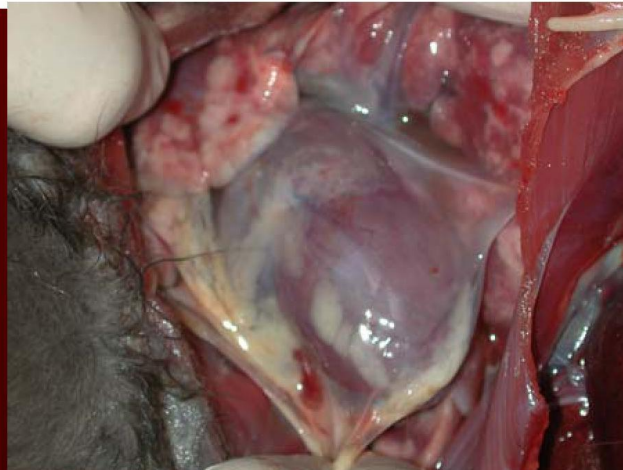
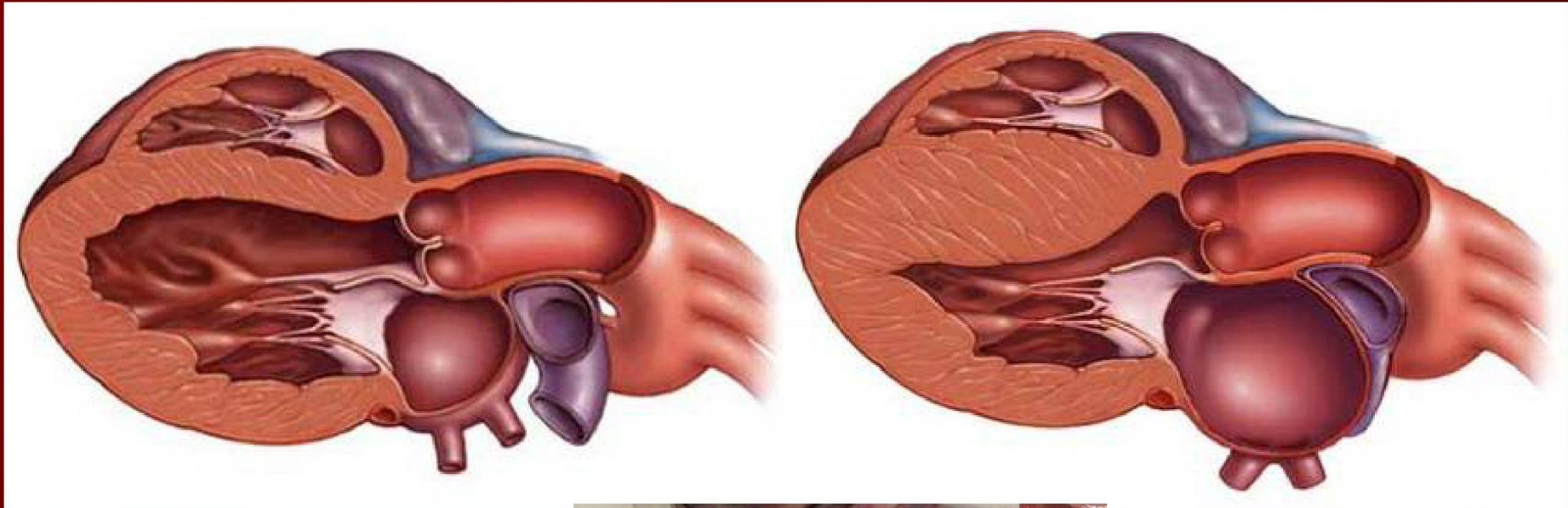
Hvad er HCM?

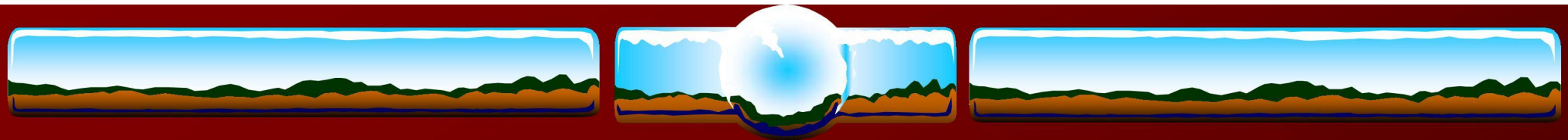
- ❖ Sarkomer-kardiomyopati
 - ❖ Koncentrisk hypertrofi af venstre ventrikel
 - ❖ Familiær autosomal dominant
 - ❖ MYBPC3 mutation hos Maine Coon (Meurs 2005)
 - ❖ De novo?
 - ❖ Progressiv heterogen hjertemuskelsygdom
 - ❖ Variabel penetrans og ekspressivitet
 - ❖ 12 gener (humant)
- ❖ HCM varierer i sværhedsgrad
 - ❖ Fra godartet til pludselig død i en ung alder
 - ❖ Udvikling af hjertesvigt





Hypertrofi af hjertet (forstørret hjerte)



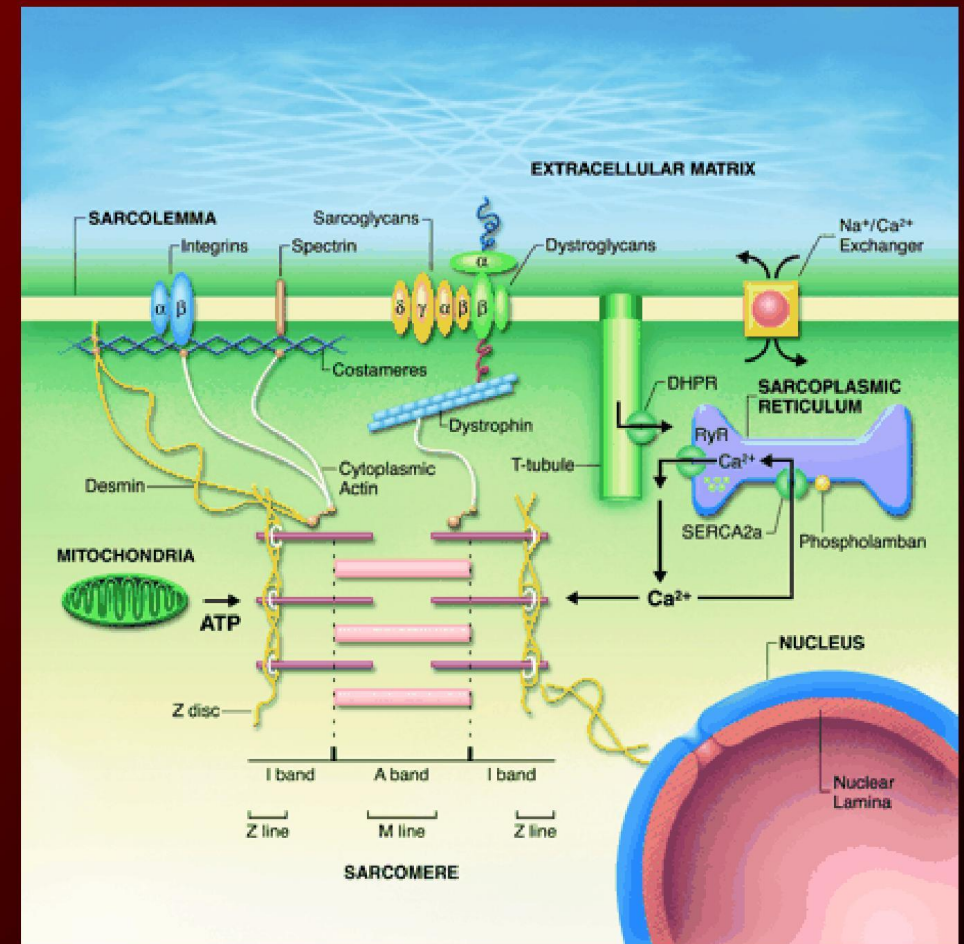


HCM!?

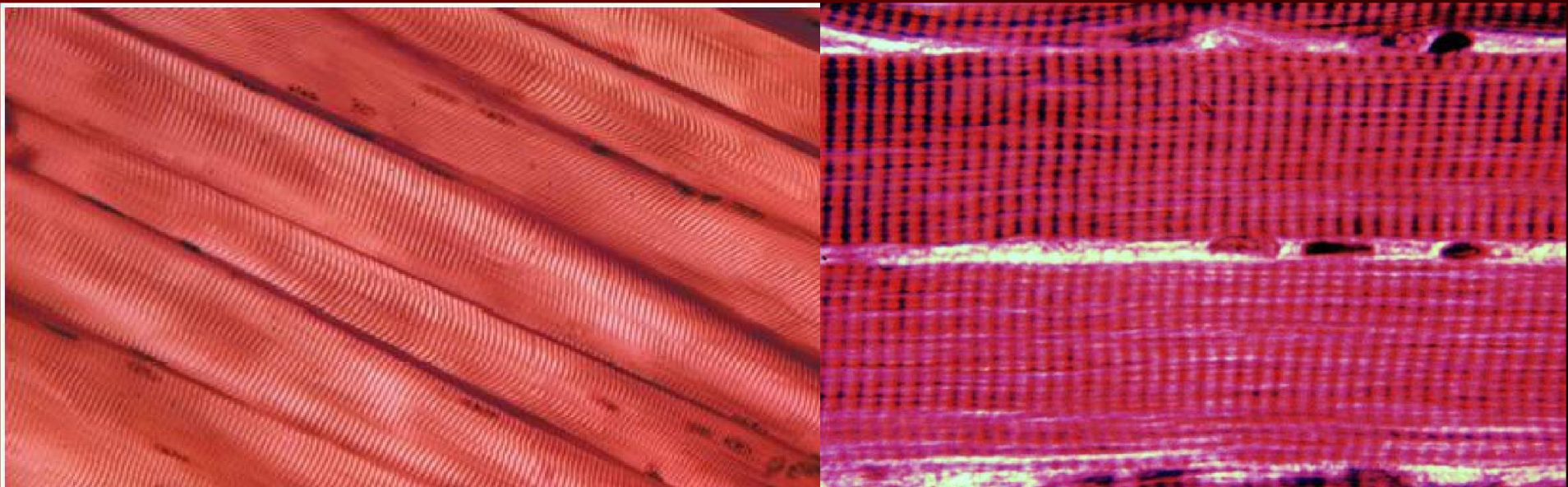
- ❖ HYPPIGSTE FÆNOTYPE – NORMAL HJERTE!?
- ❖ Manifest fænotype: Venstre hjertemuskel hypertrofi, myofibrillær disarray, fibrose (bindevævsindlejring), karforandringer
- ❖ Samme fænotype fra forskellige mutationer indikerer en fælles patogenetisk mekanisme
- ❖ → Spørgsmål: Hvad er den fælles mekanisme?

Underliggende Mekanisme?!?

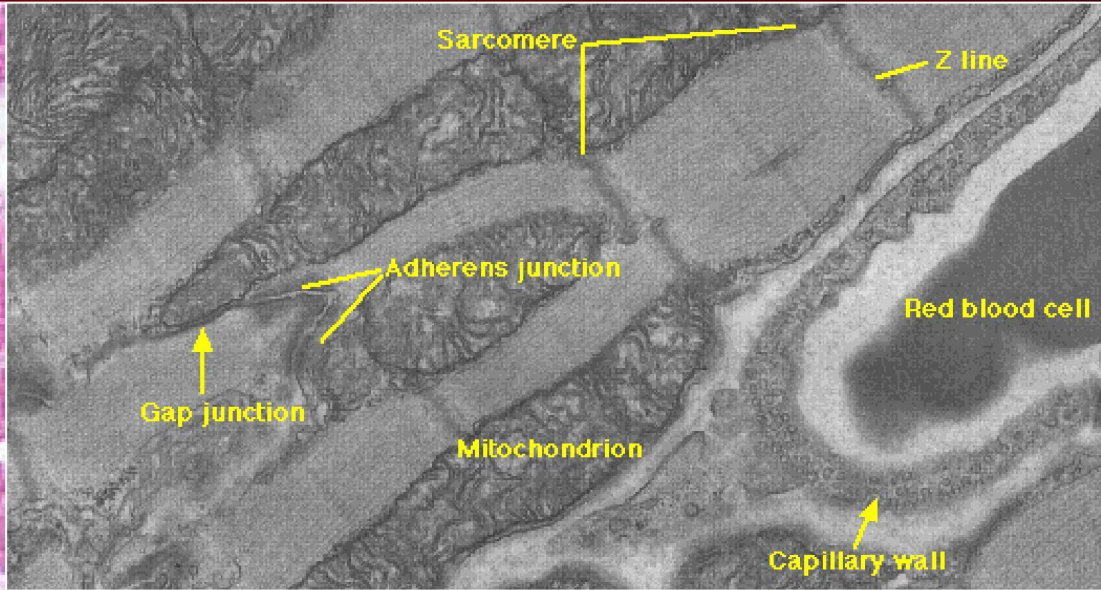
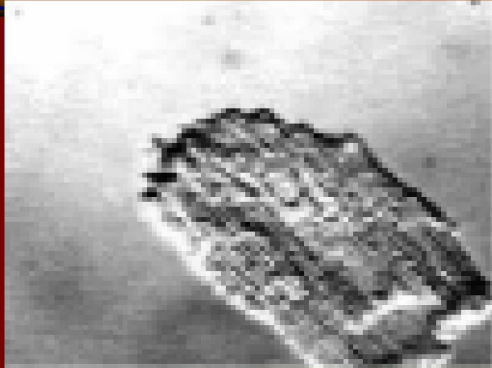
- ❖ Kompensatorisk respons pga sarkomer dysfunktion
 - ❖ Øget energibehov ifm kraftproduktion
 - ❖ Force per hydrolysis of ATP
 - ❖ Ændret Ca^{2+} homeostase og aktivering af “signaling pathways” for Ca^{2+} -afhængig hypertrofi
 - ❖ **“Poison peptide theory”** - muteret protein bygges ind i sarkomerstrukturer og virker som et “poison polypeptide” og forstyrrer “wild-type” proteinfunktionen



Rød tværstribet muskulatur

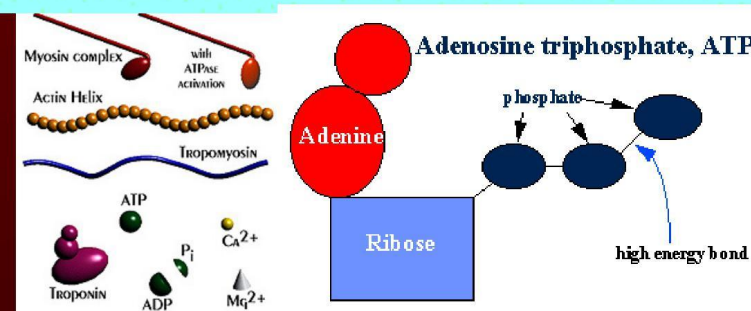
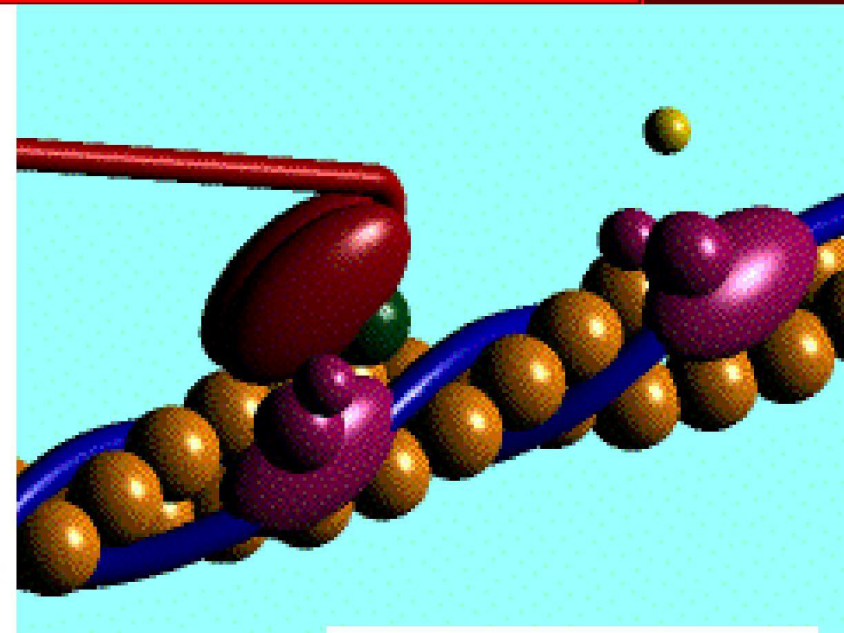
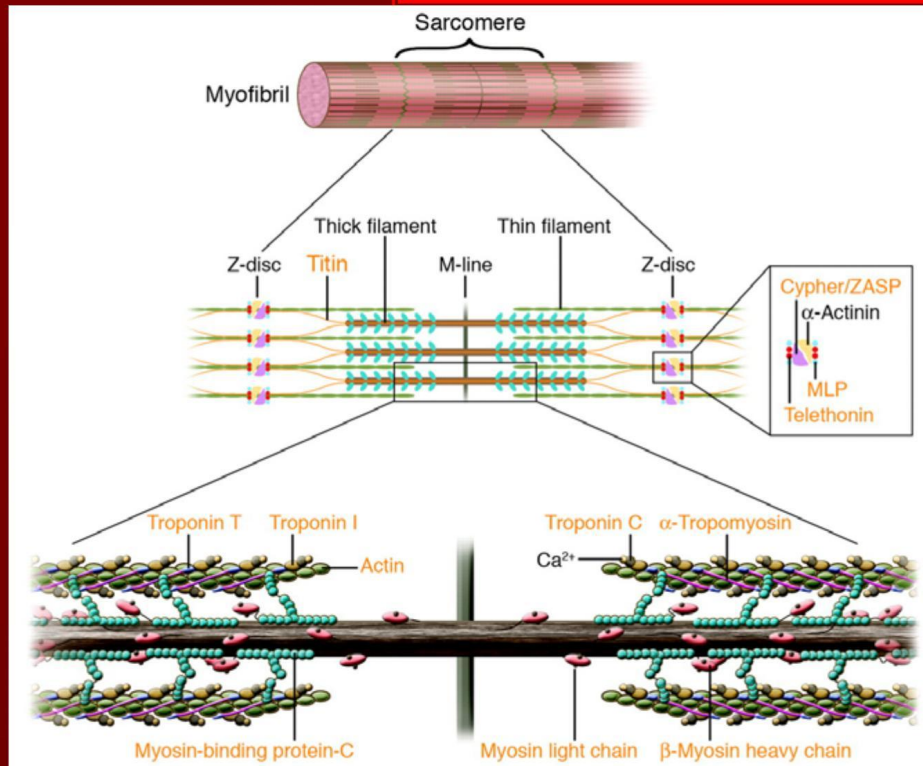


Hjertemuskel



The heart is made of specialized muscle tissue with some similarities to both smooth and skeletal muscle. It is involuntary and mononucleate as is smooth muscle. It is striated like skeletal muscle which means that it has microscopically visible myofilaments arranged in parallel with the sarcomere structure. Cardiac muscle fibers branch and have a single nucleus per cell. Another difference in cardiac muscle is the presence of intercalated discs that are specialized connections between one cardiac muscle cell and another. These tight connections allow for almost completely free movement of ions so that action potentials can freely pass from one cell to another.

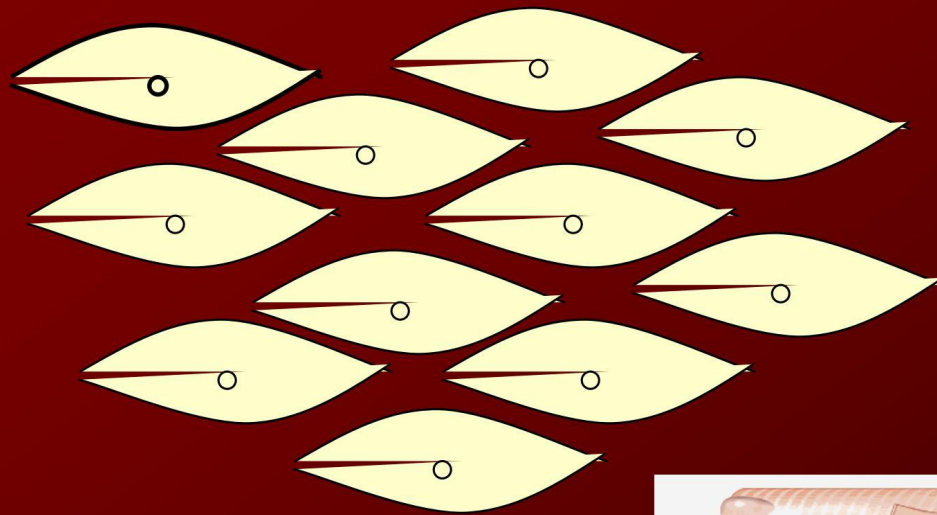
Muscle Contraction



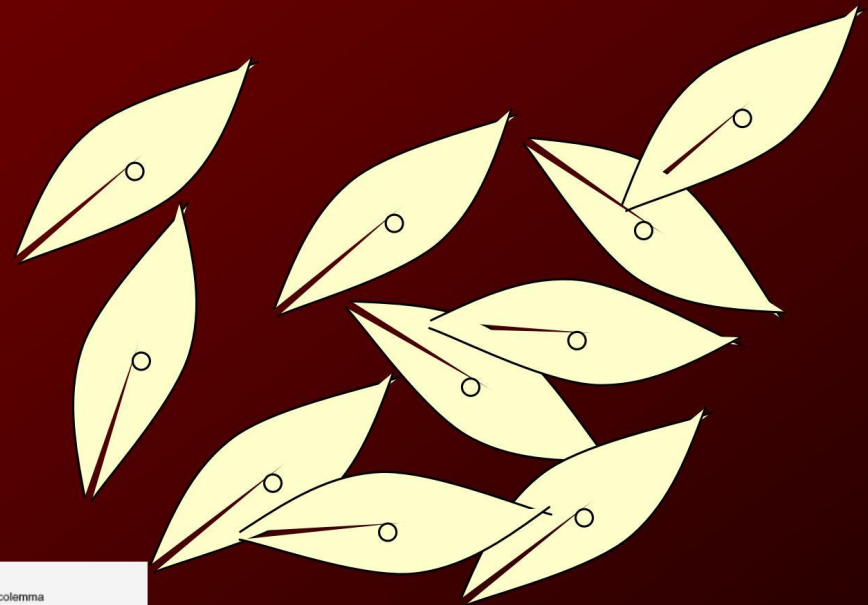
Cardiac myosin binding protein-C is a 137 kD polypeptide that has structural and regulatory functions in the sarcomere.

- Located in middle 1/3 of each half A-band
- Myofibrillogenesis (embryogenesis)
- Dynamic regulation of cardiac contraction in response to adrenergic stimuli

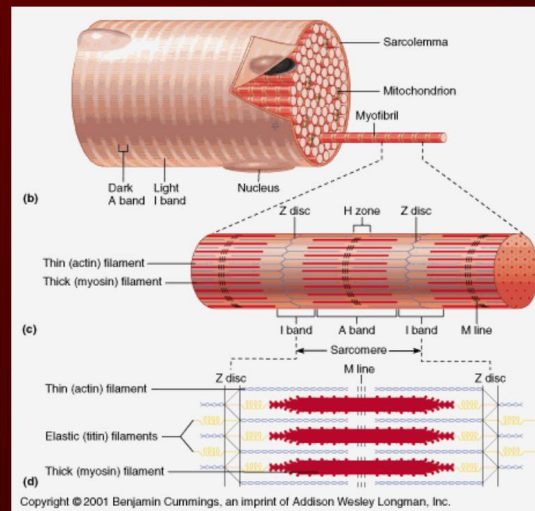
Hjertemuskel



Normal muskelstruktur
(parallele celler)

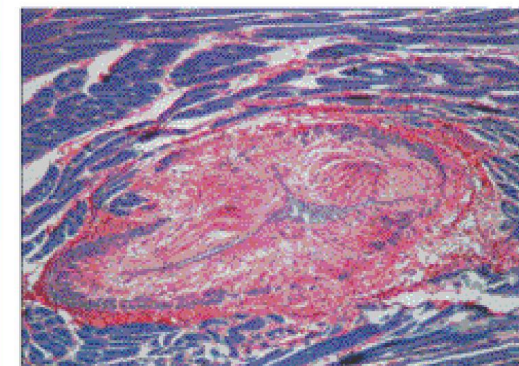
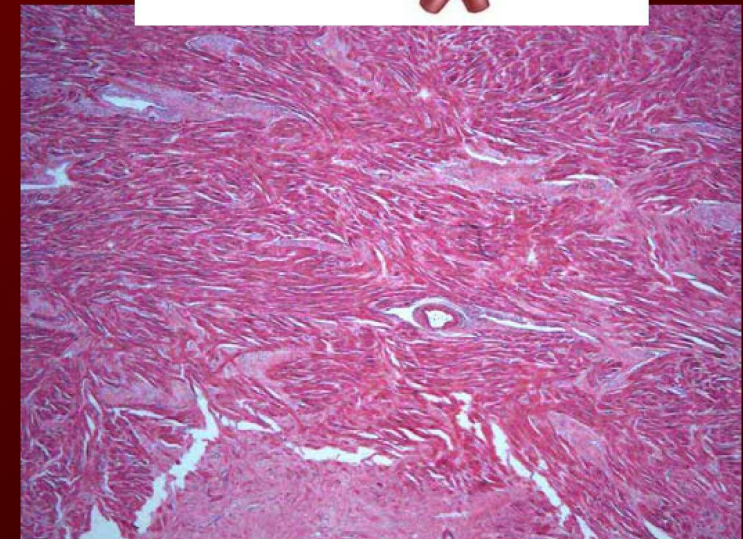
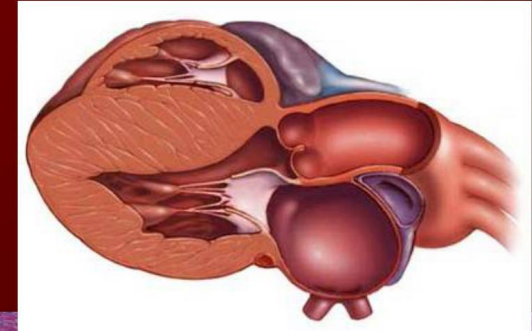


HCM – Myokardiestruktur
"myofibrillar disarray"
Uorganisert struktur



Patologi

1. Koncentrisk hypertrofi af venstre hjertekammer
 - Myofiber disarray with bundles running in all directions. Unfortunately, disarray is not pathognomic of HOCM
 - Interstitial fibrosis is also present with abnormal, disorganized, and thickened collagen matrix. Unfortunately, disarray is not pathognomic of HOCM.



Figur 4. Udvalgt af venstre ventrikels fri væg. Der ses fortyk-
ket væg og forvridet
koronararterie.
PTAH-färgning.
Førstørrelse: x 200.

HCM hos kat

❖ Patologi:

- ❖ Mål hjertets vægt! (normalt < 20 g hos 5 kg kat)



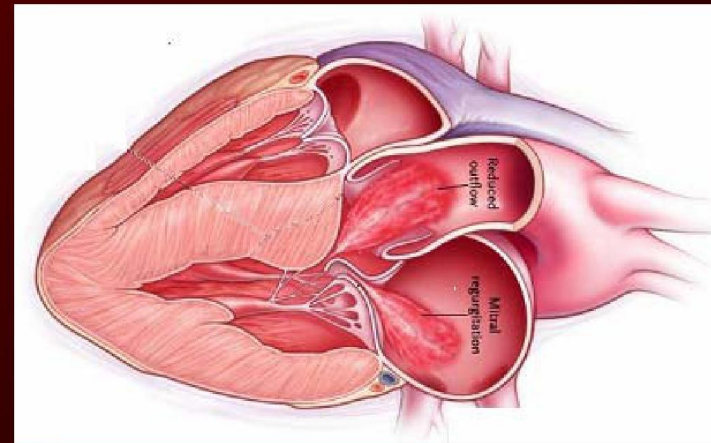
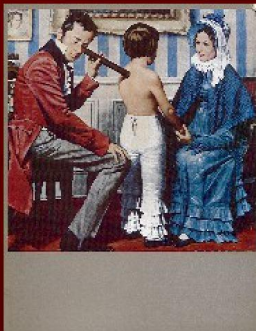
Differentialdiagnoser

- ❖ Aortastenose
- ❖ Hyperthyreoidisme
- ❖ Hypertension
 - ❖ nyresygdom
- ❖ Akromegali



Klinik (HCM)

- ❖ Mislyd 📢
- ❖ Galoplyd?
- ❖ Åndenød
- ❖ Nedstemt og anoreksi
- ❖ Pludselig død
(besvimelsesanfald?)



Diagnosticering af HCM

❖ Røntgen

❖ Hjerteformet i DV projektion

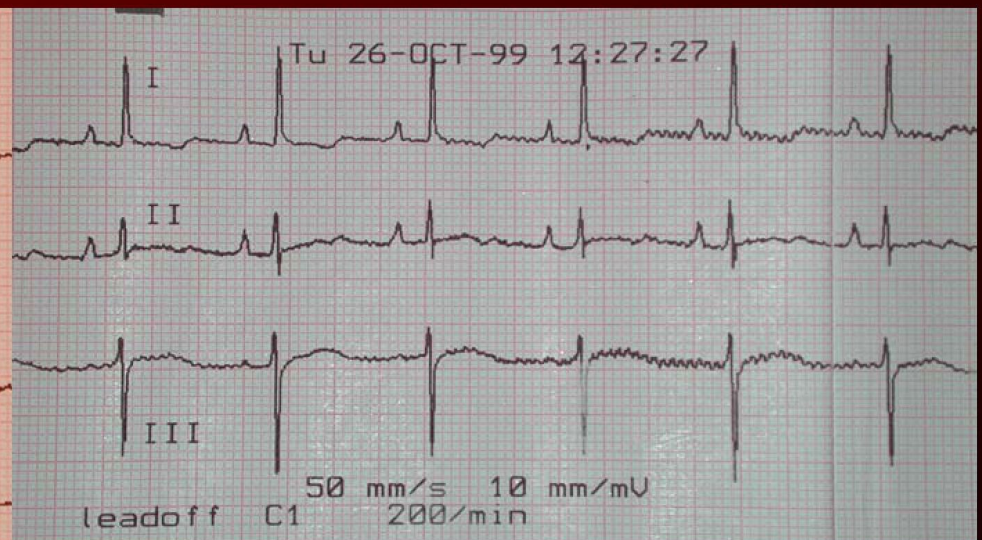
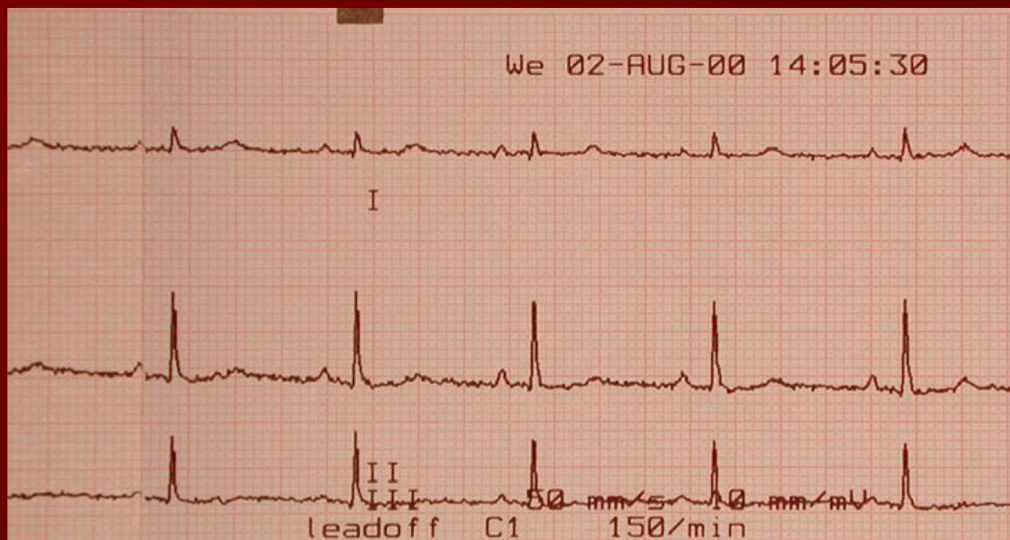
❖ Kongestion



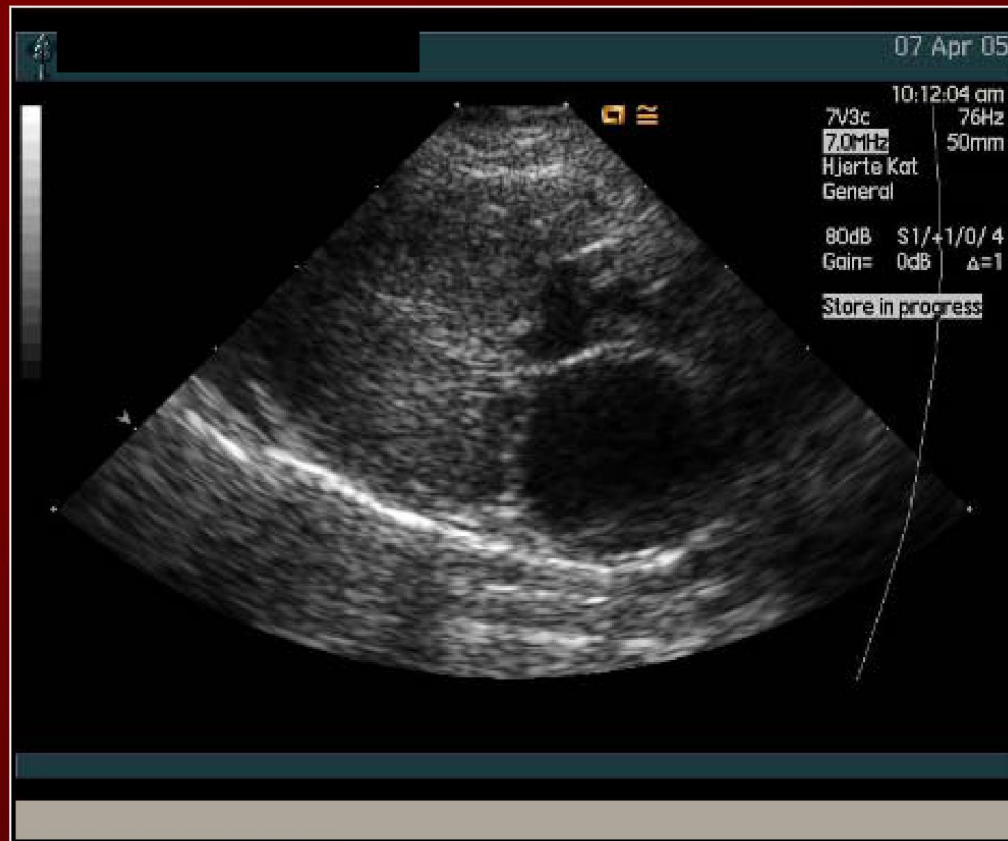
Diagnosticering af HCM

❖ EKG - Forstørrelsesmønstre

❖ Fasikulært blok?

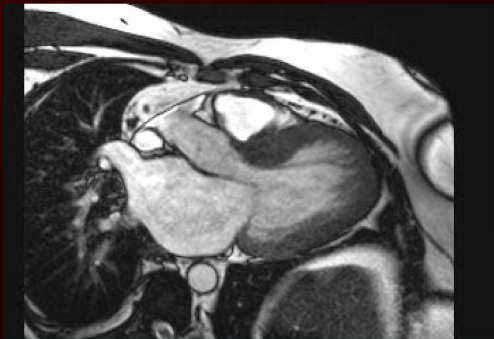
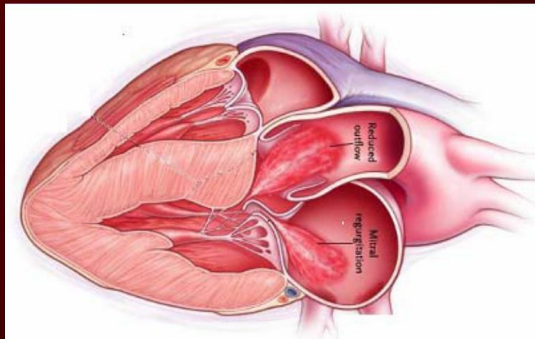
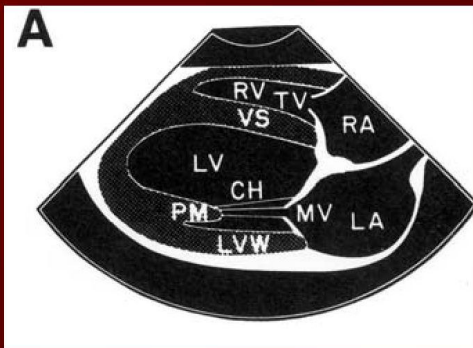


HCM in Cats



Echo:
2-D Right Parasternal
Long Axis View

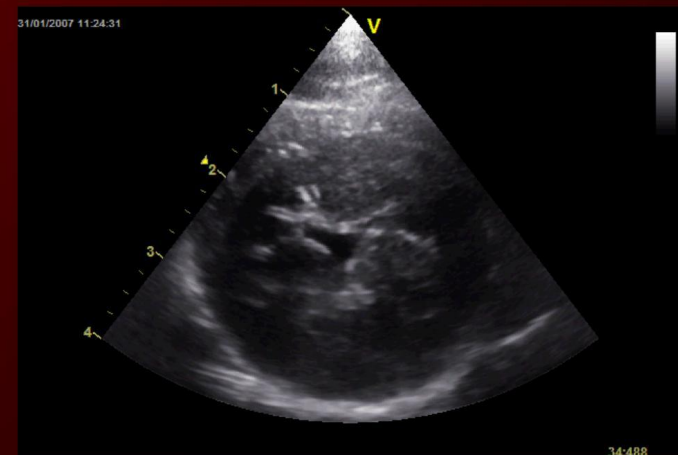
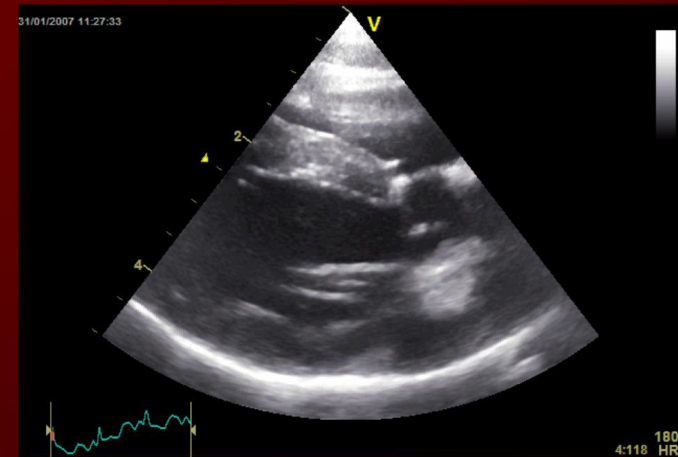
MRI – human HOCM



Diagnosticering af HCM

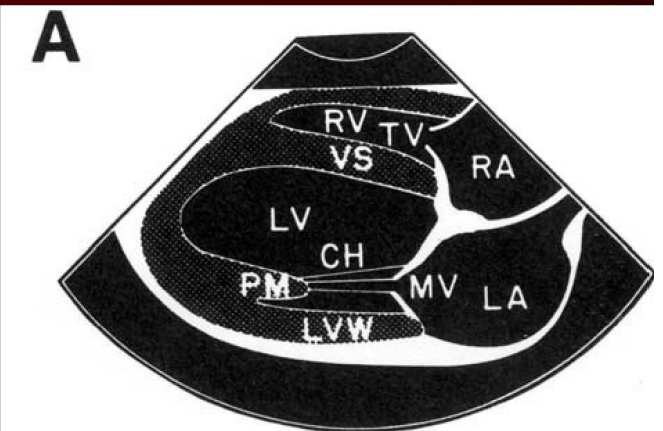
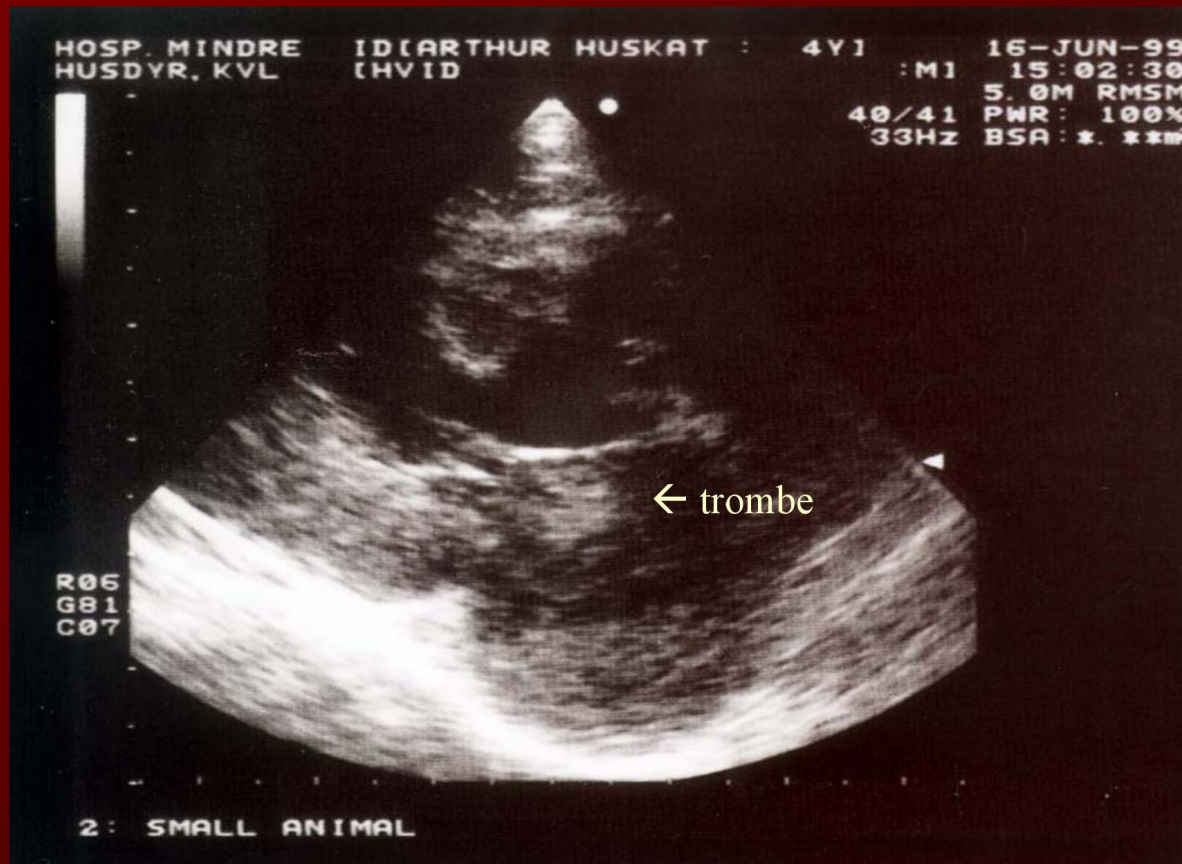
❖ Ekkokardiografi (hypertrofi, SAM)

- ❖ Ventrikelvæg
 - ❖ Septum og frivæg i diastole
> 6 (5) mm
- ❖ SAM
- ❖ Obliteration
- ❖ LA/AO-ratio
- ❖ Papillarmuskler



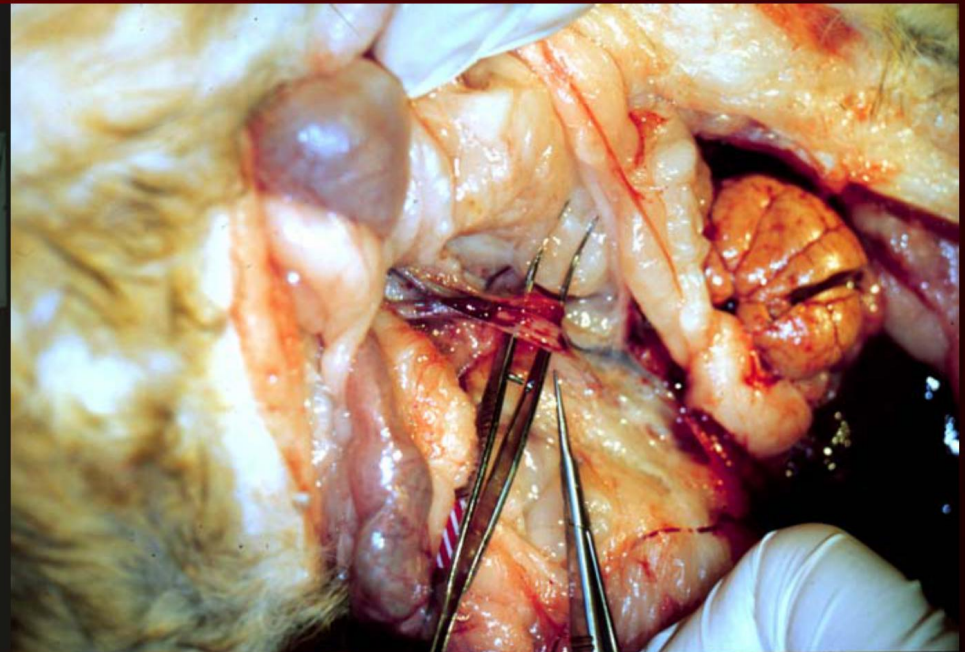
HCM hos kat

- ❖ Ekkokardiografi
 - ❖ 2-D længdeakse



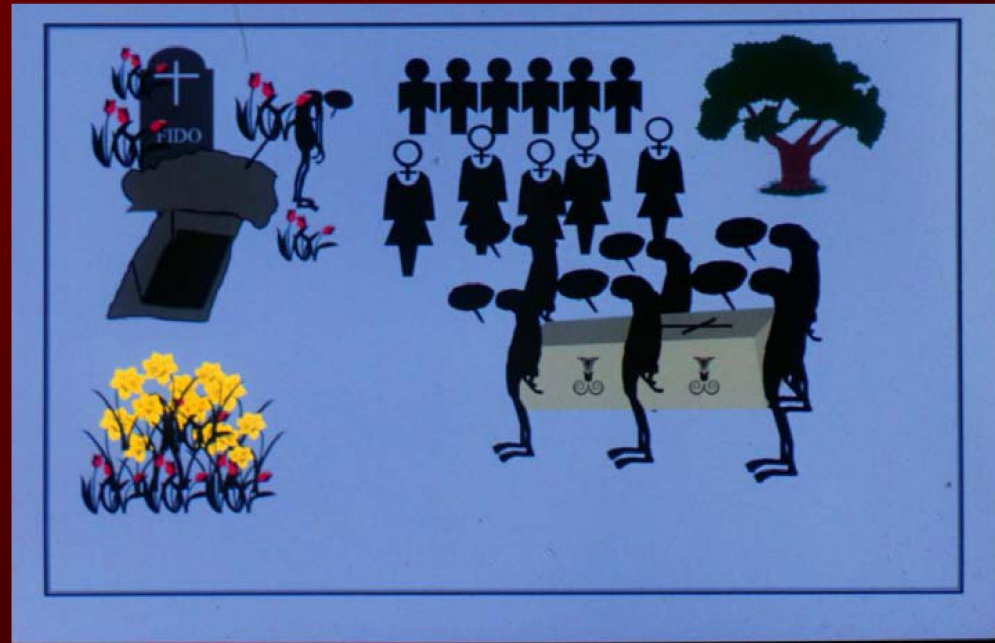
Klinik (HCM)

- ❖ Trombeembolisme ("saddel-trombe") ved aorta's trifurcation med følgende lammelse af dyrets bagparti (eller højre forben og cerebrum)



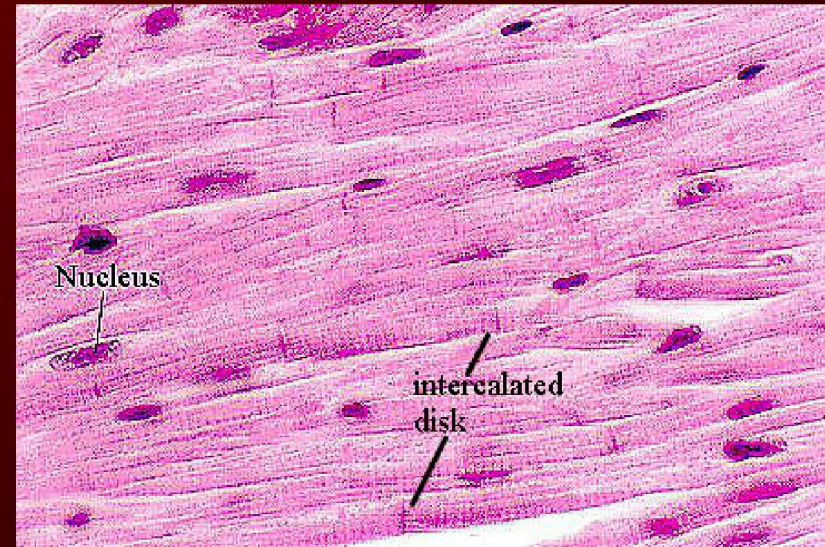
Prognose ved HCM

- ❖ Asymptomatisk i årevis
 - ❖ Benign?
- ❖ Pludselig død
- ❖ Hjertesvigt
- ❖ Blodprop
- ❖ ??



Sarkomer-gener ifm HCM: genotype-fænotype sammenhæng

- ❖ • AD males and females equally affected
- ❖ ~ 50% of offspring or affected subjects at risk of carrier status
- ❖ delayed age of onset (age-related penetrance)
- ❖ • β -MHC mutations (MYH7) □
 - ❖ earlier onset
 - ❖ poor prognosis
 - ❖ severe hypertrophy
- ❖ • cTnT mutations □
 - ❖ mild hypertrophy
 - ❖ poor prognosis (SD)
 - ❖ 20% without hypertrophy
- ❖ • MyBPC mutations □
 - ❖ good prognosis
 - ❖ mild hypertrophy
 - ❖ late onset
- ❖ □ Possible selection bias: patients studied in referral centers

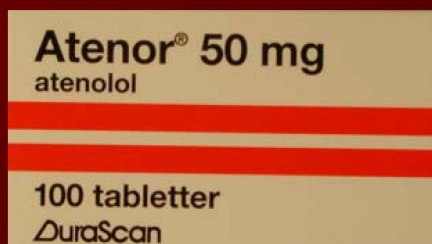


Terapi ved HCM hos kat

Asymptomatisk HCM/HOCM

Evt. Indendørs-kat

- ❖ Atenolol: 6.25 mg 1 gang dagligt (monitørere hjerterefrekvens)
- ❖ +/- Magnyl
 - Baseres på atriestørrelse eller thrombefund
- ❖ +/- Benazepril/ramipril/enalapril (VV-hypertrofi)
- ❖ Undgå depotsteroider, væskeinfusion og ekstra saltet mad
- ❖ Monitorering ved anæstesi før, under og efter
- ❖ Nutraceuticals (taurin-carnitin-fiskeolie)?



Symptomatisk HCM/HOCM

Indendørskat

- ❖ Furosemid 5-10 mg 1-3 x dagligt, +/- Nitroglycerin and Oxygen
- ❖ Diltiazem 7.5 mg 3 x dgl. og/eller atenolol AM, Atenolol PM))
- ❖ +/- Magnyl
 - Baseres på atriestørrelse eller thrombefund
- ❖ +/- benazepril/ramipril/enalapril (VV-hypertrofi/pleural effusion)
- ❖ Undgå depotsteroider, væskeinfusion og moderat salt restriktion
- ❖ Anæstesi risikovurdering med monitorering/oxygen ved anæstesi før, under og efter
- ❖ Nutraceuticals (taurin-carnitin-fiskeolie)?
- ❖ Elektrolytttilskud (kalium)



Screeningsprogram

❖ Avlsdyr

❖ DNA-test

- ❖ Homozygoter
- ❖ Heterozygoter
- ❖ Frie

❖ Hjerteskaning

- ❖ Manifest HCM
- ❖ Equivocal
- ❖ Frie (positiv DNA-test)

❖ Alder

- ❖ DNA-test
- ❖ Skanning

❖ Racer

❖ Hyppighed

❖ Krav til

- ❖ Udstyr
- ❖ Person
- ❖ Fejlkilder?



Ekkokardiografi



EKKOKARDIOGRAFI – Hjerteskaning

❖ Skanningsmetoder

- ❖ M-mode
- ❖ 2-D
- ❖ Spectral Doppler
 - ❖ Pulsed, continuous
- ❖ Color Doppler
- ❖ Tissue Doppler
 - ❖ Strain, Strain rate
- ❖ 3-D

❖ Kombineret Duplex, triplex

❖ Fordele

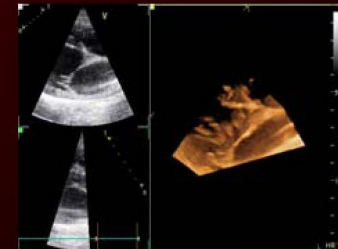
- ❖ Real-time
- ❖ Hurtig
- ❖ Noninvasiv
- ❖ Relativt billigt
- ❖ Transportabel
- ❖ God temporal resolution (50 ms)
- ❖ God spatial resolution (1 mm)

❖ Klinisk anvendelse

- ❖ Anatomi
- ❖ Blodflow
- ❖ Funktion

❖ Ulemper

- ❖ Luft (lunger) kan ikke penetreres
- ❖ Knogler (ribben) kan ikke penetreres
- ❖ Operatør afhængigt
- ❖ Artefakter
- ❖ Kræver “3-Dimensionalt” tænkning
- ❖ Fund skal korreleres til andre kliniske data/test for at stille en diagnose



HCM screening within health programme

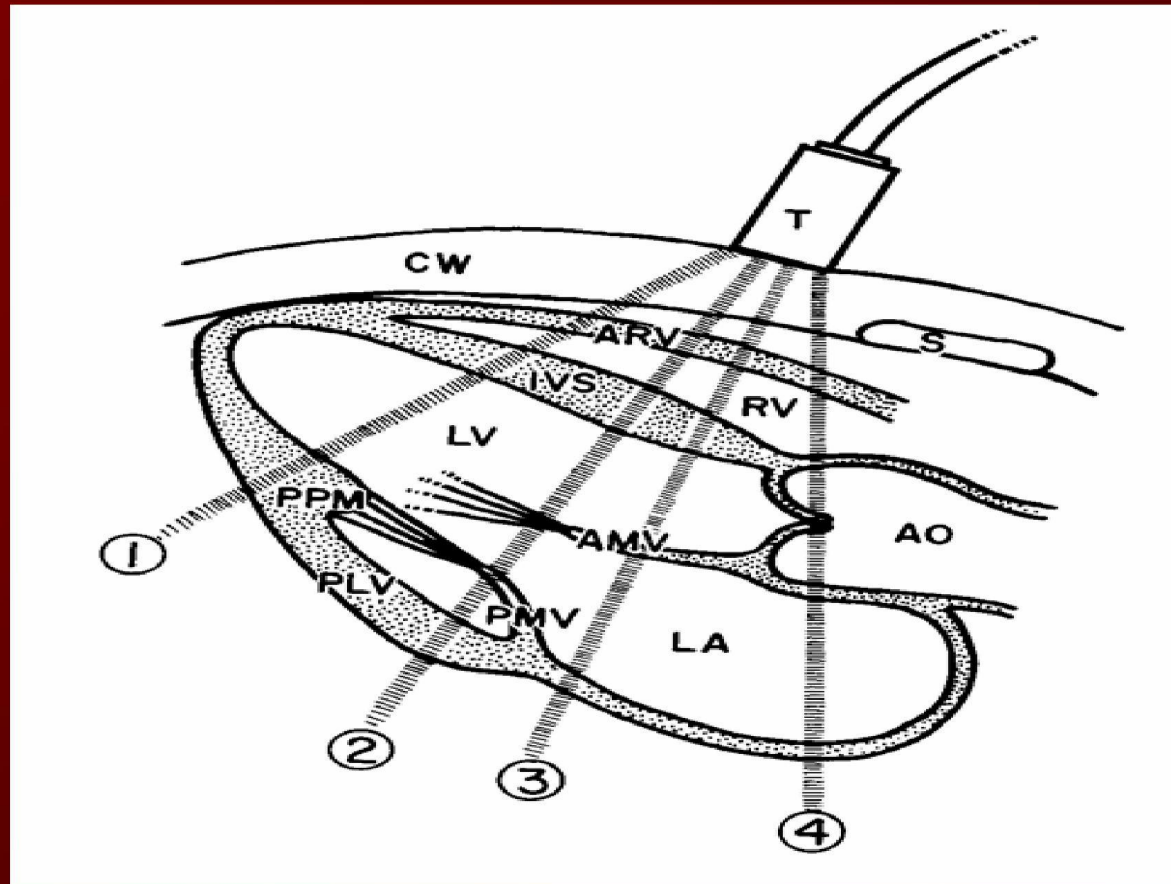
Participating clubs: Maine Coon-katten, Sällskapet Sibirisk Katt, Skogskatteligan, Rex United, Skogskattklubben Birka, Rasclub Maine Coon, Scandinavian Ragdoll Club, Birmasällskapet, SWEPEX (Svenska Perser & Exotikringen), Ragdollklubben
Visit <http://www.pawpeds.com/healthprogrammes/> for more information

Patient Information				Owner's name			
Cat's registered name				Address			
Registration number				Postcode/City/State			
ID number, microchip or tattoo				Country			
Race				Phone (including country code)			
Male Not altered Female Altered				Email			
Born (year-month-day)				I am aware that the results will be retained for the records of Maine Coon-katten. I authorize Maine Coon-katten to publicly release all results from this form.			
Sire				Signature		Date	
Dam							
Examination				Examination date (year-month-day)			
Sedated				Examination equipment			
Yes, with: _____				No			
Weight _____ kg		Auscultation:		Gallop			
Heart rate _____ bpm		Normal					
		Murmur, characteristics					
Dehydrated		Grade: I II III IV V VI		Dynamic		Static	
Pregnant		Timing: Systolic Diastolic Both		Continuous			
Lactating		Location: Left apex (sternum)		Left Base		Other, describe	
IVSd _____ cm mm		M-mode 2-D		Subjective left atrial size			
LVIDd _____		M-mode 2-D		Normal			
LVFWd _____		M-mode 2-D		Mild enlargement			
IVSs _____		M-mode 2-D		Moderate enlargement			
LVIDs _____		M-mode 2-D		Severe enlargement			
LVFWs _____		M-mode 2-D		Systolic anterior motion of the mitral valve yes no			
SF _____				If yes, LV outflow tract flow velocity (Doppler) _____			
Ao _____		M-mode 2-D		End-systolic cavity obliteration yes no			
LA _____		M-mode 2-D		Papillary muscles			
LA/Ao _____				Normal			
				Abnormal, moderate enlargement			
				Abnormal, severe enlargement			
Assessment (based on phenotype)				Comments			
Normal							
Equivocal							
HCM Mild Moderate Severe							
Other, describe							
Veterinarian				Veterinarian's name, clinic's name and address			
Cat's identity verified yes no, describe why not							
Signature _____ Date _____							

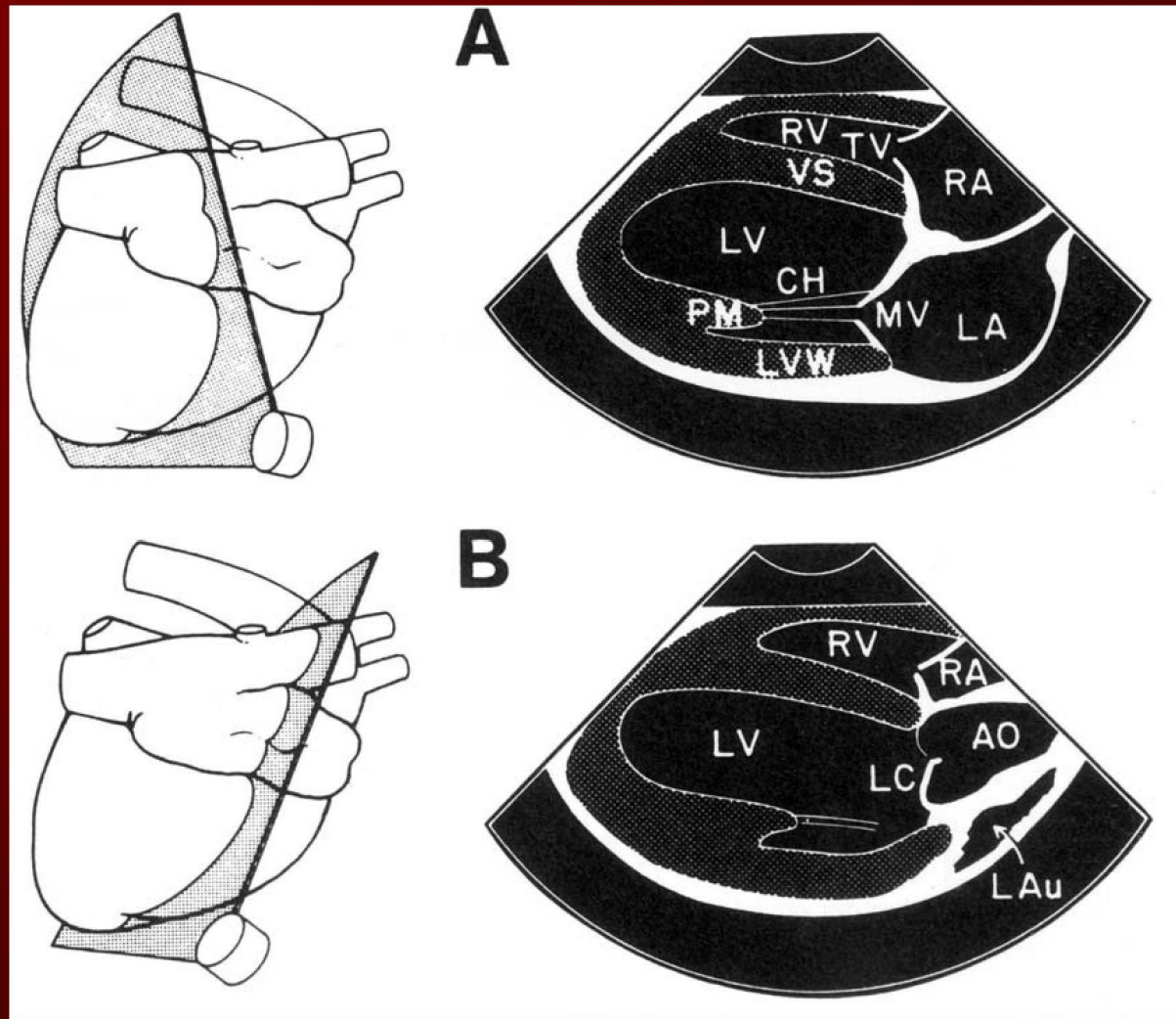
For registration of the result, the veterinarian shall send a copy of this form to:
Maine Coon-katten, c/o Anne N. Jensen, Landsvinget 5, Nejele, 3400 Hillerød, Denmark

Rev 1.5 (en) 2007-03-04

Hjerteskaning

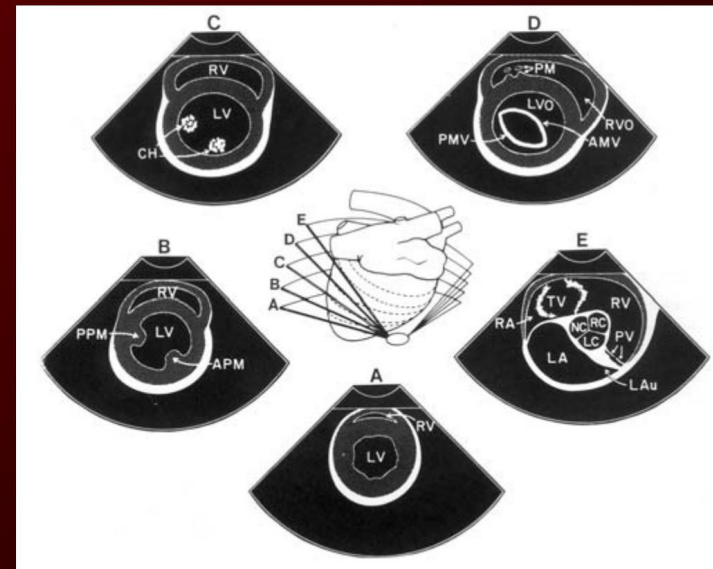
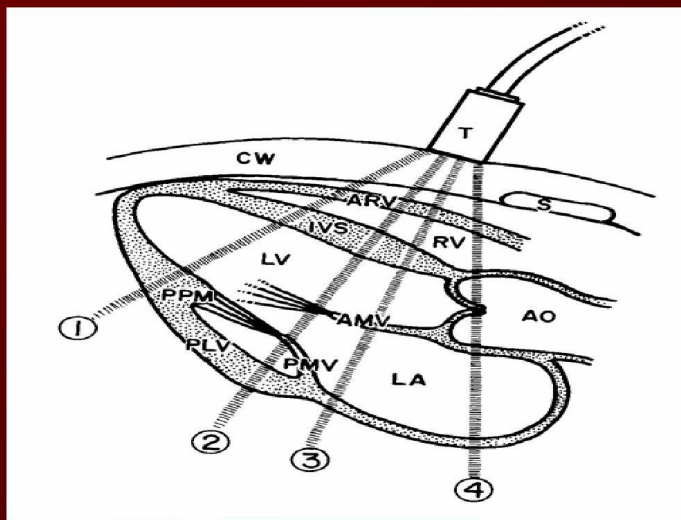
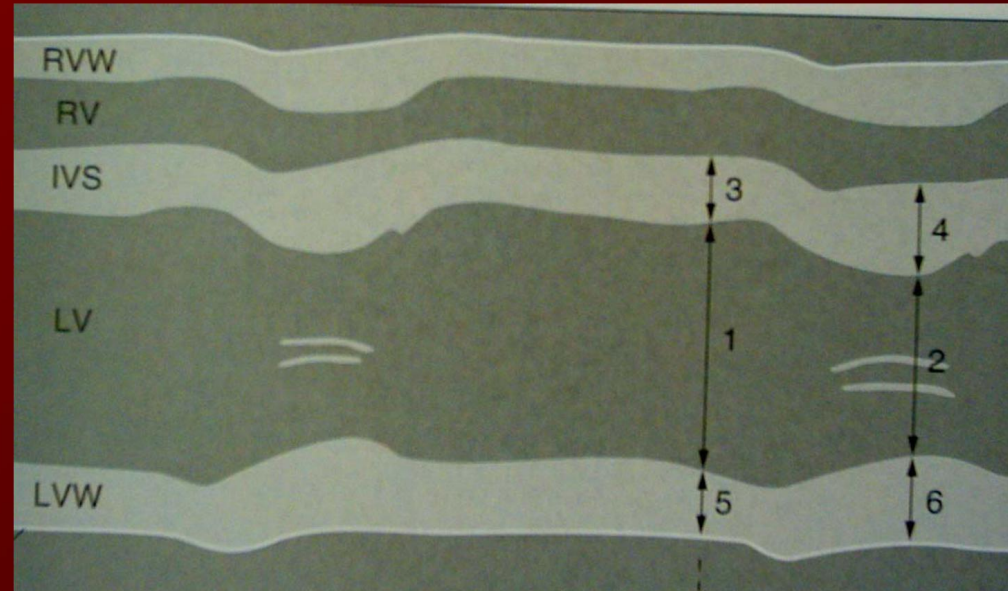


Hjertesanning - l ngdeaksnit



M-MODE

1. LV end-diastolic dimension = LVEDD
2. LV end-systolic dimension = LVESD
3. IVS end-diastolic = IVSED
4. IVS end-systolic = IVSES
5. LV wall end-diastolic = LVWED
6. LV wall end-systolic = LVWES



Ekkokardiografi - Color Doppler

