Dilated cardiomyopathy in young adults: a case report

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Introduction: Dilated cardiomyopathy is the most common form of cardiomyopathy, often of multifactorial etiology. It is characterized by dilatation of the ventricles and consequently impaired systolic function. The clinical picture shows congestive heart failure (HF).[1-3]

Case report: 36-year-old patient was hospitalized in the Coronary Unit with a severe clinical picture of HF underlying dilated cardiomyopathy accompanied by elevated NT-proBNP values and significantly impaired left ventricular systolic function (LVEF 25%). Exercise intolerance, reduced physical activity, overweight, smoking, and dyslipidemia resulted in worsening clinical status and are predictors of poor outcome. In accordance with the patient's age, a quiet progression of the disease is characteristic, which leads to the diagnosis of already advanced heart failure. During hospitalization, the patient developed an acute stroke of ischemic etiology and was successfully treated according to the guidelines with the aim of achieving brain tissue reperfusion. Further diagnostic processing and a negative family history did not prove hereditary or acquired thrombophilia in the patient. Genetic screening for dilatative cardiomyopathy is indicated as a possible cause. When, in addition to acquired risk factors the question of genetic etiology arises, systematic family screening is recommended to obtain an early diagnosis in blood relatives, which would facilitate rapid prophylactic therapy in the early or preclinical phase of the disease. The patient has a relative indication for a heart transplant, therefore further diagnostic work is needed prior to final decision.

Conclusion: Given that dilated cardiomyopathy is a disease with a high prevalence of growth and mortality rate, early prevention and elimination of risk factors are necessary. It can be concluded that the severity of symptoms does not correlate with the severity of the disease, but rather with the patient survival rate.

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