



HYPERTROPHIC CARDIOMYOPATHY



WHAT IS HCM?

Hypertrophic Cardiomyopathy (pronounced: Hyper-trō-fic Cardio-my-opathy), or HCM, refers to a family of genetic disorders. HCM causes abnormal cell structure and thickening of the heart muscle. Most commonly, the disease involves abnormalities in genes regulating the cardiac contractile function and, less commonly, in other genes that alter the normal functioning of the heart muscle.

HOW COMMON IS HCM?

HCM is a relatively common genetic disorder affecting an estimated 1 in 500 worldwide. Recent data suggests it could be as common as 1 in 200.

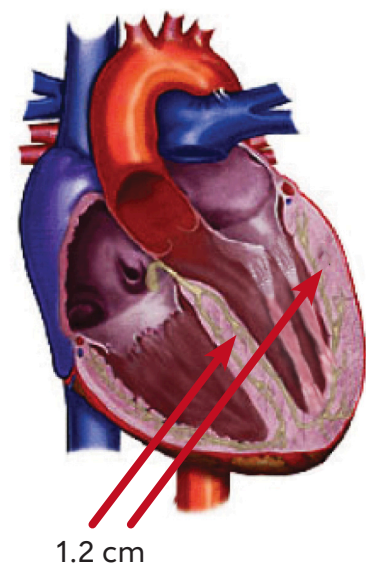
SIGNS AND SYMPTOMS

- Heart murmur
 - Fainting/Nearly fainting
 - Shortness of breath
 - Chest, jaw, and neck pain
 - Lightheadedness
 - Palpitations
 - Family history of sudden death <55 yrs
- *symptoms can range from extremely mild to severe

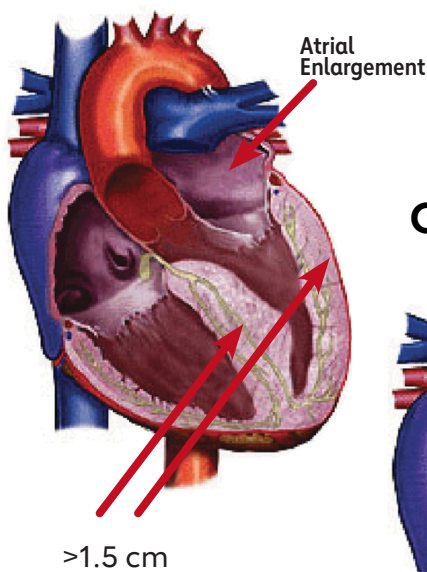
SCREENING

If you have been diagnosed with HCM, all first-degree family members should be screened with cardiac imaging and/or genetic testing and check up with a cardiologist knowledgeable in HCM.

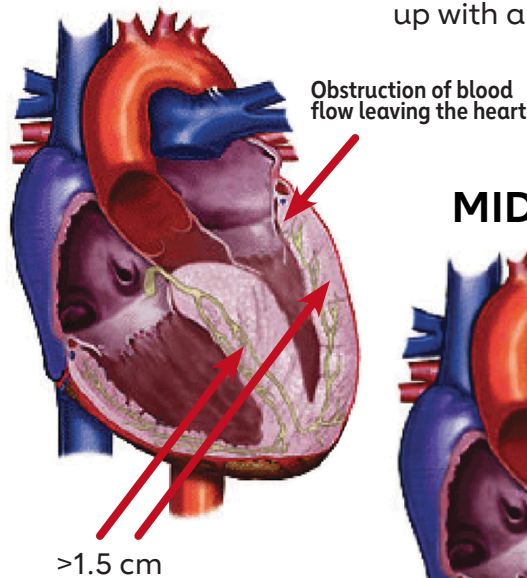
NORMAL



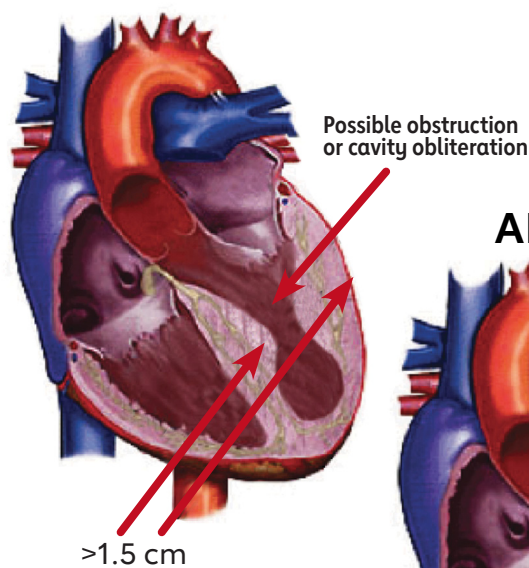
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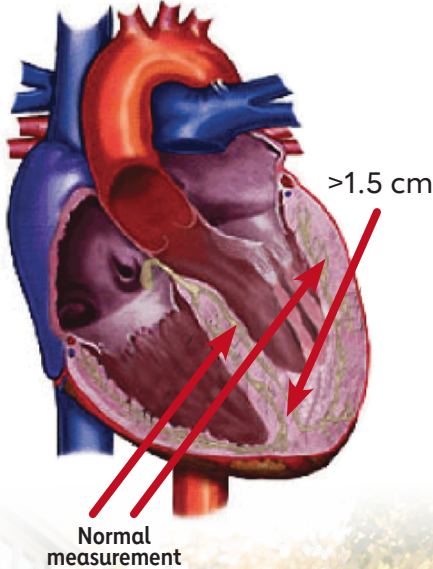
WITH OBSTRUCTION



MID CAVITY



APICAL



HCM PATTERNS

HCM can come in many patterns. These are a few. Papillary muscles only shown in some.

TREATMENT OPTIONS



MEDICATIONS

- Beta-blockers
- Calcium channel blockers
- Norpace/ Disopyramide
- Antiarrhythmic drugs
- Diuretics
- Anticoagulants
- Antibiotics
- New medications under investigation

Most patients with HCM will require medication.



SEPTAL REDUCTION

- Surgery
- Septal Myectomy
- Nonsurgical
- Alcohol Septal Ablation

Depending on the clinical course, septal reduction therapy may be an option to alleviate symptoms.



RHYTHM MANAGEMENT

- Pacemakers
- Implantable cardiovert defibrillator
- Atrial Fibrillation Ablation

Some patients may require ICD or may experience Atrial Fibrillation.



TRANSPLANT

Approximately 3-5% may require transplant