## Left Ventricular Hypertrophy



#### **Eric Sparks**



## Left Ventricular Hypertrophy (LVH)

#### Description:

- <u>Left Ventricular Hypertrophy</u>- is an enlargement of the muscle tissue in the left ventricle.
- Occurs when the heart has to work harder than normal.
- Usually occurs gradually over time.



## **Risk Factors**



- <u>High Blood Pressure</u>- >140/90 mmHg.
- <u>Aortic valve stenosis</u>- narrowing of aortic valve.
- <u>Exercise</u>- aerobic and anaerobic exercise cause the heart to work harder and lead to LVH in some individuals.
- <u>Hypertrophic cardiomyopathy</u>- myocardium becomes thickened.
- <u>Myocardial fibrosis</u>-manifested from diastolic dysfunction
- Many other conditions-(example dialysis, aging)



#### **Myocardial Fibrosis**

#### Left ventricular hypertrophy and fibrosis







#### Cleveland Clinic Journal of Medicine



## Symptoms

- No signs/symptoms (during early stages)
- SOB (shortness of breath)
- Feeling of fluttering, rapid heartbeats, or palpitations.
- Dizziness
- Fatigue quickly during activity
- Fainting



## What occurs when one has LVH?

- The heart weakens.
- Stiffening and the loss of elasticity occurs.
- Heart compresses its own blood vessels (coronary arteries) and may restrict its own supply of blood.



#### Complications

- Stroke volume will decrease (amount of blood pumped per beat).
- Arrhythmia (abnormal heart rhythm).
- Ischemic heart disease (decreased supply of O<sub>2</sub> to the heart).
- Heart Attack
- (CHF) congestive heart failure
- Sudden Death



#### Tests

- There are a few different tests that are performed to diagnose left ventricular hypertrophy (LVH):
- Electrocardiogram
- Echocardiogram
- <u>MRI</u>



Increased limb lead QRS voltage: R in lead I plus S in lead III greater than 25 mm.

Increased precordial QRS voltage: S in lead V1 plus R in either V5 or V6 greater than 35 mm.

Typical ST and T abnormalities: ST depression or T wave inversion (or both) in the "lateral" leads (I, L, V4-V6)

Large leftward voltage: R wave in lead L greater than 11 mm.

Left atrial enlargement: Wide (greater than 0.11 msec) P wave.



#### Electrocardiogram

 V1 and V6 refer to the placement of the electrodes during testing.





# Echocardiogram

- Primary tool used to diagnose LVH.
- Estimates left ventricle volume and mass.
- Formula for estimating the volume:

$$Volume = \frac{5}{6} Area * Length$$







#### Cardiac Magnetic Resonance Imaging

- Gold standard test for LVH
- Expensive
- Precisely estimates left ventricular mass and able to determine if other abnormalities exist.



Normal Heart



Left verntricular hypertrophy

## Cardiac MRI



# Significant concentric left ventricular wall thickening with septal involvement.



#### Treatment

- Research shows low Albumin levels make LVH progress faster. Eat more protein.
- Angiotensin II receptor blocker or angiotensionconverting enzyme inhibitor (ACE).
- Suatained reduction in high BP is essential for regression of LVH.
- Sodium restriction in diet may also lead to regression in LVH.



Exercise induced left ventricular hypertrophy

- Chronic exercise leads to cardiac hypertrophy (athletic heart).
  Athletic heart has increases in:
- LV chamber size
- Wall thickness
- mass
- Helps satisfy the increased cardiac demands placed during exercise.



#### Research

- Growth Hormone shows beneficial effects on the remodeling process in a well-established model of large Myocardial Infarction in rats. Also improvement in systolic and diastolic function.
- Effects of 4-weeks of resistance training in rats showed significant reduction in resting blood pressure and development of cardiac hypertrophy.
  - Eccentric left ventricle hypertrophy commonly seen with response to aerobic exercise.
  - Concentric left ventricle hypertrophy is commonly seen with resistance exercise.



- Albert Einstein

- Barauna, V.G., Junior, M.L.B., Costa Rica, L.F.BP., Casarini, D, E., Krieger, J.E., Oliveira, E.M. (2005). Cardiovascular adaptations in rats submitted to a resistance-training model. *Clinical and Experimental Pharmacology and Physiology*, 32, 249-254.
- Cabrera, R. (2007). Non invasive measurements of myocardial hypertrophy in patients with essential hypertension treated with eprosartan: contribution of the physics. *American Institute of Physics*, 134-139.
- Cittadini, A., Grossman, J.D., Napoli, R., Katz, S.E., Stromer, H., Smith, R.J., Clark, R., Morgan, J.P., & Douglas, P.S. (1997). Growth hormone attenuates early left ventricle remodeling and improves cardiac function in rats with large myocardial infarction. *American College of Cardiology*, 29(5), 1109-1116.
- Lemitsu, M., Maeda, S., Miyauchi, T., Matsuda, M., & Tanaka, H. (2005). Gene expression profiling of exercise-induced cardiac hypertrophy in rats. *Scandinavian Physiological Society, 185, 259-270.*
- Mustonen, E., Leskinen, H., Aro, J., Luodonpaa, M., Vuolteenaho, O., Ruskoaho, H. & Rysa, J. (2010. Metoprolol treatment lowers thrombospondin-4 expression in rats with myocardial infarction and left ventricular hypertrophy. *Basic & Clinical Pharmacology & Toxicology*, 107, 709-717.
- Ogihara, T., Fujimoto, A., Ueshima, A., Nakao, K. & Saruta, T. (2011). Age-related differences in the effects of antihypertensive therapy on left ventricular hypertrophy in high-risk patients with hypertension-candesartan antihypertensive survival evaluation in Japan subanalysis. *Journal of the American Geriatrics Society*, 59(1), 160-161.
- Tumuklu, M.M, Erkorkmaz, U., & Ocal, A. (2007). The impact of hypertension-related left ventricle hypertrophy on right ventricle function. *Echocardiography: A Journal of CV Ultrasound & Allied Tech*, 24(4), 374-384.

#### LVH ECG

Lead ECG Ventricular Hypertrophy

Understanding Heart Disease