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Introduction

e m c mm y e f amyl id 791 -1.2 (c)-3(a)9 l d11 4 c a diac

c e he eme ging le f n-in a i e imaging and bi ma ke in he diagn i fc a diac am id i [10].

Treatment Strategies

e ea men landca e f ca diac am id i ha nde g ne ignic an ad anc emen in ec en ea . i c i n ide an e ie f he he a e i i n a ailable, incl dingc hem he a egimen f A am id i, medic a i n a ge ing an he ie abili a i n, and eme ging he ie ch a m n c l nal an ib die and gene ile ing ec hni e. e e ie e l e he e ide nce ing he e ea men , hei e ca and en ial ide e c .

Challenges and Future Directions

De ie g e in he nde anding and management fc a diac am id i, e eal challenge emain. i c i n dic e he lim a i n fc en diagn i c a ache, he need f im ed i k a ica i n l, and he m anc e f m lidici lina c a e in imi ing a ien c me. e e ie al highligh ng ing e eac he , clinic al ial, and en ial f e di c i n in he eld [11].

Ca diac am id i i ac m le and en iall life- ea ening c ndi n he ie a m lidimen i nal a ach diagn i and management. i lie a e e ie ide ac m ene ie mma f he c en nde anding fc a diac am id i, em ha ing he ec en ad anc emen and challenge in e eac h and clinic al ac ice. e inf ma i n e en ed he e aim im e a a ene , ea l de c i n, and a ia e ea men a egie f a ien i h ca diac am id i .

Ca diac am id i i ac hallenging and en nde diagn ed c ndi n ih igni can im lica i n f a ien gn i and

Challenge in he managemen f ca diac am id i emain, incl ding limi ed a a ene am ng heal c a e fe i nal, diagn ic di c lie, and he need f m lidici lina c a e. ng ing e eac h e a e fc ed n de el ing le in a ie and m e acc a e diagn ic l, e ning i k a ica i n me h d, and in e iga ing n el he a ie.

nc ea ed a a ene, ea l diagn i and a ia e managemen a cc cialin imi ing c me f a ien i h ca diac am id i. C llab a i ee be een e eac he c linician, and ha mace ical c m anie a e e en ialf ad anc ing nde anding f he di ea e and de el ing m e e cc i e in e en i n. C n in ed e eac h and ad anc emen in diagn ic ch ni e and ea men a egie e h e f im ed c me and ali f life f indi id al i h ca diac am id i.

Acknowledgement

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Con ict of Interest

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1. Falk RH (2011) Cardiac Amyloidosis: A Treatable Disease, Often Overlooked. Circulation 124: 1079-1085.
2. Maurer MS, Hanna M, Grogan M, Dispenzieri A, Witteles R, et al. (2016) Genotype and Phenotype of Transthyretin Cardiac Amyloidosis: THAOS (Transthyretin Amyloid Outcome Survey). J Am Coll Cardiol 68: 161-172.
3. Merlini G, Palladini G (2019) Amyloidosis: Is a Cure Possible?. Ann Rev Med 70: 329-345.
4. Siddiqi OK, Ruberg FL (2017) Cardiac amyloidosis: An update on diagnosis and treatment. Cleve Clin J Med 84: 12-26.
5. Witteles RM, Bokhari S, Damy T, Elliott PM, Falk RH, et al. (2019) Screening for Transthyretin Amyloid Cardiomyopathy in Everyday Practice. JACC Heart Fail 7: 709-716.
6. Dispenzieri A, Gertz MA, Kyle RA, Lacy MQ, Burritt MF, et al. (2004) Serum Cardiac Troponins and N-Terminal Pro-Brain Natriuretic Peptide: A staging system for primary systemic amyloidosis. J Clin Oncol 22: 3751-3757.
7. Rapezzi C, Merlini G, Quarta CC, Riva L, Longhi S, et al. (2009) Systemic . Circulation 120: 1203-1212.
8. Siddiqi OK, Ruberg FL (2018)