La cardiopathie hypertensive dans tous ses états

L'HVG du patient hypertendu : ce que l'on ne vous a jamais dit

Romain BOULESTREAU
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Bureau de la SFHTA, INI CRCT, INSERM U1034

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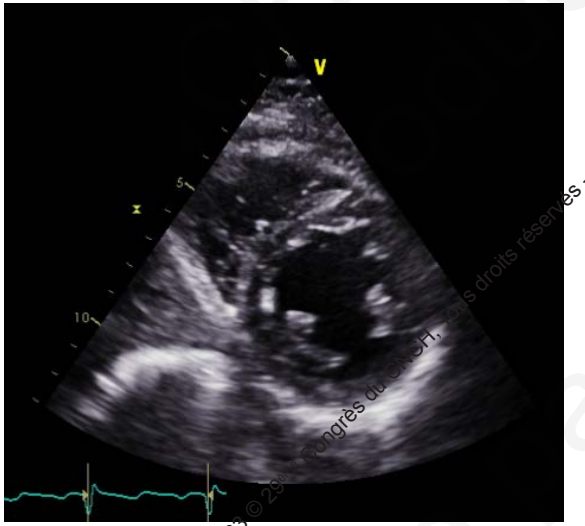
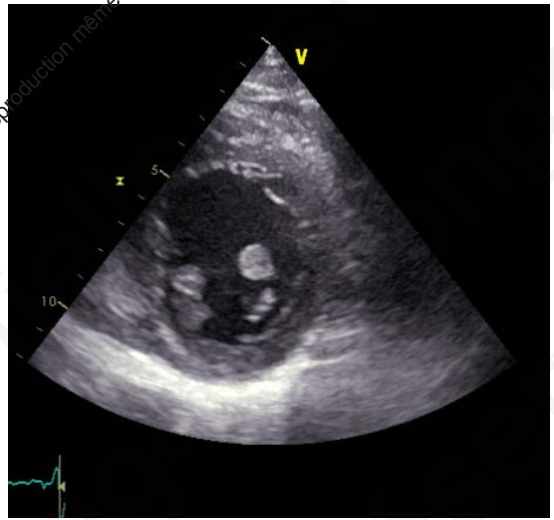
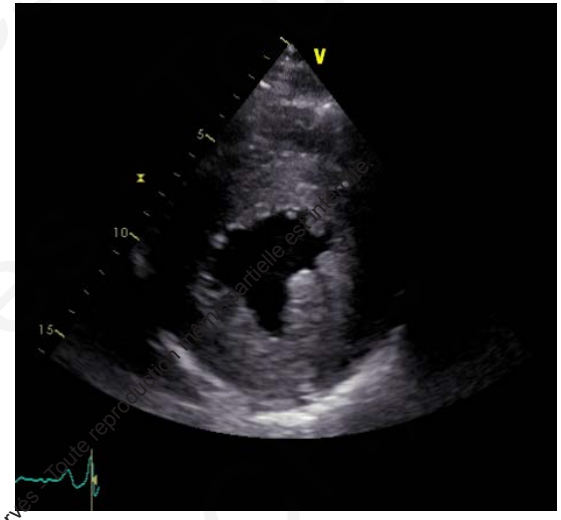
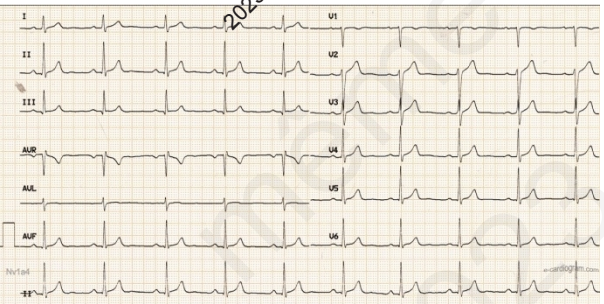
- Servier, Medtronic, Novartis, Novonordisk, Bouchara-recordati, Bayer, Astrazeneca.

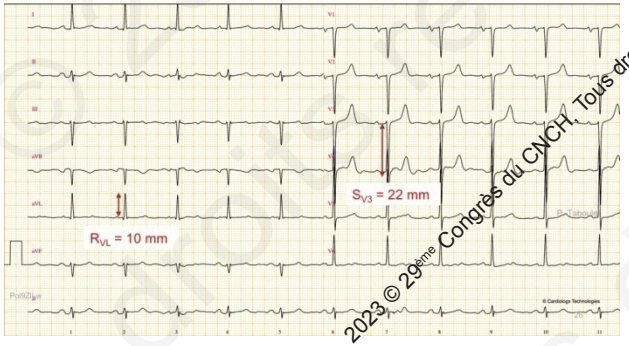
Qu’est ce que ces patients ont en commun ?

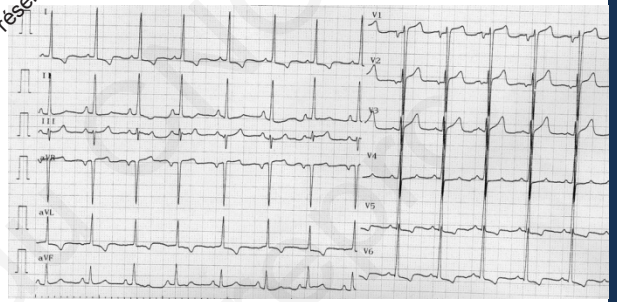












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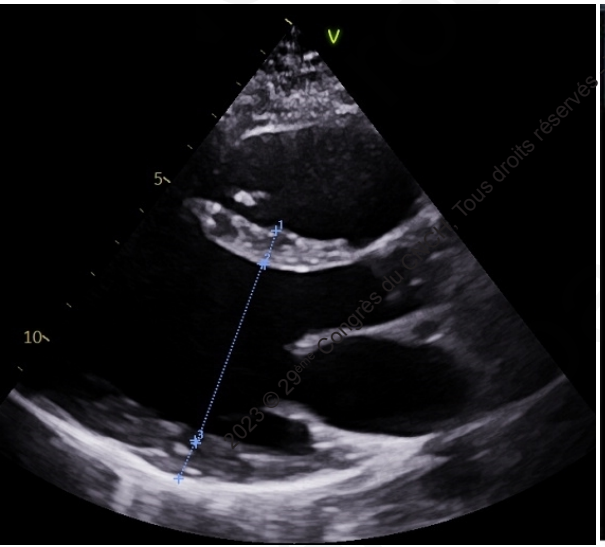
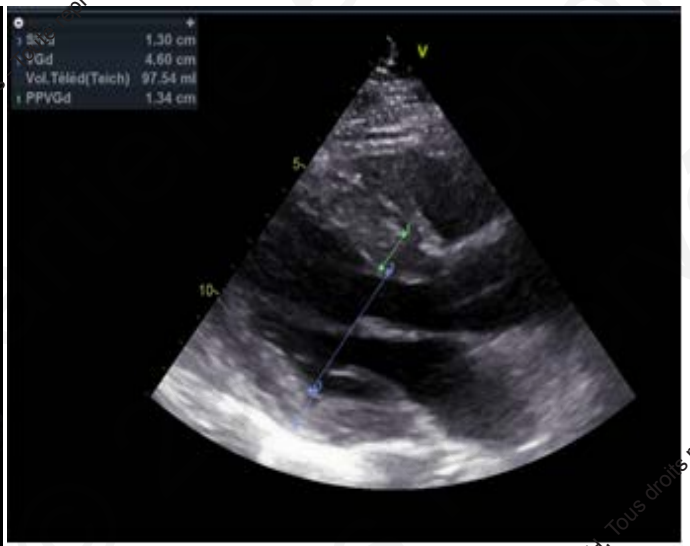
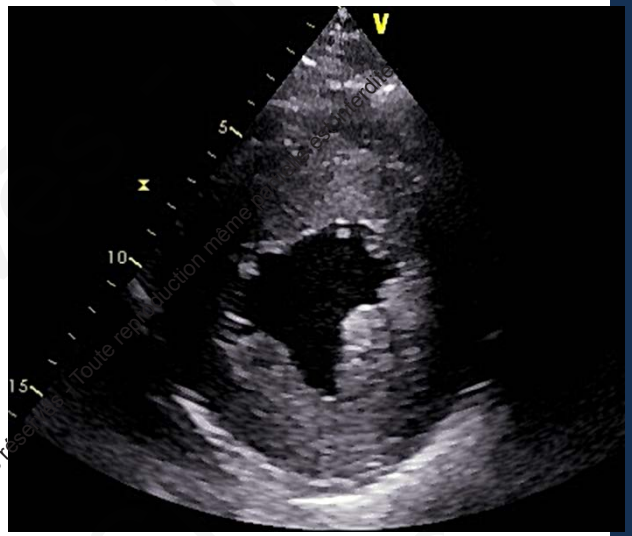


Masse VG
100 g/m²



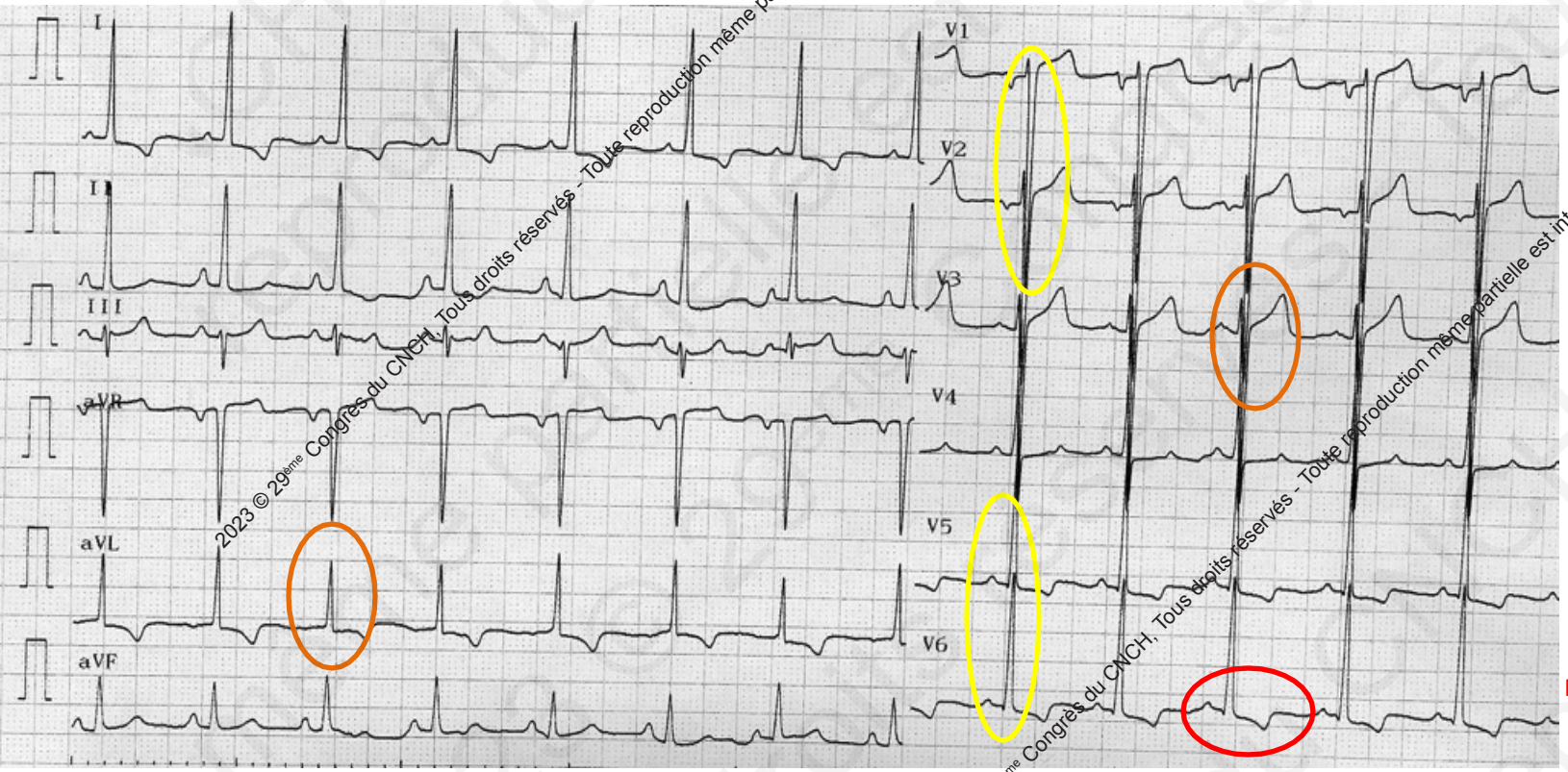
Masse VG
130 g/m²



Masse VG
210 g/m²

Ce sont tous des patients (juste) hypertendus

Nous ne reviendrons pas sur…



RaVL > 10 mm

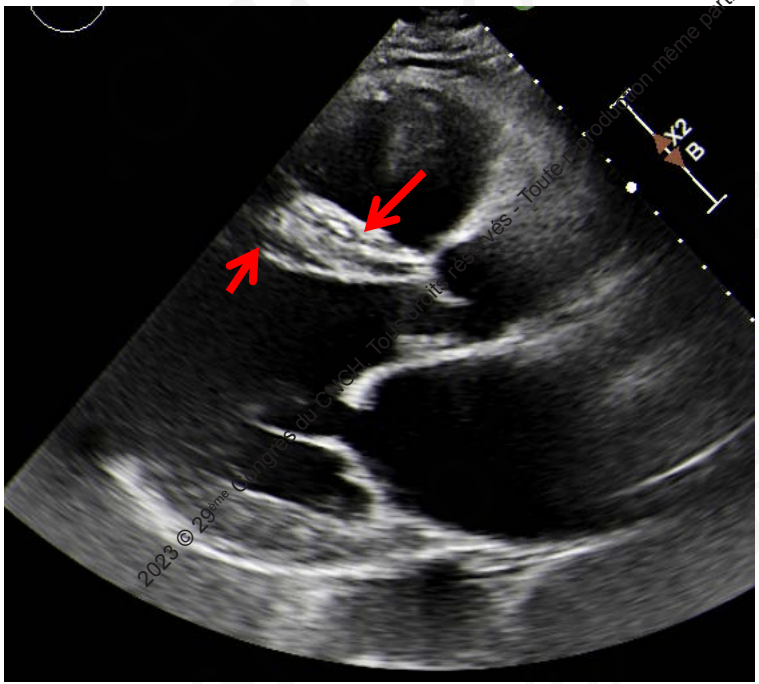
Cornell
> 20 mm
> 28 mm

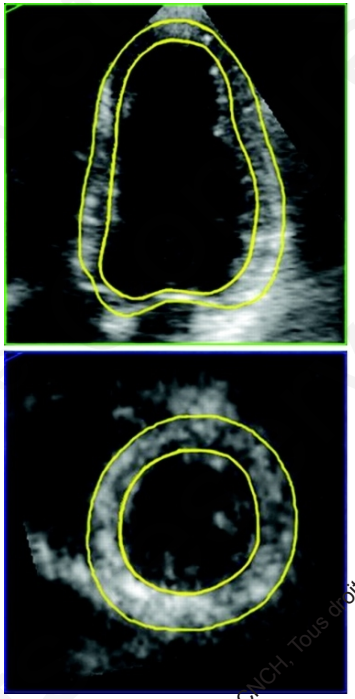
Sokolov
> 35

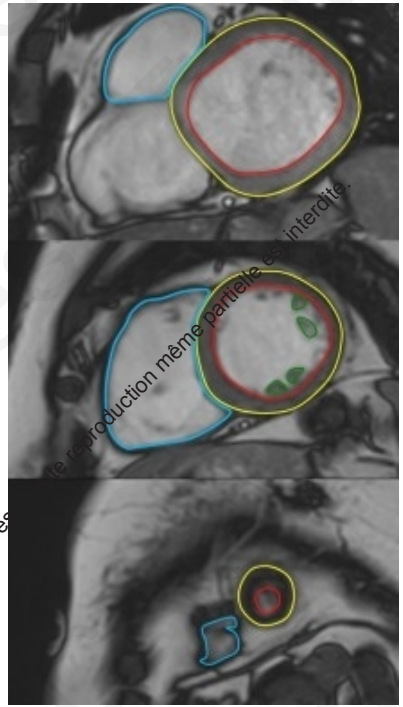
Ischémie microvasculaire

L'ECG, très disponible

Nous ne reviendrons pas sur…





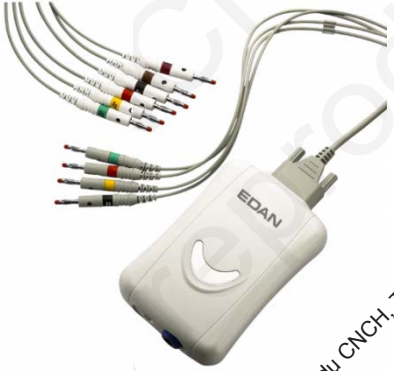


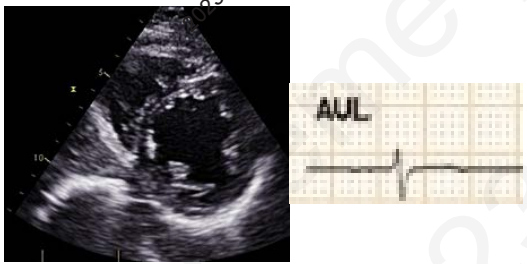
MVGi : < 95 ou 115 g/m²
VOGi, E/E', GLS

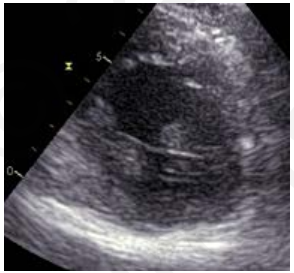
MVGi : < 77 ou 96 g/m²

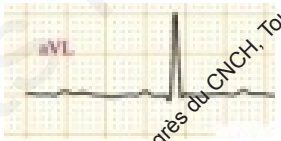
ECG < ETT 2D < ETT 3D < IRM / Scanner

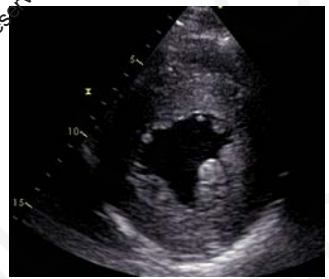
D’accord, mais au quotidien ?

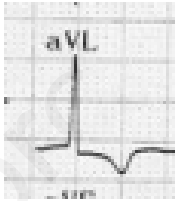




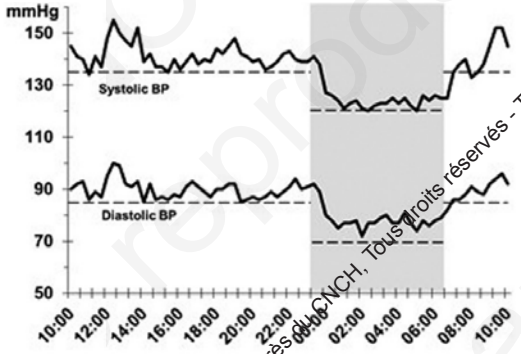




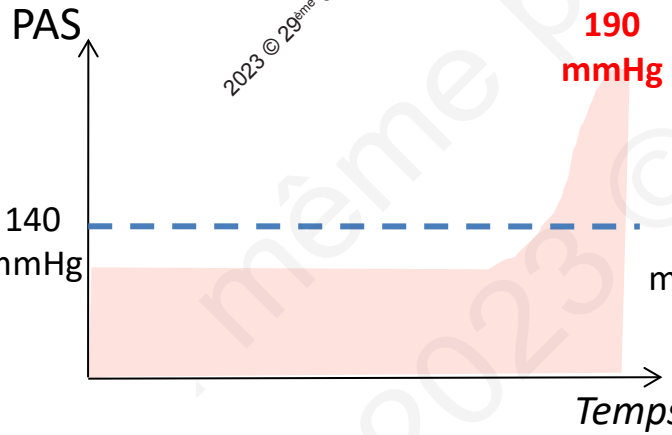


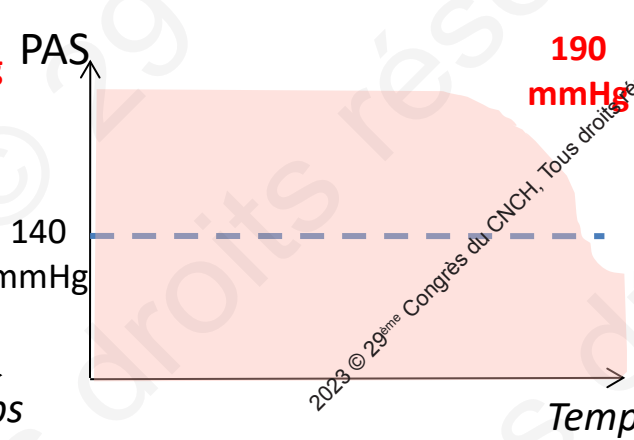


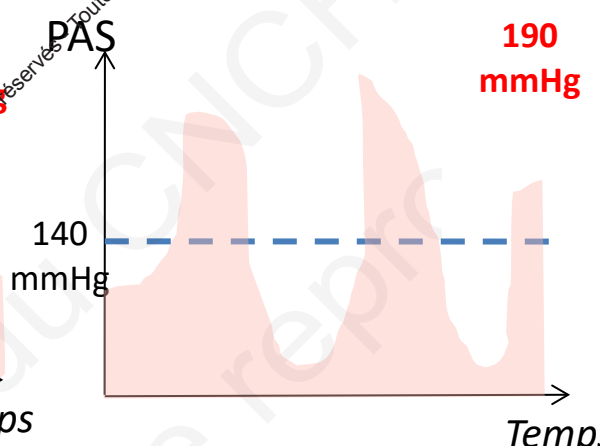
Comment utiliser la MVG dans la pratique ?



La MVG est l'HBA1C de l'HTA !







Comment utiliser la MVG dans la pratique ?

Original Article

Prognostic value of the extent of left ventricular hypertrophy and its evolution in the hypertensive patient

Philippe Gosse, Antoine Cremer, Marion Vircoulon, Paul Coulon, Emilie Jan, Georgios Papaioannou, and Sunthareth Yeim

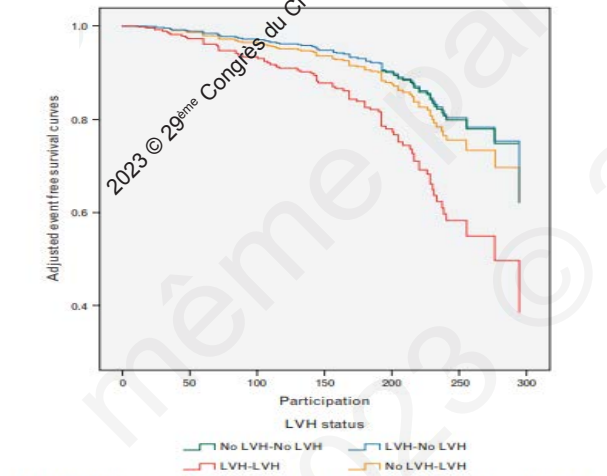


FIGURE 4 Adjusted event-free survival curves as a function of the LVH status at entry and at follow-up.

European Heart Journal (2010) **31**, 883–891
doi:10.1093/eurheartj/ehp546

CLINICAL RESEARCH
Prevention

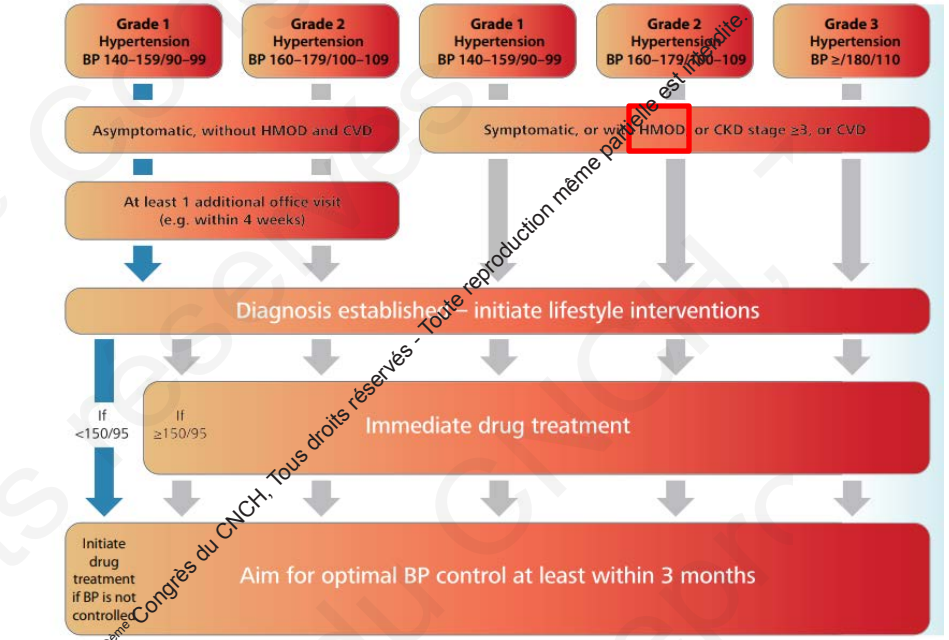
Risk prediction is improved by adding markers of subclinical organ damage to SCORE

Thomas Sehestedt[1,2*], Jørgen Jeppesen[1], Tine W. Hansen[2,3], Kristian Wachtell[4], Hans Ibsen[5], Christian Torp-Petersen[6], Per Hildebrandt[1], and Michael H. Olsen[1]

Comment utiliser la MVG dans la pratique ?

2023 ESH Guidelines for the management of arterial hypertension

Hypertension disease staging	Other risk factors, HMOD, CVD or CKD	BP (mmHg) grading			
		High-normal SBP 130–139 DBP 85–89	Grade 1 SBP 140–159 DBP 90–99	Grade 2 SBP 160–179 DBP 100–109	Grade 3 SBP ≥ 180 DBP ≥ 110
Stage 1	No other risk factors[a]	Low risk	Low risk	Moderate risk	High risk
	1 or 2 risk factors	Low risk	Moderate risk	Moderate to high risk	High risk
	≥3 risk factors	Low to moderate risk	Moderate to high risk	High risk	High risk
Stage 2	HMOD, CKD grade 3, or diabetes mellitus	Moderate to high risk	High risk	High risk	Very high risk
Stage 3	Established CVD or CKD grade ≥4	Very high risk	Very high risk	Very high risk	Very high risk



Diagnosis by office BP and initial management of hypertension.

Témoin de l'histoire et du retentissement de l'HTA sur le patient !

Comment utiliser la MVG dans la pratique ?

TABLE 13. Patient characteristics that should raise the suspicion of secondary hypertension

Younger patients (<40 years) with grade 2 or 3 hypertension or hypertension of any grade in childhood
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Clinical features suggestive of renovascular hypertension or fibromuscular dysplasia
Clinical features suggestive of obstructive sleep apnea
Severe hypertension in pregnancy (>160/110 mmHg) or acute worsening of BP control in pregnant women with preexisting hypertension

Alteration of left ventricular longitudinal systolic function in 2D-strain in primary aldosteronism: A new target organ damage marker

R. Boulestreau [a,*], A. Cremer [b], N. Delarche [a], P. Gosse [b]

[a] Service de cardiologie, centre hospitalier de Pau, 4, boulevard Hauterive, 64000 Pau, France
[b] Centre d'excellence en hypertension artérielle, hôpital St-André, CHU de Bordeaux, 1, rue Jean-Burguet, 33000 Bordeaux, France

Reçu le 2 août 2018 ; accepté le 23 août 2018
Disponible sur Internet le 14 octobre 2018

Tableau 2
Paramètres géométriques du ventricule gauche.

	HAP ($n=35$)	HTAE ($n=35$)	p
VTDVG (mL)	104,4 ± 27,8	97,7 ± 32,4	0,41
SIVd (mm)	11 ± 2,2	9 ± 1,9	9×10^{-5}
PPd (mm)	11,2 ± 2	9 ± 1,7	8×10^{-7}
EPR	0,44 ± 0,08	0,36 ± 0,06	5×10^{-5}
MVGi (g/m^2)	135,4 ± 36,8	103,0 ± 38,1	7×10^{-4}
MVGi (g/m^{2,7})	60,3 ± 16,1	47,3 ± 18,6	0,003
MVG (grammes)	262,2 ± 87,7	194,0 ± 83,4	0,001

Tableau 3
Fonction systolique du ventricule gauche.

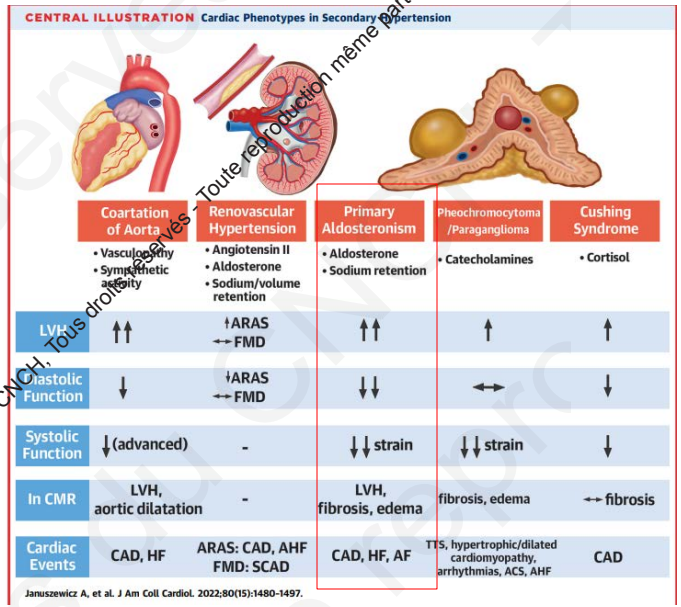
	HAP ($n=35$)	HTAE ($n=35$)	p
Strain-2D longitudinal (%)	−17,8 ± 3,4	−20,3 ± 3,6	0,004
Strain-2D circonférentiel (%)	−17,1 ± 4,1	−18,4 ± 4,6	0,41
Strain-2D radial (%)	56,7 ± 23,7	58,7 ± 22,0	0,8
FEVG (%)	68,7 ± 6,3	67,8 ± 6,4	0,58

THE PRESENT AND FUTURE

JACC STATE-OF-THE-ART REVIEW

Cardiac Phenotypes in Secondary Hypertension

JACC State-of-the-Art Review



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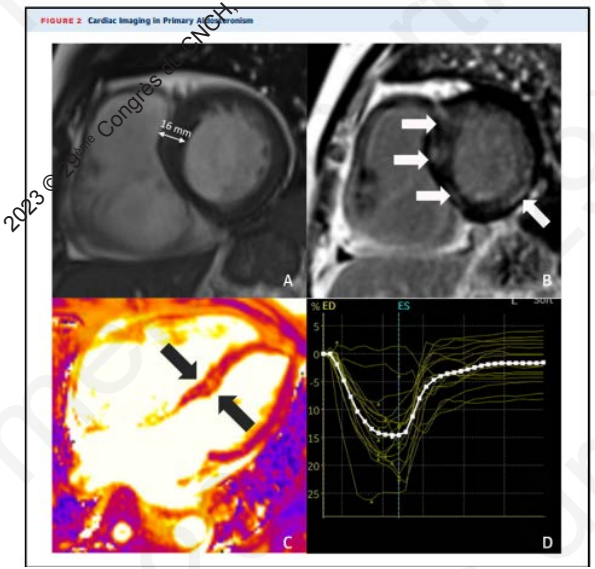

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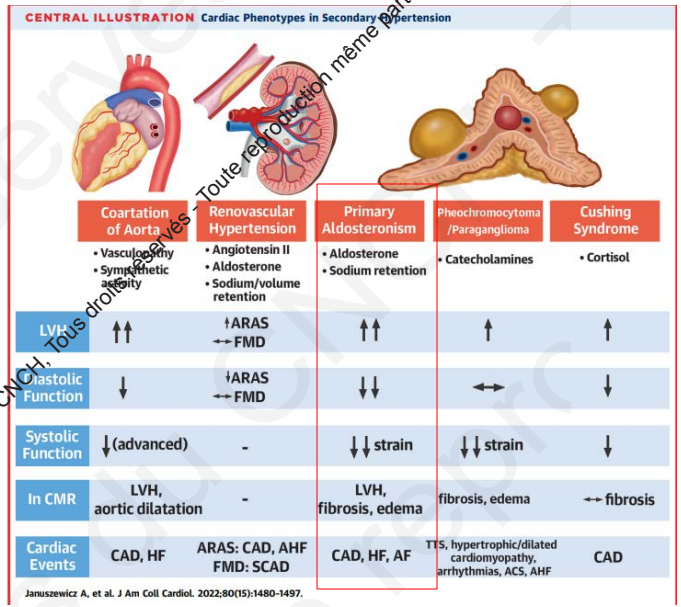

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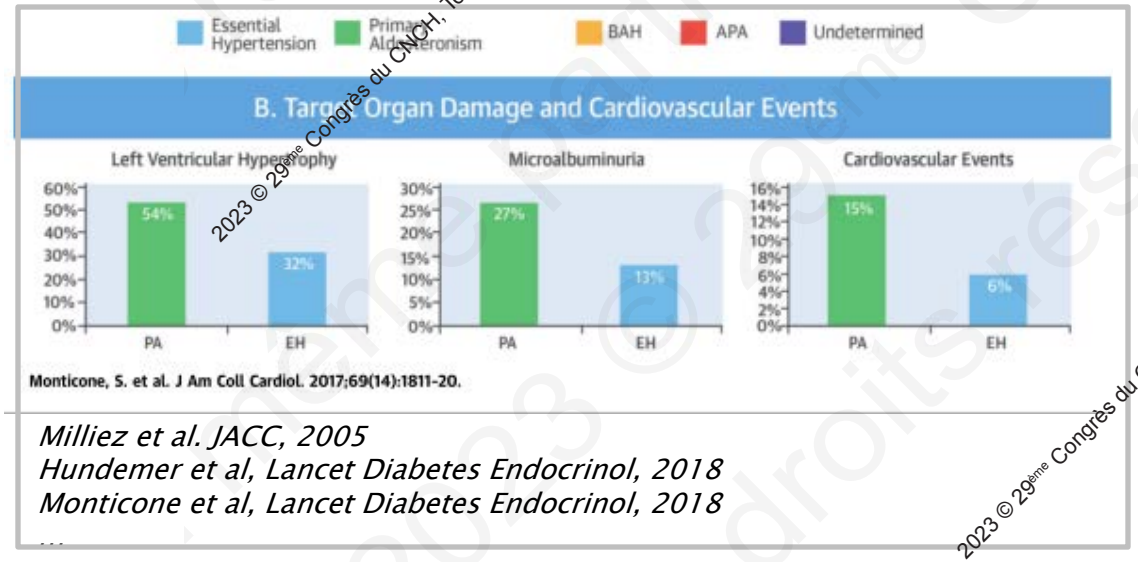

Monticone, S. et al. J Am Coll Cardiol. 2017;69(14):1811-20.

Milliez et al. JACC, 2005
Hundemer et al, Lancet Diabetes Endocrinol, 2018
Monticone et al, Lancet Diabetes Endocrinol, 2018

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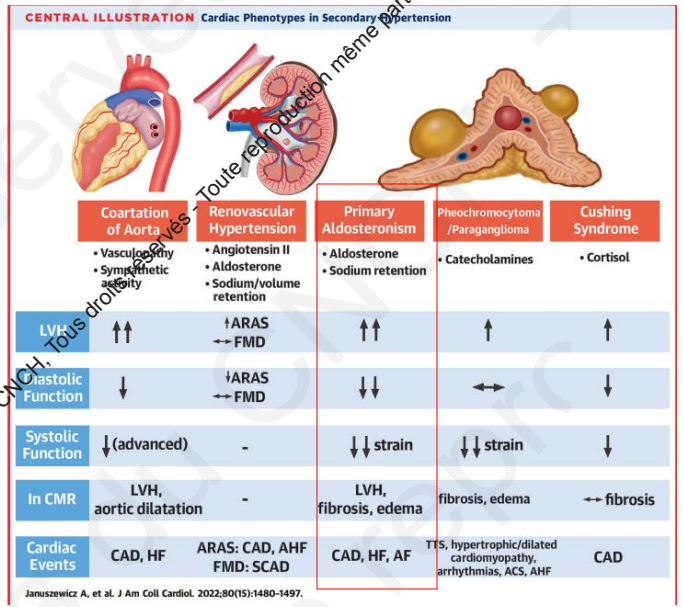

Januszewicz A, et al. J Am Coll Cardiol. 2022;80(15):1480-1497.

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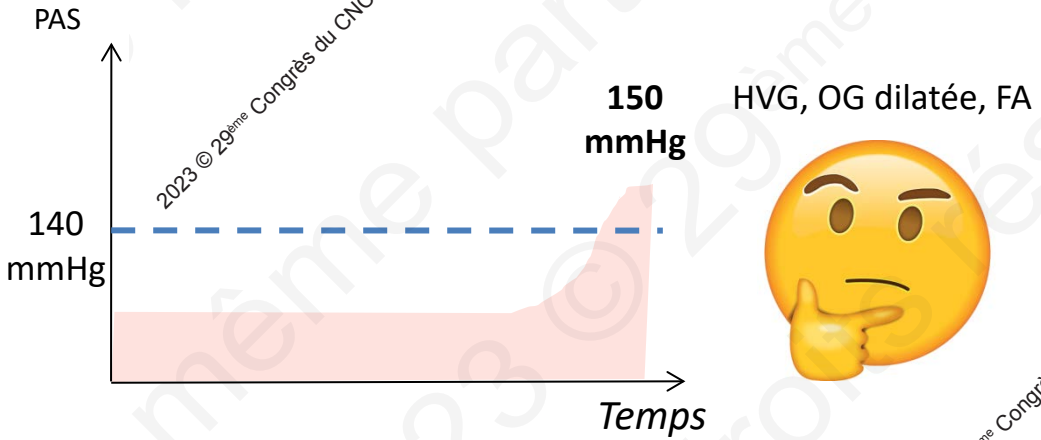

150 mmHg

HVG, OG dilatée, FA

Pour ne pas rater une HTA secondaire !

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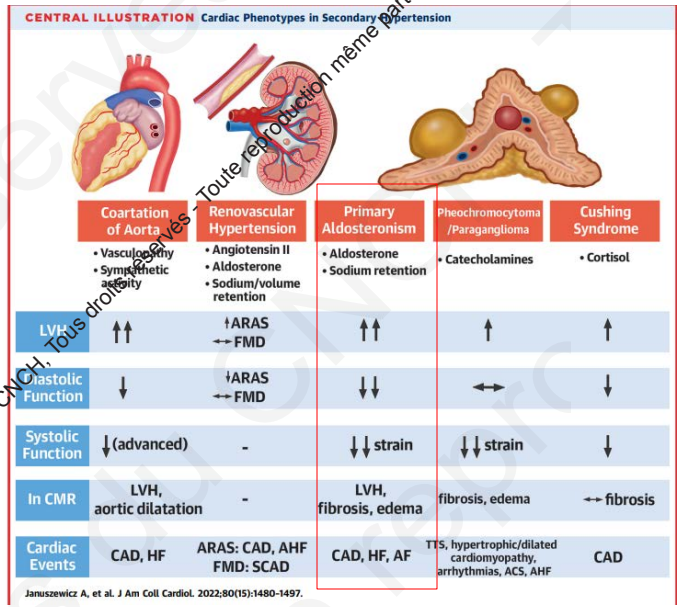

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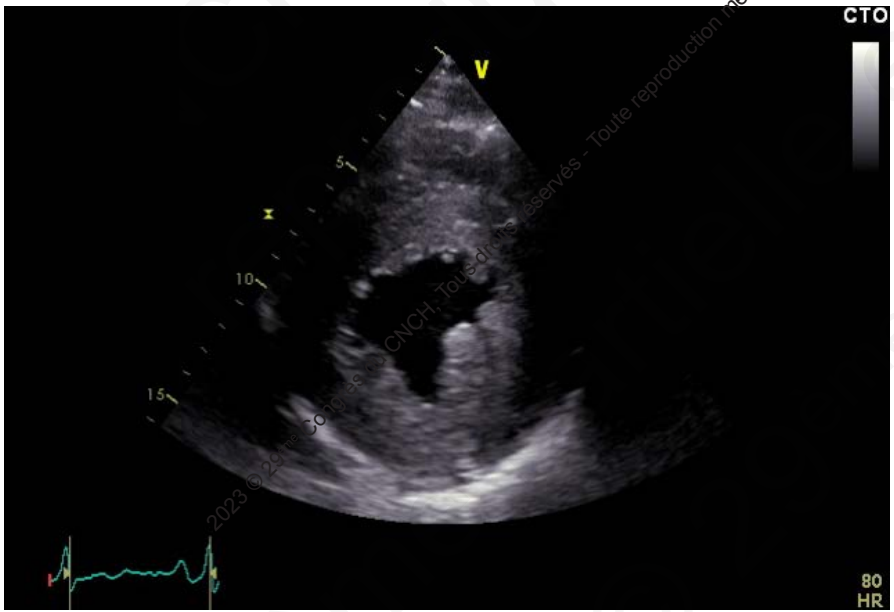

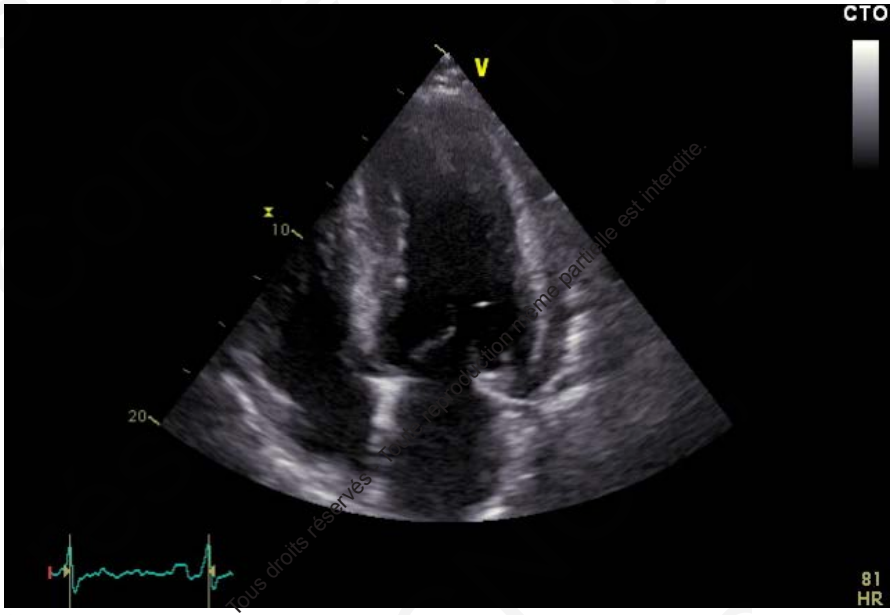

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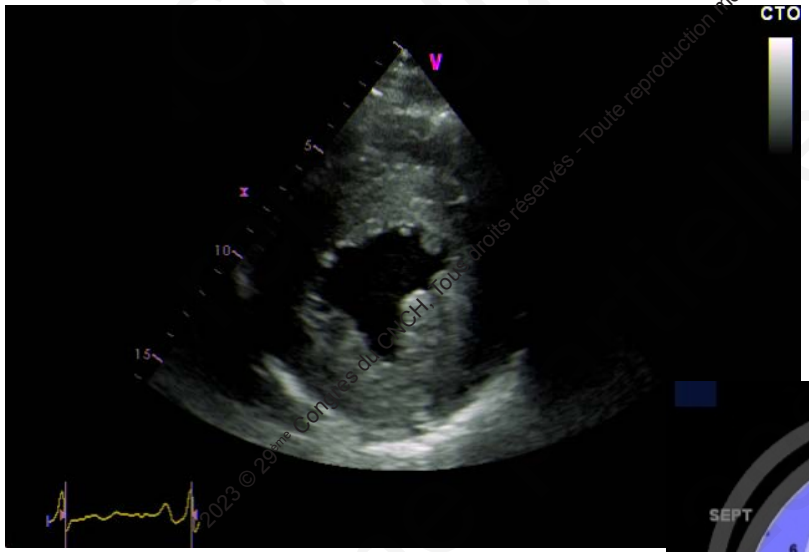
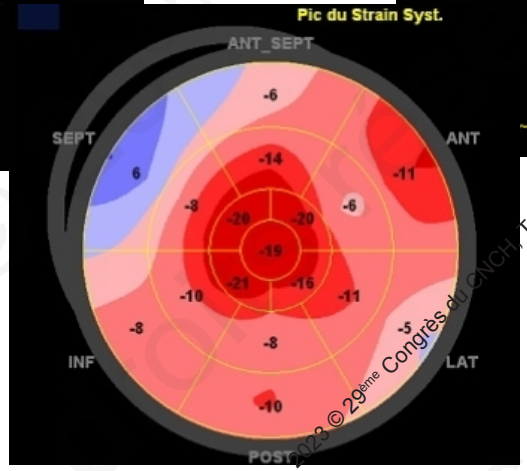
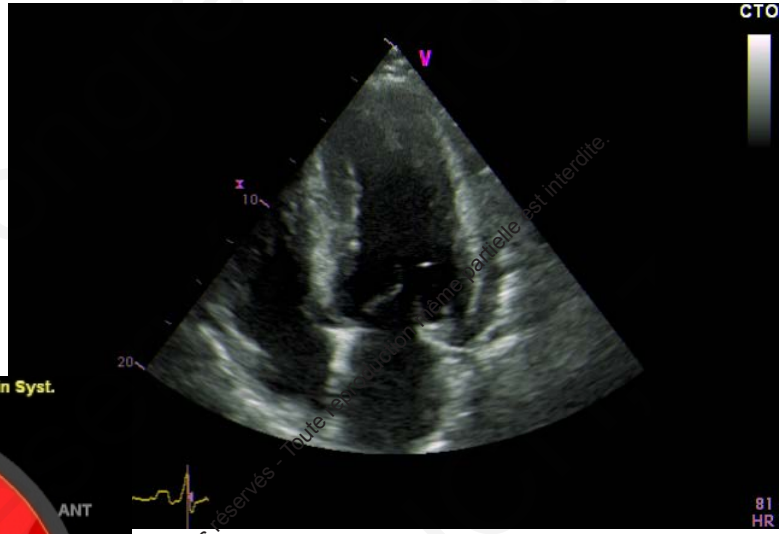


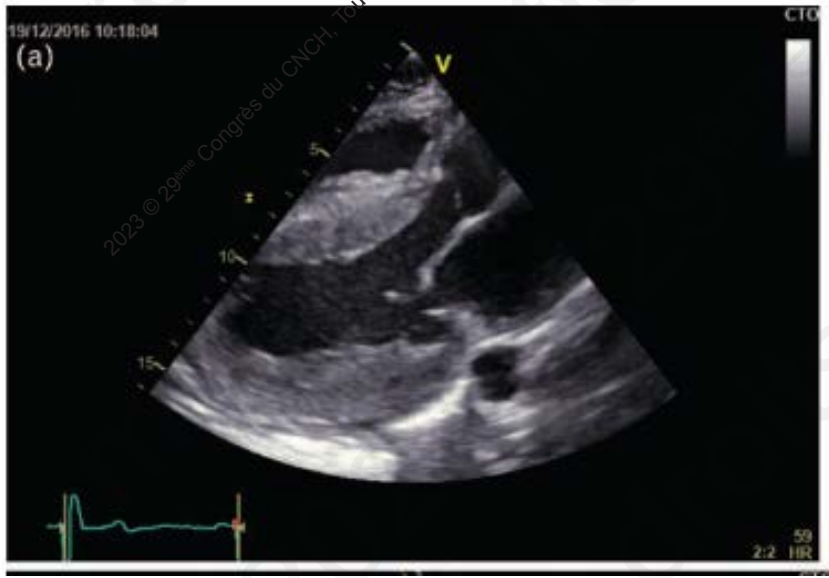


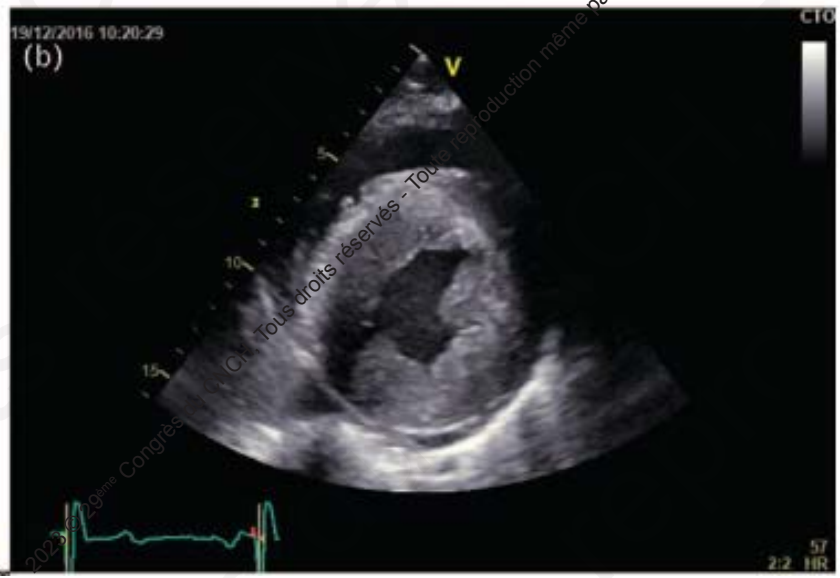


Comment utiliser la MVG dans la pratique ?

Malignant hypertension: diagnosis, treatment and prognosis with experience from the Bordeaux cohort

Sébastien Rubin[a], Antoine Cremer[b], Romain Boulestreau[b], Claire Rigothier[a] Sophie Kuntz[b], and Philippe Gosse[b]





Comment utiliser la MVG dans la pratique ?

Pour ne pas rater une HTA maligne !

HTA sévère + atteinte ophtalmologique ou atteinte de 3 des 4 autres organes

HAMA

ATTEINTE OPHTALMOLOGIQUE
Œdèmes papillaires, nodules cotonneux, exsudats secs, hémorragies

ATTEINTE RENALE
Insuffisance rénale d'allure aigue sans autre cause retrouvée

Elévation tensionnelle
Habituellement > 180/110

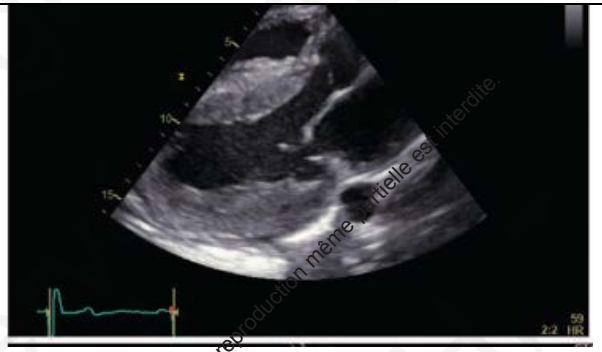
Inhabituelle, persistante, symptomatique
Altération de l'état général, soif, céphalées, vertiges, nausées, dyspnée, douleurs thoraciques

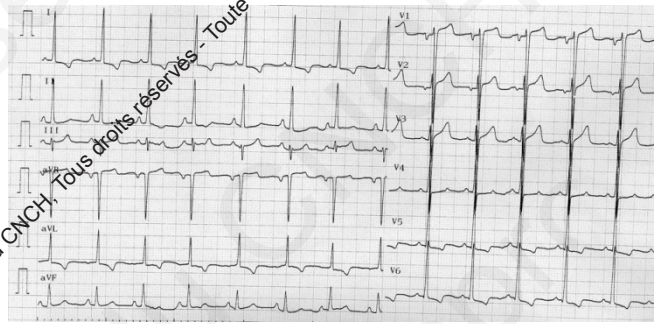
Tendance à l'Hypokaliémie
< 4 mmol/l

ATTEINTE CARDIAQUE
Hypertrophie ventriculaire gauche sévère sur l'ECG ou l'ETT

ATTEINTE CEREBRALE
PRES, AVC ischémique ou hémorragique, anomalies sévères de la substance blanche pour l'âge (leucoaraïose, micro-bleeds)

MICRO-ANGIOPATHIE THROMBOTIQUE
Haptoglobine effondrée, élévation des LDH et des schizocytes

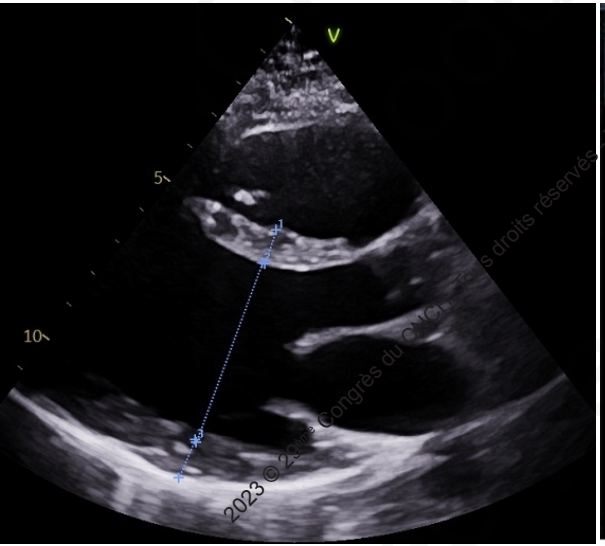


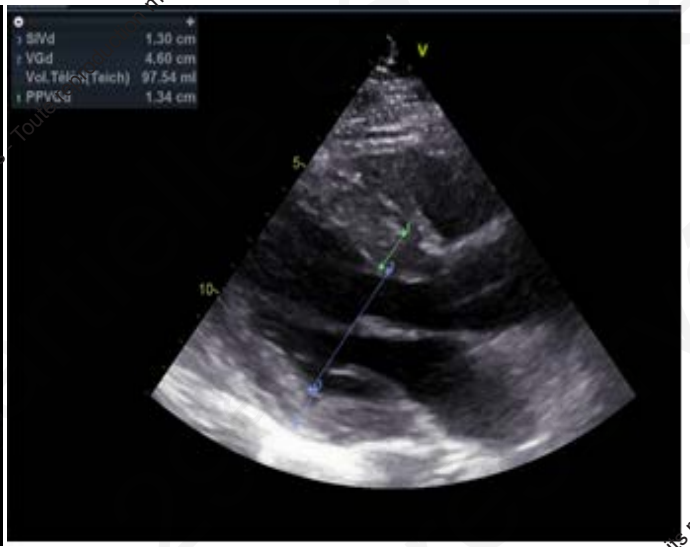


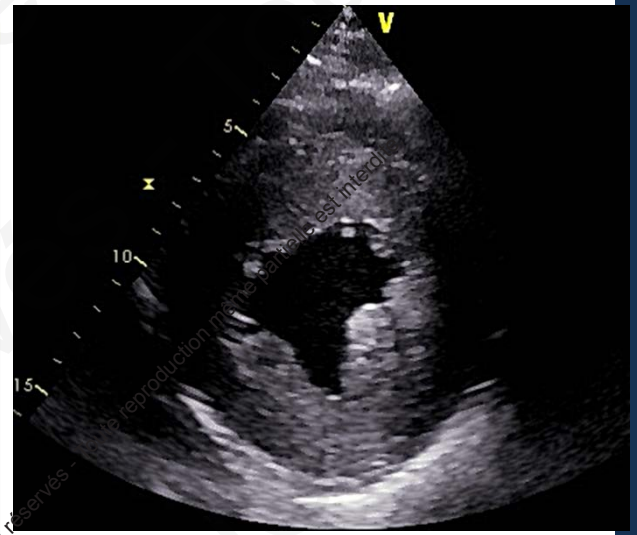
+ Élévation de BNP et troponine

Conclusion

Comment utiliser la MVG dans la pratique ?







- Haut risque CV
- Ne pas manquer une HTA secondaire
- Ne pas manquer une HTA maligne

Merci pour votre attention !