Hypertrophic Cardiomyopathy

WHAT IS HCM?

Hypertrophic Cardiomyopathy, (pronounced: Hyper-trö-fic Cardio-my-opathy) 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 which alter the normal functioning of the heart muscle.

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.

HOW COMMON IS HCM?

NORMAL

WITHOUT OBSTRUCTION

Heart Murmur
• Shortness of breath
• Lightheadedness
• Fainting/Nearly fainting
• Chest, jaw, and neck pain
• 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.

WITH OBSTRUCTION

Obstruction of bloodstream leaving the heart

TREATMENT OPTIONS

MEDICATIONS
• Beta-blockers
• Calcium channel blockers
• Norpace/Disopyramide
• Antiarrhythmic drugs
• Diuretics
• Anticoagulants
• Antibiotics
• New medications under investigation
• 90% may require medications

SEPTAL REDUCTION

Surgery
• Septal Myectomy
• Nonsurgical
• Alcohol Septal Ablation
• 20-25% may require septal reduction therapy

RHYTHM MANAGEMENT

• Pacemakers
• Implantable cardiovert defibrillator
• Atrial Fibrillation Ablation
• 20% may require ICD
• 20% may experience Atrial Fibrillation

TRANSPLANT

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

APICAL

MID CAVITY

FOR MORE INFORMATION AND SUPPORT CONTACT:

Hypertrophic Cardiomyopathy Association

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Approximately 3-5% may require transplant

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