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POSTER SESSION C

Saturday, February 12, 2022 9:00am-10:00am

Prevalence of myocarditis and cardiomyopathies in cardiology in-patient department

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Introduction: The prevalence of myocarditis and cardiomyopathies among cardiac patients is unknown. This study was aimed to determine it. **Methods:** The study included 671 cardiology department patients. Case histories were randomly selected out of the total number of patients hospitalized between 08.07.2011 and 02.12.2019. **Results:** Myocarditis was diagnosed in 28.9% (n=194) of the patients. Patients with myocarditis were significantly younger than others: 50.55±14.6 years vs 63.33±16.18 years, $p < 0.001$, 60.8% were male. Phenotypes of myocarditis included arrhythmic(47.4%, n=92), dilated cardiomyopathy(DCM) phenotype(41.2%, n=80), ischemic(8.3%, n=16), infarction-like(1.6%, n=3), latent(1%, n=2) and Loeffler endomyocarditis(0.5%, n=1). The diagnosis of cardiomyopathy was made in 76 patients: left ventricular noncompaction(LVNC) — 39.5% (n=30), DCM — 17.1%(n=13, in 8 primary genetically determined, in 5 patients — toxic etiology), hypertrophic cardiomyopathy (HCM) — 13.2%(n=10), arrhythmogenic right ventricular cardiomyopathy(ARVC) — 11.8%(n=9) and restrictive cardiomyopathy — 6.6%(n=5). The other cardiomyopathies were present in 11.8%(n = 9) of the cases: ischemic cardiomyopathy — 4%(n = 3), cardiomyopathy as a manifestation of storage diseases — 2.6%(n = 2), the combination of LVNC and ARVC — 2.6%(n = 2), the combination of LVNC and HCM — 1.3%(n = 1) and anthracycline cardiomyopathy — 1.3%(n=1). Superimposed myocarditis was observed in 34.2% (n=26) of patients with cardiomyopathies: with LVNC — 53.3%(n=16), with ARVC — 77.8%(n=7), with primary DCM — 12.5%(n=1) and 40%(n=2) of patients with DCM of a toxic etiology. **Discussion:** The data suggests a high incidence of myocarditis among cardiology department patients. In practice myocarditis is often missed due to nonspecific manifestations. Patients with rhythm abnormalities and DCM syndrome should be screened for myocarditis. Cardiomyopathies are often combined with myocarditis, which should also be actively identified in these patients. A limitation of this study — the sampling error in a random selection of the medical cards.

Prevalence of neurofibromatosis and type among children of Bukovyna

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Introduction: Neurofibromatosis type I (NFI) is an autosomal dominant disease from the group of phacomatosis, registered in 90% of patients with this disease. Prevalence in European populations is 1:2000-1:4000. In Ukraine, the population frequency for NFI has not been determined. **The aim:** to study the prevalence of neurofibromatosis type I among children in Bukovyna. **Materials and methods:** Medical documentation of Chernivtsi Hospital for 2000-2019. Data of medical statistical reporting in Chernivtsi region for 2000-2019. Clinico-genealogical, genetic-demographic, molecular-genetic, statistical methods were used. **Results:** During the monitoring period in Bukovyna, 32 (0.17‰) cases of NFI in children were registered: 22 cases (0.16‰) – in Chernivtsi region and 10 (0.22‰) – in the city of Chernivtsi. According to the place of birth of children, 4 administrative-geographical zones of Bukovyna were identified: mountain, foothill, plain and city of Chernivtsi. No cases of NFI have been registered in the mountain zone in 20 years. 18.8% were found in the foothills, and 31.2% in Chernivtsi. The largest number of children with NFI was recorded in the plains – 50%, the focus of incidence on NFI were two areas Kitsman 6 (0.45‰) and Sokyryany 4 (0.39‰), which amounted to 45.5% of the total number of children with NFI in Chernivtsi region. It was found that 73% of parents of children with NFI were born in the same areas. Analysis of family history data showed that in 72% of children from areas with a higher prevalence of NFI, one parent also suffered from Recklinghausen's disease. In other areas, these figures were 50%. In 2019, three children underwent DNA diagnostics. All have different mutations in the NFI gene. **Discussion:** The results of research indicate the importance of both mutational processes in the emergence of NFI, and the family burden of the family on the spread of NFI in the population.