

Patterns of isolated septal hypertrophy and their clinical correlations in essential hypertension

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摘要

Abstract

The morphological patterns and their clinical correlations in 96 essential hypertensive patients (pts) with isolated septal hypertrophy (IVSH) were studied by 2-dimensional echocardiography. Three patterns of IVSH: basal (B), diffuse (D), and midportion (M) types, were identified by parasternal long-axis image, and four patterns of hypertrophy in the left ventricular (LV) wall: diffuse except posterior wall (type I), anterolateral wall and anterior septum (type II), whole septum (type III), and anterior septum (type IV), were recognized by parasternal short-axis image. A total of 12 different types of LV hypertrophy could be classified. B + I, B + IV, and D + I types were each present in more than 10 pts. The B + IV type had the oldest mean age of 72 years (vs B + I: 63, $p < 0.05$ and D + I: 64, $p = 0.1$), D + I vs B + I, $p = 0.5$. The D + I type had the highest mean diastolic blood pressure, 108 mmHg (vs B + I: 103, $p < 0.05$, and B + IV: 96, $p < 0.001$), B + I vs B + IV, $p < 0.01$. The B + I type had the longest duration of hypertension, 24 years (vs B + IV: 15, $p < 0.001$ and D + I: 21, $p = 0.1$), B + IV vs D + I, $p < 0.05$. Seven pts (70%) of M + I type had a family history of cardiomyopathy and/or apical hypertrophy. We conclude that arterial hypertension is associated with a spectrum of isolated septal hypertrophy correlating with clinical characteristics.