Cardiovascular outcomes in heart transplant recipients

Veenis et al.¹ made a compelling case for myocardial perfusion imaging (with single-photon emission computed tomography) correlating strongly with prognosis for heart transplant patients. Early detection and prevention of cardiac allograft vasculopathy (CAV) is essential in optimizing outcomes after heart transplantation. The advantages of SPECT MPI include its lack of invasiveness, lack of risk of contrast nephropathy, and sensitivity for diffuse/microvascular disease.

On reading the article, we wondered how the findings compare with other known associations and risk factors for CAV. We wonder if Veenis and colleagues have data relating to the biochemical markers as discussed by Szygula-Jurkiewicz et al.²—such as fibrinogen and NT-proBNP. Other common variables and demographic information may have been captured. Some of these were identified by Kransdorf et al.³ as being associated with cardiac allograft vasculopathy, such as body mass index, creatinine level, etiology of cardiomyopathy, and dyslipidemia (in the recipient) as well as donor variables such as age, Body Mass Index, hypertension, smoking, and mechanism of death. If none of these were available, then the prospect of further research certainly beckons.

Interestingly, Veenis et al.¹ found age (of the recipient, not the donor) was not associated with 5-year mortality, but dyslipidemia was. Kransdorf et al.³ demonstrated opposing results in these domains. What of the others, in addition? Further, were they as surprised as we were that diabetes was not significantly associated with CAV as we would have intuitively expected?

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