Looking for Diastolic Dysfunction

To the Editor:

Zile et al\(^1\) simplify the diagnosis of diastolic dysfunction by offering an easy approach: normal ejection fraction in a patient with heart failure strongly suggests diastolic dysfunction. Still, one needs an echocardiogram. I am surprised that they, like others,\(^2,3\) do not make this difficult-seeming diagnosis even easier: if a patient is in heart failure and the point of maximum impulse (PMI) is not displaced, one may assume diastolic dysfunction. If the PMI cannot be located, a chest roentgenogram should be of help: a normal cardiac silhouette in a patient with heart failure supports the assumption of diastolic dysfunction.

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Response

In our study,\(^1\) we found patients with congestive heart failure (CHF) and a normal left ventricular (LV) size and ejection fraction virtually always exhibit abnormal indices of diastolic function, particularly if there is evidence of LV hypertrophy. Because diastolic dysfunction is always present in such patients, we concluded that the diagnosis of diastolic heart failure can be made without measuring indices of diastolic function. We agree with Dr Pierach that the clinical diagnosis of diastolic heart failure requires the presence of signs and symptoms of CHF and a normal LV ejection fraction. In our experience, echocardiography is the most useful technique for estimating the ejection fraction; it also provides information concerning hypertrophy, valvular heart disease, and left atrial size, all of which are prevalent in this population.

We do not agree that a normal heart size on inspection or palpation of the precordium or chest x-ray can be used to confirm (or deny) the presence of a normal ejection fraction. Indeed, some patients with depressed ejection fraction do not exhibit an enlarged heart and a normal ejection fraction can be seen in patients with cardiomegaly.

Clinicians and investigators generally agree that the diagnosis of systolic heart failure is appropriate in patients with signs and symptoms of heart failure and a depressed ejection fraction. We believe that it is appropriate to make the clinical diagnosis of diastolic heart failure in patients with signs and symptoms of heart failure and a normal ejection fraction.

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